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 11-30-2006

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

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- 9843

2 Fiscal Year Covered From 1 / 1 / 04 Through 12 / 31 / 04

3 Name and address of person filing

Name DOUGLAS A PIANI

P O Box, Bldg , Room No , if any

Street 1280 SOUTH SUMMIT

City HOLTS SUMMIT

State MISSOURI ZIP Code + 4 65043

4 Name, file number, and address of labor organization

Name SHEET METAL WORKERS LOCAL #31

Labor Organization File Number ~~540149~~ 035360

P O Box, Building and Room Number, if any

Street 301 SOUTH EWING AVE

City ST LOUIS

State MISSOURI ZIP Code + 4 63103

5 Position in labor organization EXECUTIVE BOARD MEMBER COLUMBIA AREA

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 [signature] On 8/5/05 Date 573 896 4794 Telephone Number

Name of Person Filing	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

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

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 CENTRAL MISSOURI CONTRACTORS & SHEET METAL WORKERS LOCAL #36 JOINT APPRENTICESHIP & TRAINING COMMITTEE

Trade Name, if any

P O Box, Bldg , Room No , if any PO. BOX 471

Street 101 INDUSTRIAL ROAD

City FULTON

State MISSOURI ZIP Code + 4 65251

11 a Nature of such dealing

WAGES FOR ATTENDING REGIONAL APPRENTICE CONTEST
3-19/3-20 04 = $407.36
16 HOURS

11 b Approximate dollar value of such dealing $407.36

12 a Nature of interest held or income received

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)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

13 b Is the Business an Employer [ ] or Consultant [ ] ?

14 a Nature of payment

14 b Amount of payment