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 U- 10464	2. Fiscal Year Covered From: Jan/1/04 Through: Dec/31/04
3. Name and address of person filing. Name Carlos B Lujan P.O. Box, Bldg., Room No., if any Street 509 Emory Street City San Jose State California ZIP Code + 4 95110	4. Name, file number, and address of labor organization. Name Laborers Local #270 Labor Organization File Number 022537 P.O. Box, Building and Room Number, if any Street 509 Emory St. City San Jose State California ZIP Code + 4 95110
5. Position in labor organization. Field Representative	

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 Harper and Associates 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. Seminar at Hayes Mansion July 30/2004 7.b. Amount. $ 89.09

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 Carlos B Lujan On August 15, 2005 (Date) 408-592-1536 (Telephone Number)