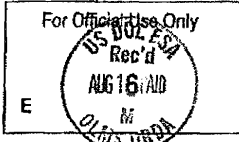


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>1. File Number U - <u>11187</u></p>	<p>2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u></p>
<p>3. Name and address of person filing.</p> <p>Name <u>Christophine D Smith</u></p> <p>P.O. Box, Bldg., Room No., if any <u>6th floor</u></p> <p>Street <u>2021 L St, n.w.</u></p> <p>City <u>Washington</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20036</u></p>	<p>4. Name, file number, and address of labor organization.</p> <p>Name <u>N.F.L. Players Assn.</u></p> <p>Labor Organization File Number <u>065-533</u></p> <p>P.O. Box, Building and Room Number, if any <u>6th floor</u></p> <p>Street <u>2021 L St, n.w.</u></p> <p>City <u>Washington</u></p> <p>State <u>DC</u> ZIP Code + 4 <u>20036</u></p>
<p>5. Position in labor organization. <u>Assistant Director of Benefits</u></p>	

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.

<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: auto; margin-right: auto;"></div>
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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 Christophine D. Smith On 8-11-05 202-463-2200
Date Telephone Number

Name of Person Filing

Christophine D. Smith

File Number U-

065-533

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
- 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.

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 BEN ROZELLE DR P. Retirement Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 20057 Bell Place #2420

City Bel Air

State MD ZIP Code + 4 21201-2040

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Bert Bell/Pete Rozelle NFL Player Retirement Plan

CHRISTOPHINE SMITH

File Number: not yet issued

Calendar Year: 2004

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Payment Date [11.a]	Amount [11.b]	Payment Type [11.c]	To Whom Paid	Explanation [12]
2/23/2004	\$39	Meal	Lowe's Hotel - Miami, FL	Breakfast
2/23/2004	\$58	Meal	Lowe's Hotel - Miami, FL	Lunch
2/24/2004	\$1,049	Hotel bill	Lowe's Hotel - Miami, FL	Advisors Meeting
2/24/2004	\$39	Meal	Lowe's Hotel - Miami, FL	Breakfast
2/24/2004	\$64	Meal	Lowe's Hotel - Miami, FL	Lunch
10/5/2004	\$47	Meal	Harbor Court Hotel - Baltimore, MD	Lunch
10/6/2004	\$329	Hotel bill	Harbor Court Hotel - Baltimore, MD	Board of Trustees Meetings
10/6/2004	\$30	Meal	Matthew DuBois - Baltimore, MD	Breakfast
10/6/2004	\$85	Meal	Matthew DuBois - Baltimore, MD	Lunch
12/16/2004	\$130	Meal	Citronelle - Washington, DC	Lunch