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

U.S. DOL LM
Rec'd
SEP 1 2005
M
DHO SMO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13308	2. Fiscal Year Covered From 1 / 1 / 04 Through 12 / 31 / 04
3. Name and address of person filing Name: Edward Andolina, Jr. P.O. Box, Bldg., Room No., if any: Street: 1193 Cushion Street City: Johnstown State: PA ZIP Code + 4: 15902	4. Name, file number, and address of labor organization Name: Plumber & Pipefitter Local Union 354 Labor Organization File Number: 070-019 P.O. Box, Building and Room Number, if any: P.O. DRAWER I Street: City: Youngwood State: PA ZIP Code + 4: 15697-0343
5. Position in labor organization: EXAMINING BOARD	

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: [signature] On 8/14/05 (814) 243 5073
Date Telephone Number

Name of Person Filing: Edward Andolina, Jr.

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: Plumber & Pipefitter LU 354 Joint Apprenticeship Training School

Trade Name, if any

P.O. Box, Bldg., Room No., if any: P.O. Box 325

Street

City: Youngwood

State: PA

ZIP Code + 4: 15697-0343

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

11 b. Approximate dollar value of such dealing

12 a. Nature of interest held or income received

INSTRUCTOR TRAINING

HOTEL	447.12
FOOD ALLOWANCE	350.00
MILEAGE	249.84
GROSS WAGES FOR YEAR	6,155.40

12 b. Amount: 7,202.36

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