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

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9903

2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name Tony L Andrews

P O Box Bldg Room No if any

Street 1870 NE 162nd Avenue

City Portland

State Oregon ZIP Code + 4 97230-5642

4 Name file number and address of labor organization

Name Teamsters Local Union No 305

Labor Organization File Number 005-158

P O Box Building and Room Number if any

Street 1870 NE 162nd Avenue

City Portland

State Oregon ZIP Code + 4 97230-5642

5 Position in labor organization Secretary-Treasurer

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 Tony L Andrews On 8/19/2005 503-251-2305

Date Telephone Number

Name of Person Filing	Tony L Andrews	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: Western States Teamsters Representatives Retirement Plan

Trade Name if any:

P O Box Bldg Room No if any:

Street: 14675 Interurban Avenue S

City: Tukwila

State: Washington ZIP Code + 4: 98158-4614

9 Business deals with

- [X] a Labor Organization
- [ ] b Trust
- [ ] c Employer

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

Name:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12.a Nature of interest held or income received

Direct expenditure for and reimbursement of expenses for transportation, lodging, meals and incidental expenses incurred while performing duties and responsibilities as a Union Trustee in connection to meetings of the Trust Fund.

12.b *Amount.* 183.00

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.

Dairy, Bakery & Food Processors, Industrial, Technical & Automotive, Local Union No. 305

Affiliated with The International Brotherhood of Teamsters

1870 N E 162nd AVENUE PHONE (503) 251 2305 FAX (503) 251 2301

PORTLAND OREGON 97230 5642

Tony L Andrews
Secretary Treasurer

August 12, 2005

Office of Labor-Management
US Department of Labor
200 Constitution Avenue NW, Room N5616
Washington DC 20210

RE 2004 LM-30 Report

Dear Sir

Enclosed you will find my LM-30 report for year ending 2004

Very truly yours,

Tony Andrews
Secretary-Treasurer

TLA/sm
Enclosure

Certified Letter # 7004 1160 0006 1631 1425