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- 4777	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name FRANK C. DERISO P.O. Box, Bldg., Room No., if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501-4887	4. Name, file number, and address of labor organization. Name FOOD & COMMERCIAL WORKERS LOCAL ONE Labor Organization File Number 026-854 P.O. Box, Building and Room Number, if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501-4887
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 [signature] On 6/28/2005 (Date) 315-797-9600, EXT. 0 (Telephone Number)

Name of Person Filing FRANK C. DERISO	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 UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

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 UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

11.a. Nature of such dealing.

CHAIRPERSON OF THE TRUSTEES,
UFCW LOCAL ONE HEALTH CARE AND PENSION FUNDS. IFEBF CONFERENCE.

11.b. Approximate dollar value of such dealing.

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

02/22-02/24-04 IFEBF CONFERENCE
ORLANDO FL.
REIMBURSED EXPENSES AND CONFERENCE REGISTRATION EXPENSE.

12.b. Amount. $2595.07

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 FRANK C. DERISO	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 UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

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 UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

11.a. Nature of such dealing.

CHAIRPERSON OF THE TRUSTEES. TRUSTEES MEETINGS AND EPIC 2004 CONFERENCE INVESTMENT PERFORMANCE SERVICES, HILTON HEAD SC.

11.b. Approximate dollar value of such dealing.

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

REIMBURSED EXPENSES, CONFERENCE REGISTRATION. 4/28/04 TO 5/1/04.

12.b. Amount. $3384.75

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 FRANK C. DERISO	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 UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

9. Business deals with:

a. Labor Organization

b. Trust X

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

11.a. Nature of such dealing.

CHAIRPERSON OF THE TRUSTEES TO THE UFCW LOCAL ONE PENSION AND HEALTH CARE FUNDS.

11.b. Approximate dollar value of such dealing.

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

TRUSTEES MEETING IN BUFFALO NY ON 11/11/04. ROOM AND MEAL PROVIDED.

12.b. Amount. $179.70

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 FRANK C. DERISO	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 UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

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 UFCW LOCAL ONE HEALTH CARE & PENSION FUNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

11.a. Nature of such dealing.

CHAIRPERSON TO THE TRUSTEES OF THE UFCW LOCAL ONE HEALTH CARE AND PENSION FUNDS.

11.b. Approximate dollar value of such dealing.

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

FUND MEETINGS IN COOPERSTOWN NY 8/19/04 & 8/20/04.

12.b. Amount. $795.88

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 FRANK C. DERISO	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 HGK ASSET MANAGEMENT

Trade Name, if any:

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

Street 525 WASHINGTON BLVD.

City JERSEY CITY

State NJ ZIP Code + 4 07310

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 UFCW LOCAL ONE HEALTH & PENSION FNDS.

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

PROVIDES FINANCIAL CONSULTING TO PENSION AND HEALTH CARE FUNDS.

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

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

TRUST FUND DINNER ON 4-4-04, GOLF AT YAHNUNDASIS ON 5-19-04, GOLF AT WESTCHESTER ON 6-3-04, DINNER, NEW YORK CITY ON 6-3-04, DINNER NEW YORK CITY ON 6-16-04 AND 8-31-04.

12.b. Amount. $435.00

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 FRANK C. DERISO	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 CHARTWELL INVESTMENT PARTNERS

Trade Name, if any.

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

Street 1235 WESTLAKES DRIVE, SUITE 400

City BERWYN

State PA ZIP Code + 4 19130

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 UFCW LOCAL ONE HEALTH & PENSION FNDS.

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

PROVIDES FINANCIAL CONSULTING TO THE PENSION FUNDS.

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

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

TRUST FUND MEETING GOLF ON 4-26-04 BELLFAIR C.C.

12.b. Amount. $180.00

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 FRANK C. DERISO	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 NOVAK AND FRANCELLA, CPAS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 920

Street 11 PENNSYLVANIA PLAZA

City NEW YORK

State NY ZIP Code + 4 10001

9. Business deals with:

X a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE PENSION & HEALTH FNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

PROVIDES ACCOUNTING SERVICES TO FUNDS AND UNION.

11.b. Approximate dollar value of such dealing. $60,000.00

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

TRUST FUND MEETING DINNER 4-26-04

12.b. Amount. $55.00

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	FRANK C. DERISO	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 JANUS CAPITAL INVESTMENTS

Trade Name, if any.

P.O. Box, Bldg., Room No., if any SUITE 200

Street 2603 CAMINO RAMON

City SAN RAMON

State CA ZIP Code + 4 94583

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 UFCW LOCAL ONE PENSION FUND

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501

11.a. Nature of such dealing.

PROVIDES FINANCIAL CONSULTING TO PENSION FUND.

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

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

TRUST FUND MEETING DINNER.
4-27-04.

12.b. Amount. $55.00

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 FRANK C. DERISO	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 BELSON, CAMPBELL AND SZUFLITA, ESQ.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any THE ASTOR BUILDING

Street 217 BROADWAY, SUITE 411

City NEW YORK

State NY ZIP Code + 4 10007

9. Business deals with:

X a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE PENSION AND HEALTH FNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NEW YORK ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

PROVIDES LEGAL SERVICE TO THE UNION AND FUNDS

11.b. Approximate dollar value of such dealing. $131,000.00 (APPR)

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

WINE BASKET

12.b. Amount. $200.00

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 FRANK C. DERISO	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 KELLY PRESS INC.

Trade Name, if any:

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

Street 1701 CABIN BRANCH

City CHEVERLY

State MD ZIP Code + 4 20785

9. Business deals with:

XX a. Labor Organization

XX b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW LOCAL ONE HEALTH & PENSION FNDS

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NY ZIP Code + 4 13501-4887

11.a. Nature of such dealing.

PROVIDES PRINTING TO UNION & FUNDS

11.b. Approximate dollar value of such dealing. $40,000.00

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

GOLF AT CONGRESSIONAL C.C. 9-14-04

12.b. Amount. $200.00

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 FRANK C. DERISO	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 EMPIRE VISION CENTERS

Trade Name, if any:

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

Street 2921 ERIE BLVD. EAST

City SYRACUSE

State NEW YORK ZIP Code + 4 13224

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 UFCW LOCAL ONE HEALTH CARE PLAN

Trade Name, if any:

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

Street 106 MEMORIAL PARKWAY

City UTICA

State NEW YORK ZIP Code + 4 13501

11.a. Nature of such dealing.

PROVIDES VISION NETWORK TO UFCW LOCAL ONE HEALTH CARE PLAN.

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

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

WINE AND COUNTRY GIFT BASKET.

12/16/2004

12.b. Amount. $125.00

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.