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- 10904

2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name: Martin W Yellam

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

Street: 223 So 172 PL

City: Burien

State: Washington ZIP Code + 4: 98148

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

Name: U.A Local 32 Plumbers & Pipefitters

Labor Organization File Number: 030830

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

Street: 595 Monster Road S.W.

City: Renton

State: Washington ZIP Code + 4: 98055

5. Position in labor organization: Business 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:

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: Martin W Yellam On: 08-11-05 (Date) 425 277-6680 Ext 115 (Telephone Number)

Name of Person Filing: Marty Yellam

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
- [x] b. Trust
- [ ] c. Employer

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

Name: Pacific Coast Shipyard Trust Fund

Trade Name, if any:

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

Street: 5 Third Street Suite 525

City: San Francisco

State: California ZIP Code + 4: 94103

11.a. Nature of such dealing.

Trustee-
Washington State Meeting is Local, Pacific Coast Shipyard Trust Reimburses Expenses For Trustees with Reciept.

11.b. Approximate dollar value of such dealing: 2,200 per Yr

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

Quarterly meetings
1) California
2) Portland
3) Nevada
4) Washington

Travel - 1,000
Hotel - 900
Food - 300
Approximate 2,200

12.b. Amount. Yearly Total 2,200

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:

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.