Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Office Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 9416	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name LESLIE M DAVIDSON P O Box, Bldg , Room No , if any Street 10106 EAST 91 CIRCLE NORTH City OWASSO State Oklahoma ZIP Code + 4 74055-6834	4 Name, file number, and address of labor organization Name PLUMBERS & PIPEFITTERS LOCAL 430 Labor Organization File Number 540908 P O Box, Building and Room Number, if any Street 2908 NORTH HARVARD City TULSA State Oklahoma ZIP Code + 4 74115-2404
5 Position in labor organization AGENT/ORGANIZER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed Leslie M Davidson On 7/18/2005 (Date) 918-836-0430 XT15 (Telephone Number)

Name of Person Filing LESLIE DAVIDSON	File Number U-

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name NATIONAL CITY BANK UA FUNDS

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 21 CARDINAL LANE

City HAUPPAUGE

State New York ZIP Code + 4 11788

9 Business deals with

a Labor Organization

X b Trust

c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name PLUMBERS PIPEFITTERS LU 430 HEALTH WELFARE F

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 2908 NORTH HARVARD

City TULSA

State Oklahoma ZIP Code + 4 74115-2404

11 a Nature of such dealing

UA FUNDS TAFT HARTLEY SERVICES THAT PROVIDE INVESTMENT SERVICES

11 b Approximate dollar value of such dealing unknown

12 a Nature of interest held or income received

MEAL FOR UNION TRUSTEE AT ROY'S IN SCOTTSDALE, AZ ON 3/14/2004

12 b Amount APPROX $75

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment.