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- 

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

3. Name and address of person filing.

Name William C Hofmann

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

Street 164-11 99th Street

City Howard Beach

State New York ZIP Code + 4 11414

4. Name, file number, and address of labor organization.

Name Asbestos Workers Local 12

Labor Organization File Number 005023

P.O. Box, Building and Room Number, if any

Street 25-19 43rd Avenue

City Long Island City

State New York ZIP Code + 4 11101-4208

5. Position in labor organization. Business Agent

**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 Epic Insulation Contracting

Trade Name, if any: Insulation Contractor

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

Street 554 Linden Street

City West Hempstead

State New York ZIP Code + 4 11552

7.a. Nature of Interest, Transaction, or Income.

Holiday Basket Christmas

7.b. Amount.

$50

Signature William C Hofmann

**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 William C Hofmann On 08/09/2005 (Date) 718-322-4190 (Telephone Number)