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
E

US DOL ESA Rec'd AUG 22 2005 OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 12469

2. Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name Genevieve Fidalgo

P O Box Bldg Room No if any

Street 1222 I Street

City Modesto

State California ZIP Code + 4 95354

4 Name file number and address of labor organization

Name Teamsters Local 748

Labor Organization File Number 037-333

P O Box Building and Room Number if any

Street 1222 I Street

City Modesto

State California ZIP Code + 4 95354

5 Position in labor organization Recording Secretary

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 Genevieve Fidalgo On 8/11/2005 Date (209)522-9006 Telephone Number

Name of Person Filing Genevieve Fidalgo	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: Teamsters Life

Trade Name if any:

P O Box Bldg Room No if any:

Street: 160 Airway Boulevard

City: Livermore

State: California ZIP Code + 4: 94551-2479

9 Business deals with

- [X] 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

Teamsters Life provides life insurance to the employees of Teamsters Local 748 The amount in item 11b represents the premiums paid to Teamsters Life during the year ended December 31 2004

11 b Approximate dollar value of such dealing: $845

12 a Nature of interest held or income received

Teamsters Life sponsored a reception for attendess of the Teamsters Cannery Council seminar held on October 18 2004 in Reno Nevada

12 b Amount: $38

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

Name of Person Filing Genevieve Fidalgo	File Number U

Part B Continuation Page

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: Vision Service Plan

Trade Name if any: VSP

P O Box Bldg Room No if any:

Street: 3333 Quality Drive

City: Rancho Cordova

State: California ZIP Code + 4: 95670

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: Joint Benefit Trust

Trade Name if any:

P O Box Bldg Room No if any: P O Box 2479

Street: 160 Airway Boulevard

City: Livermore

State: California ZIP Code + 4: 94551-2479

11 a Nature of such dealing

Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund The amount in item 11b are the fees paid to VSP during the plan year ended April 30 2004

11 b Approximate dollar value of such dealing: $57 655

12 a Nature of interest held or income received

VSP provided half of the cost of food and beverages for a reception hosted by the Teamsters Cannery Council which was held subsequent to their annual seminar in Reno Nevada on October 19 2004

12 b Amount: $19

Name of Person Filing Genevieve Fidalgo	File Number U

Part B Continuation Page

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: Health Services Benefit Administrators

Trade Name if any:

P O Box Bldg Room No if any: P O Box 2479

Street: 160 Airway Boulevard

City: Livermore

State: California ZIP Code + 4: 94551-2479

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: Joint Benefit Trust

Trade Name if any:

P O Box Bldg Room No if any: P O Box 2479

Street: 160 Airway Boulevard

City: Livermore

State: California ZIP Code + 4: 94551-2479

11 a Nature of such dealing

Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund The amount in item 11b is the fees paid to the administrator during the plan year ended April 30 2004

11 b Approximate dollar value of such dealing: $3 001 807

12 a Nature of interest held or income received

HSBA provided Mr Hailstone with dinner subsequent to a meeting of the Executive Board of the Teamsters Cannery Council on October 18 2004 in Reno Nevada

12 b Amount.