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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. 1245-0002
Expires 02-28-2013

Display is mandatory under P.L. 88-257, 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.

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1, File Number U - 57744		2. Fiscal Year Covered From:	
		1 / 1 / 2008	Through: 12 / 31 / 2008
3. Name and address of person filing	3 .	4. Name, file number, and address of	flabor organization.
Name ROGER	LAMBERT	Name TENNESSEE PIPE TRA	ADES ASSOC
		Labor Organization File Number	048-720
P.O. Box, Bldg., Room No., If any		P.O. Box, Building and Room Num	nber, if any
Street 1.21 SPRING ST		Street 225 BEN ALLEN RD	
City Johnson Clty		City NASHVILLE	
State Tennessee	ZIP Code + 4 37604-3025	State Tennessee	ZIP Cade + 4 37207
5. Position in labor organization.	ec\treas		

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).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, If any:				
P.O. Box, Bldg., Room No., if any				
		7.b. Amount		
Street				
City				
State	ZIP Code + 4			

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.)

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423-967-2386 Talanhara Number

Name of Person Filing ROGER LAMBERT	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 TENNESSEE VALLEY AUTO SALES	B. Labor Organization		
Trade Name, If any: P.O. Box, Bldg., Room No., if any	b. Trust		
Street 2138 WEST ELK AVE	c. Empl oye r		
City ELIZABETHTON			
State Tennessee ZIP Code + 4 37643			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. SOLD USED CAR TO ORGANIZATION		
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$12,500		
City	12.a, Nature of interest held or income received.		
State ZIP Code + 4			
	·		
	12.b. Amount.		
	wester A and Statement		
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	er pare ਨ ਗਰ ਰ ਬਰਹਾਵ) ror 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:			
1			
P.O. Box, Bldg., Room No., if any			
P.O. Box, Bldg., Room No., if any Street			
Street			