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 AUG-9 2005 IN OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2725

2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name: Donald L. Blevins

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

Street: 935 Detroit Ave

City: Concord

State: Ca. ZIP Code + 4: 94518

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

Name: Plumbers & Steamfitters #342

Labor Organization File Number: 033-320

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

Street: 935 Detroit Ave

City: Concord

State: Ca. ZIP Code + 4: 94518

5. Position in labor organization: Business Manager / Fin. Sect.

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: Northern Ca. Mechanical Contractors Association

Trade Name, if any: NC MCAA

P.O. Box, Bldg., Room No., if any: P.O. Box 159

Street:

City: Benicia

State: Ca. ZIP Code + 4: 94510

7.a. Nature of Interest, Transaction, or Income.

NC MCAA Officers Installation Dinner - Ritz Carlton
Half Moon Bay Ca. Room + Dinner

7.b. Amount.

Room w/Tax 310.00
Dinner (2) 200.00
$510.00
220.00
MCAA Confirmed Az. Dinner $730.00

Signature: Donald L. Blevins

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: Donald L. Blevins On: 8-5-05 (Date) 925/686-5880 (Telephone Number)

I have made a diligent search of employee business and/or vendors with which the union is involved, & have made as complete a disclosure as I am obligated by Counsel that I can reasonably make and have made, upon advice of counsel, the disclosures that other a reasonable person would make. I have reviewed the Instructions.

Name of Person Filing Donald L. Blevins	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
- [ ] 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. Ø

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

12.b. Amount. Ø

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 Adams Broadwell Joseph & Cardozo

Trade Name, if any: Attorneys

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

Street 601 Gateway Suite 1000

City So. San Francisco

State Ca ZIP Code + 4 94080

14.a. Nature of payment.

Christmas Gift's for office Employees + officers to enjoy

1 - Pkg Smoked Salmon 54.00

1 - Box Sees Candy 26.40

13.b. Is the Business an Employer [ ] or Consultant [X] ?

14.b. Amount of payment. $80.40

Form LM-30 (2003)

Name of Person Filing Donald L. Blevins | 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
- [ ] 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).

Name N.I.T.C.

Trade Name, if any: National Inspection Testing Cert. Co.

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

Street 501 Shatto Place #201

City Los Angeles

State Ca. ZIP Code + 4 90020

14.a. Nature of payment.

Gift - Sun Glasses

13.b. Is the Business an Employer [ ] or Consultant [X] ?

14.b. Amount of payment. 210.00

Form LM-30 (2003)

LM-30

"I have made a diligent search of employers, businesses and/or vendors with which the Union is involved. I have made as complete disclosure as I am advised by counsel that I am required to make, and I have made such required disclosures that, after a search of the records, I can now recall."

Donald L. Blevins

Donald L. Blevins