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- 11900

2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.
Name: CARLOW B SCALF
P.O. Box, Bldg., Room No., if any:
Street: 108 SOUTH MILL DRIVE
City: SOUTH GLASTONBURY
State: CT ZIP Code + 4: 06073

4. Name, file number, and address of labor organization.
Name: INT'L BROTHERHOOD OF TEAMSTERS
Labor Organization File Number: 000093
P.O. Box, Building and Room Number, if any:
Street: 25 LOUISIANA AVE, NW
City: WASHINGTON
State: DC ZIP Code + 4: 20001

5. Position in labor organization.

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: DREW VARGA
Trade Name, if any: BALLY'S HOTEL
P.O. Box, Bldg., Room No., if any:
Street: 3645 LAS VEGAS BLVD SOUTH
City: LAS VEGAS
State: NV ZIP Code + 4: 89109

7.a. Nature of Interest, Transaction, or Income.
1 ROUND OF GOLF

7.b. Amount.
VALUE UNKNOWN

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: Carlow B. Scalf On: 8/13/05 Date: 860 633 0409 Telephone Number:
SEE ATTACHED DISCLAIMERS

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Carlow B. Scalf

Carlow B. Scalf

8-13-05

DATE

Name of Person Filing CARLA B. SCALF	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

Trade Name, if any: Dickstein, Shapiro & Morin

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

Street 2101 L STREET, NW

City WASHINGTON, DC

State DC ZIP Code + 4 20037

14.a. Nature of payment.

1 GOLF CLUB — CHRISTMAS GIFT

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

14.b. Amount of payment. $ 350.00

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Carlow B. Scalf

8-13-05

DATE

Name of Person Filing CARLOW B. SCARF	File Number U-

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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 MARK TUMINELLO

Trade Name, if any: FREEBLAND PROMOTIONS

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

Street 44 WEST 74th ST

City NY, NY

State NY ZIP Code + 4 10023

14.a. Nature of payment.

1 ROUND OF GOLF

$ 193.25

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

14.b. Amount of payment. 193.25

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8-13-05

DATE

Name of Person Filing Carlos B. Scarf	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 ADAM DOWNES

Trade Name, if any: R. V. KUHNS & ASSOC

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

Street 3 BETHESDA METRO CTR

City BETHESDA

State MD ZIP Code + 4 20814

14.a. Nature of payment.

1 LUNCH AT CHARLIE PALMER'S REST.

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

14.b. Amount of payment. $81-

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8-13-05

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Name of Person Filing CARLAN B. SCARF	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 BILL VOOKITERS

Trade Name, if any: CALIBRE CPA GROUP

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

Street 1850 K STREET, NW

City WASHINGTON

State DC ZIP Code + 4 20006

14.a. Nature of payment.

1 LUNCH

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

14.b. Amount of payment. $111 –

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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 MERLE DELANCEY

Trade Name, if any: MERLE DELANCEY PAINTING
FORMERLY DELANCEY PAINTING

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

Street 2500 SCHUSTER DRIVE

City CHEVERLEY

State MD ZIP Code + 4 20781

14.a. Nature of payment.

4 DINNERS @ $75 EACH
5 ROUNDS GOLF @ $100 EACH
SUPER BOWL PARTY - VALUE UNKNOWN
PRESIDENTIAL ELECTION RECEPTION -
VALUE UNKNOWN

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

14.b. Amount of payment.

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