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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US DOL ESA Rec'd AUG 19 2005 B OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9926	2 Fiscal Year Covered From 1/1/04 Through 12/31/04
3 Name and address of person filing Name GEORGE H BLISS III P O Box Bldg Room No if any Street 13885 LLOYD POINT FARM Rd City NEWBURG State Md ZIP Code + 4 20664	4 Name file number and address of labor organization Name UNITED ASSN Labor Organization File Number 800-31 000111 P O Box Building and Room Number if any Street 901 MASS AVE NW City WASHINGTON DC State ZIP Code + 4 20001
5 Position in labor organization DIRECTOR OF TRAINING	

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 8-14-05 (Date) 301-259-4570 (Telephone Number)

Name of Person Filing GEORGE H BLISS III	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)	9 Business deals with:
Name PIPING INDUSTRY Progress & Education TRUST 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 Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing PIPE IS A LABOR-MANAGEMENT CORP COMM that was formed to study new & inovative ion approches to problems and to improve health & safety in the plumbing & piping industry 11.b. Approximate dollar value of such dealing 12 a Nature of interest held or income received RECIEVED CHRISTMAS GIFT OF SUNGLASSES 12 b Amount. 179 26

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	
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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.

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Name INTERNATIONAL PipeTRADES JOINT TRAINING COMMITTEE Trade Name, if any P O Box, Bldg., Room No. if any Street 901 MASS AVE, NW City WASH, DC State ZIP Code + 4 20001	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. IPTJTC IS A NONPROFIT CORP. INSTITUTED to DEVELOPE TRAINING MATERIALS for the FIRESPRINKLER, PLUMBING, PIPEFITTING, HVAC & OTHERS FOR SALE to MEMBERS AND JATC'S 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. DINNER MEETING - North AMERICAN PTTC 12.b Amount. 173.64

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	
13 b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.