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 - 12467

2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name: Kenneth R Faria
P.O. Box, Bldg., Room No., if any:
Street: 4780 Chabot Dr. Suite 200
City: Pleasanton
State: California ZIP Code + 4: 94588-3322

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

Name: Nor. Cal. District Council of Laborers
Labor Organization File Number: 031-618
P.O. Box, Building and Room Number, if any:
Street: 4780 Chabot Dr. Suite 200
City: Pleasanton
State: California ZIP Code + 4: 94588-3322

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: Kenneth R. Faria On 04-28-06 (Date) 925/469-6800 (Telephone Number)

Name of Person Filing Kenneth Faria	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: Fox Asset

Trade Name, if any: Asset Management

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

Street: 44 Sycamore Avenue

City: Little Silver

State: New Jersey ZIP Code + 4: 07739

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.

Ronald McDonald
Charity golf

11.b. Approximate dollar value of such dealing. $500

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

None

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:

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.

April 28, 2006

Certified Mail
7004 0750 0002 9503 4073

U. S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, D.C. 20210-0001

Re: <u>Form LM-30 Filing for Kenneth R. Faria, File Number U-12467</u>

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2005 reporting period. In filing the report, I have reviewed all of my available 2005 record as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2005 provided something of value as to which I have no documentary record, nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2005.

Sincerely,

Kenneth R. Faria