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- 049890
12912

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

3. Name and address of person filing.

Name WALTER BENEWICZ

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

Street 126 DREXEL DR.

City MILLERSVILLE

State MARYLAND ZIP Code + 4 21108

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

Name I.L.A. LOCAL #953

Labor Organization File Number 049890

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

Street 1345 HULL ST

City BALTIMORE

State MARYLAND ZIP Code + 4 21230

5. Position in labor organization. PRESIDENT

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 Walter Benewicz On 8/14/05 (Date) 410-544-1674 (Telephone Number)

Name of Person Filing	File Number U-
WALTER RENWICK	049890

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 S.T.A. / I.L.A. PENSION, [redacted], [redacted], [redacted]

Trade Name, if any:

P.O. Box, Bldg., Room No., if any HOLABIRD IND. PARK

Street 6610 TIMBUTARY ST.

City BALTIMORE

State MARYLAND ZIP Code + 4 21224-6500

11.a. Nature of such dealing.

TRUSTEE EDUCATION / [redacted] ATTENDED EDUCATION CONFERENCE AS A TRUSTEE AT THE INT'L. FOUNDATION OF EMPLOYEE FUND

11.b. Approximate dollar value of such dealing. 1764.00

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

ADVANCE FOR EDUCATION MEETING FOR THE INTERNATION FOUNDATION CONFERENCE

12.b. Amount. [redacted] $

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: WALTER BENEWICZ | File Number U- 049890

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: S.T.A. / I.L.A. BENEFITS FUND.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: HOWARD 200 PARK.

Street: 6610 TRIBUTARY ST.

City: BALTIMORE

State: MARYLAND. ZIP Code + 4: 21224-2500

11.a. Nature of such dealing.

TRUSTEE EDUCATION / ATTENDED EDUCATION CONFERENCE AS A TRUSTEE AT THE INTERNATIONAL FOUNDATION OF EMPLOYEES

11.b. Approximate dollar value of such dealing: 630.00

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

ADVANCE FOR EDUCATION MEETING FOR THE INTERNATIONAL FOUNDATION CONFERENCE

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.

Name of Person Filing WALTER BENEWICZ | File Number U- 049890

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 S.T.A. / I.L.A. SETTLEMENT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any HOWARD IND. PARK

Street 6610 TRIBUTARY STREET

City BALTIMORE

State MARYLAND ZIP Code + 4 21224-6500

11.a. Nature of such dealing.

TRUSTEE EDUCATION / ATTENDED EDUCATION CONFERENCE AS A TRUSTEE AT THE INTERNATIONAL FOUNDATION OF EMPLOYEES

11.b. Approximate dollar value of such dealing. 126.00

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

ADVANCE FOR EDUCATION MEETING FOR THE INTERNATIONAL FOUNDATION CONFERENCE

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.

Name of Person Filing WALTER BENEWICZ	File Number U- 049890

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 S.T.A.I.L.A. BENEFITS FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any HOLABIRD IND. PARK

Street 6610 TRIBUTARY STREET

City BALTIMORE

State MARYLAND ZIP Code + 4 21224-6500

11.a. Nature of such dealing.

ATTENDED BOARD OF TRUSTEES FUND.

11.b. Approximate dollar value of such dealing. 563.50

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

REIMBURSEMENT OF WAGES LOST BY VIRTUE OF ATTENDING TRUSTEE MEETINGS

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.

Name of Person Filing WALTER BENEWICZ | File Number U- 049 890

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 S.T.A. I.L.A. PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any HOLABIRD IND. PARK

Street 6610 TRIBUTARY STREET

City BALTIMORE

State MARYLAND ZIP Code + 4 21224-6500

11.a. Nature of such dealing.

ATTENDED BOARD OF TRUSTEES MEETINGS

11.b. Approximate dollar value of such dealing. 1577.80

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

REIMBURSEMENT OF WAGES LOST BY VIRTUE OF ATTENDING TRUSTEES MEETINGS

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.

Name of Person Filing	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: S.T.A. / I.L.A. SEVERENCE

Trade Name, If any:

P.O. Box, Bldg., Room No., If any: HOLABIRD IND. PARK

Street: 6610 TRIBUTARY STREET

City: BALTIMORE

State: MARYLAND ZIP Code + 4: 21224-6510

11.a. Nature of such dealing.

ATTENDED BOARD OF TRUSTEE MEETINGS

11.b. Approximate dollar value of such dealing. 112.70

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

REIMBURSEMENT OF WAGES LOST BY VIRTUE OF ATTENDING TRUSTEES MEETINGS

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.

Benewicz, Walter

					PENSION FUND	BENEFITS FUND	SEVERANCE FUND	TOTAL
ILA Local 953	IFEPB 2004	Cal Yr '04	9/1/2004	Conference Advance	1,764.00	630.00	126.00	2,520.00
ILA Local 953	IFEPB 2004	Cal Yr '04	12/20/2004	Conference Refund	(63.95)	(22.84)	(4.58)	(91.37)
ILA Local 953	IFEPB 2004	Cal Yr '04	12/6/2004	Wage Reimbursement	1,577.80	563.50	112.70	2,254.00
					3,277.85	1,170.66	234.12	4,682.63