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, and penalties as provided by 29 U.S.C 439 or 440.

For Office Use Only
DOCKET Rec'd AUG 19 2005 B OLMS DRDK
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 10200 10200	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name DANIEL E STEPANO P.O. Box, Bldg., Room No., if any SUITE 300 Street 14405 LAUREL PLACE City LAUREL State Maryland ZIP Code+4 20707	4. Name, file number, and address of labor organization. Name OPERATIVE PLASTERERS & CEMENT MASONS INT. ASSC Labor Organization File Number 000-132 P.O. Box, Building and Room Number, if any Suite 300 Street 14405 LAUREL PLACE City LAUREL State Maryland ZIP Code+4 20707
5. Position in labor organization. [illegible]	

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 07/05/2005 (Date) 301-470-4200 Telephone Number

Name of Person Filing DANIEL STEPANO	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 [illegible] or leasing to, or otherwise dealing with [illegible] of an employer whose employees your labor organization represents or is actively seeking to represent, [illegible] (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 Anapol, Schwartz, [illegible]	☒ a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1900 Delancy Place	
City Philadelphia	
State Pennsylvania ZIP Code + 4 19103	

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	This company [illegible] legal firm working in recouping [illegible] funds to [illegible] plans through pharmacy benefit [illegible].
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate [illegible] of such dealing. $0
City	12.a. Nature of [illegible] or income received.
State ZIP Code + 4	[illegible] cocktail [illegible] January 27, [illegible] Fort Lauderdale, Florida
	Good faith Estimate 35.00
	12.b. Amount. $35

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.

Name of Person Filing DANIEL STEPANO	File Number U-

Part C Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) any [illegible] 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 [illegible] & Harrison Trade Name, if any: P.O. Box, Bldg., Room No., if any 329 Street 10630 Little Patuxent Parkway City Columbia State Maryland ZIP Code + 4 21044	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. Insurance Costs 11.b. Approximate dollar value of such dealing. $100,000 12.a. Nature of interest held or income received. Crab Dinner at Gunnings Good Faith Estimate $50.00 12.b. Amount. $50