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 MAY - 3 2006 B OLMS DROP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12481	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 1 / 2005
3. Name and address of person filing. Name James C Hale P.O. Box, Bldg., Room No., if any Suite 305 Street 25 Century Blvd. City Nashville State Tennessee ZIP Code + 4 37214	4. Name, file number, and address of labor organization. Name Laborers' International Union of North America Labor Organization File Number 000-131 P.O. Box, Building and Room Number, if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703
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 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 _____ On 05/12/2006 (Date) 615-885-7196 (Telephone Number)

Name of Person Filing James Hale	File Number U- 12481

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).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	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).	14.a. Nature of payment.
Name Labor Management Fund Advisors, LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 204 Street 5455 Corporate Drive City Troy State Michigan ZIP Code + 4 48098-2620	1/17/05: Meeting, Meal 73.00 4/18/05: Meeting, Meal 275.00 8/2/05: Meeting, Meal 44.00
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. $392

ADDENDUM PAGE 1 of 1.

James C. Hale
File Number U-12481
Reporting Period: 1/1/2005 through 12/31/2005

ADDENDUM A [UNSOLICITED GIFTS OR PROMOTIONAL ITEMS]

On several occasions in 2005, I recall that I was given [a] complimentary promotional item[s], such as a [clothing item, accessory or printed material with LIUNA logo, etc.]. At no time did I solicit such item[s] and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item[s], and do not recall the manufacturer or provider of such [an] item[s].

ADDENDUM B [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exits separate and apart from my role as a union officer/employee. In 2005, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

ADDENDUM C [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM D [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2005 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

OHIO VALLEY AND SOUTHERN STATES REGIONAL OFFICE
25 Century Boulevard • Suite 305 • Nashville, TN 37214
Phone: (615) 885-7196 • Fax (615) 885-6765

May 12, 2006

TERENCE M. O'SULLIVAN
General President

ARMAND E. SABITONI
General Secretary-Treasurer

Vice Presidents:
VERE O. HAYNES
MIKE QUEVEDO, JR.
TERRENCE M. HEALY
RAYMOND M. POCINO
EDWARD M. SMITH
Assistant to the General President
JAMES C. HALE
JOSEPH S. MANCINELLI
STEVE HAMMOND
Special Assistant to the General President
ROCCO DAVIS
VINCENT R. MASINO
DENNIS L. MARTIRE
MANO FREY
ROBERT E. RICHARDSON
JOHN F. HEGARTY

MICHAEL S. BEARSE
General Counsel

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for James C. Hale,
Labor Organization File # U-12481

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 records 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.

As you know, it was not until March of the reporting year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. 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,

James C. Hale
Vice President and Regional Manager

HEADQUARTERS:
905 16th Street, NW
Washington, DC
20006-1765
(202) 737-8320
Fax: (202) 737-2754

Strong, Proud, United