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 - 10860	2 Fiscal Year Covered From 1 / 31 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Michael F Shanahan	Name CARPENTERS LOCAL 370
	Labor Organization File Number 516995
P O Box, Bldg., Room No , if any	P O. Box, Building and Room Number, if any 1284
Street 18 MAPLE AVE	Street CENTRAL AVE
City Albany	City Albany
State NEW YORK ZIP Code + 4 12208	State NEW YORK ZIP Code + 4 12205
5 Position in labor organization COUNCIL 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)	7.a Nature of Interest, Transaction, or Income
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	7.b Amount
Street	
City	
State ZIP Code + 4	

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 Michael F. Shanahan On 8-12-05 (518) 573-9139
Date Telephone Number

Name of Person Filing Michael F. Shanahan | 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)

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 Marvin + Company

Trade Name, if any Accountant

P O Box, Bldg , Room No , if any

Street British American Blvd.

City Colonie

State New York ZIP Code + 4 12205

14 a Nature of payment

Christmas Lunch 12/17/04

13 b Is the Business an Employer ☑ or Consultant ☐ ?

14 b Amount of payment. $27.00