U.S. 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 11-30-2008

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 Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U 9820	2. Fiscal Year Covered From: 1 / 1 / 04 Through 12 / 31 / 04
3. Name and address of person filing Name Liam A Widvey P.O. Box, Bldg., Room No., if any Street 283 DeSoto Dr City State Aiken SC ZIP Code + 4 29803	4. Name, file number and address of labor organization. Name Sheet Metal Workers' Local 399 Labor Organization File Number 012-776 P.O. Box, Building and Room Number, if any Street 3345 Seiberling Rd City State N. Charleston SC ZIP Code + 4 29418
5. Position in labor organization. Trustee	

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. N/A 7 b. Amount

Signature

18. **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 L A Widvey On 8-11-05 (Date) 803 652 3728 (Telephone Number)

Name of Person Filing Liam A. Widvey	File Number U-

B Hold 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)	9. Business deals with
Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	☐ a Labor Organization ☒ b. Trust ☐ c. Employer
10 If 9.b or 9.c is checked give trust or employer's name. Name International Training Institute Trade Name if any ITI P O Box Bldg Room No. if any Street 601 N Fairfax St City Alexandria State VA ZIP Code + 4 22314	11 a Nature of such dealing 2004 Travel Expenses to attend Instructor Training 11 b. Approximate dollar value of such dealing 1914.00 12 a. Nature of interest held or income received. Cost of Air Travel, hotel and reimbursed expenses 12.b Amount.

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)	14.a. Nature of payment.
Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	N/A
13 b. Is the Business an Employer ☐ or Consultant ☐ ?	14.b. Amount of payment.