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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 21096	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name earl f hurd P.O. Box, Bldg., Room No., if any Street 14405 laurel pl. suite 300 City laurel State Maryland ZIP Code + 4 20707	4. Name, file number, and address of labor organization. Name operative plasterers & cement masons intl. Labor Organization File Number 000-132 P.O. Box, Building and Room Number, if any suite 300 Street 14405 laurel pl. City laurel State Maryland ZIP Code + 4 20707
5. Position in labor organization. intl rep	

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 Earl F. Hurd On 08/01/2005 (Date) 301-470-4200 (Telephone Number)

Name of Person Filing earl hurd	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).	9. Business deals with:
Name ullico Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 eye st. n.w. City washington State District of Columbia ZIP Code + 4 20006	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. none 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. golf & dinner jan.27 2005 ft. lauderdale fl. good faith estimate = 100.00 12.b. Amount. $100

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 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing earl hurd	File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name washington capital management, inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any suite 1500

Street 1301 fifth ave.

City seattle

State Washington ZIP Code + 4 96101

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.

investment manager -no dealings

11.b. Approximate dollar value of such dealing.

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

golf-may 21 2006
pasco washington
good faith estimate= 43.00

12.b. Amount. $43

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name missouri valley partners Trade Name, if any: P.O. Box, Bldg., Room No., if any suite 500 Street 135 n. meramec City st. louis State Missouri ZIP Code + 4 63105	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. they are a money manager who does no business with our intl. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. golf & lunch april 29 2004 in virgina 12.b. Amount. $65

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name o'donoghue & o'donoghue Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4748 wisconsin ave. n. w. City washington State District of Columbia ZIP Code + 4 20016	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. legle council for the intl. 11.b. Approximate dollar value of such dealing. $373,000 12.a. Nature of interest held or income received. dinner in las vegas nv. aug. 8 2004 61.00 12.b. Amount. $61

Name of Person Filing earl hurd	File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name amalgatrust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street one west monroe City chicago State Illinois ZIP Code + 4 60603	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. bank no dealings
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. golf in maryland july 21 2004 good faith estimate=50.00
	12.b. Amount. $50

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Name amalgatrust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street one west monroe City chicago State Illinois ZIP Code + 4 60603	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. bank no dealings
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. golf- i was one person in a foresome they purchased for a golf outing good faith estimate = 70.00 oct. 4 2006
	12.b. Amount. $70

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name harbaugh hotels Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City palm sping State California ZIP Code + 4	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. i stayed at this hotel for a meeting 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. complimentry bottled water 46.00 12.b. Amount. $46

August 1, 2005

TO WHOM IT MAY CONCERN:

The attached information is my **amended** LM-30 Form for January 1, 2004 through December 31, 2004.

Thank you,

Earl F. Hurd

Earl F. Hurd