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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number L - 10402	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Gregory A Held P.O. Box, Bldg., Room No., if any Street 14444 Cambria Terrace City Oregon City State Oregon ZIP Code + 4 97045	4. Name, file number, and address of labor organization. Name Oregon, S. Idaho District Council Laborers' Labor Organization File Number 039-553 P.O. Box, Building and Room Number, if any Street 10245 S.E. Holgate Blvd. City Portland State Oregon ZIP Code + 4 97266
5. Position in labor organization. Business Mgr./Secretary-Treasurer	

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 Oregon 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 Greg A. Held On 8/11/2005 (503)760-2933
Date Telephone Number

Name of Person Filing Gregory Held	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 Oregon Laborers Employers Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2929 N.W. 31st Avenue City Portland State Oregon ZIP Code + 4 97210	☒ 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 Oregon 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. Reimbursement for Trustee expenses (airfare and registration) incurred in connection with attendance at Trustee Conference. 12.b. Amount. $599

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 Gregory Held	File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Zenith Administrators

Trade Name, if any:

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

Street 201 Queen Anne Ave. N., Ste. 100

City Seattle

State Washington ZIP Code + 4 98109-4896

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Northwest Laborers-Employers Training Trust

Trade Name, if any:

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

Street 27055 Ohio Avenue

City Kingston

State Washington ZIP Code + 4 98346

11.a. Nature of such dealing.

Provide administrative services to trust.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Business meeting held during dinner

12.b. Amount. $60

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name LIUNA Tri-Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12201 Tukwila Int'l. Blvd. Ste. 140 City Seattle State Washington ZIP Code + 4 98168-5121	☒ 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. Business meetings held during dinner.
	12.b. Amount. $118