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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AUG 3 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- ~~035-872~~ 12957	2. Fiscal Year Covered From: 01 /01 /2004 Through: 12 /31 /2004
3. Name and address of person filing. Name Oscar De La Torre P.O. Box, Bldg., Room No., if any Street 3271 - 18th Street City San Francisco State California ZIP Code 94110	4. Name, file number, and address of labor organization. Name Laborers' Local 261 Labor Organization File Number 035-872 P.O. Box, Building and Room Number, if any Street 3271- 18th Street City San Francisco State California ZIP Code + 4 94110
5. Position in labor organization. Business Manager/Secretary-Treasurer	

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 08/15/05 (Date) 415)826-4550 (Telephone Number)

Name of Person Filing Oscar De La Torre	File Number U- 03587

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 Mc Morgan & Company

Trade Name, if any:

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

Street 1 Bush Street, Suite 800

City San Francisco

State California ZIP Code + 4 94104

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 Laborer's Trust Funds Administrative Offices

Trade Name, if any:

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

Street 220 Campus Lane

City Fairfield

State California ZIP Code + 4 94534

11.a. Nature of such dealing.

Provides health and safetey assistance to related funds and signatory employers.

(Sponsored dinner meeting 8/04).

11.b. Approximate dollar value of such dealing. $30

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

In addition to the above, it is conceivable that I received the benefit of a meal,drink or social event from an individual who may be employed by a reportable entity under the LMRDA, which I did not report because I have no specific record/ recollection.

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 None

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Does not apply.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. $0