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-5347

2. Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004

3. Name and address of person filing.

Name MASON A PARKER

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

Street 3525 CALLOWAY DRIVE

City ORLANDO

State Florida ZIP Code + 4 32810

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

Name IRONWORKERS AFL-CIO LU #808

Labor Organization File Number 062-688

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

Street 200 EAST LANDSTREET ROAD

City ORLANDO

State Florida ZIP Code + 4 32824

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

NONE

7.b. Amount.

$0

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 8-12-05 (Date) 407 295-9239 (Telephone Number)

Name of Person Filing MASON PARKER | 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 MID FLORIDA STEEL ERECTORS ASSOCIATION

Trade Name if any.

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

Street 4060 N. COURTNEAY PARKWAY

City MERRITT ISLAND

State Florida ZIP Code + 4 32953

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

REPRESENTATIVE ORGANIZATION OF EMPLOYERS THAT EMPLOY EMPLOYEES REPRESENTED BY THE LOCAL UNION.

11.b Approximate dollar value of such dealing

12.a Nature of interest held or income received

DINNER BANQUET TICKETS

12.b Amount $80

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 IRONWORKERS INTERNATIONAL IMPACT FUND

Trade Name if any

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

Street

City WASHINGTON

State District of Columbia ZIP Code + 4

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

14.a Nature of payment

DINNER RECEPTION

14.b. Amount of payment $123

Name of Person Filing MASON PARKER	File Number U-

Part B Continuation Page

8. 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 MID FLORIDA JOINT APPRENTICESHIP FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 200 EAST LANDSTREET ROAD City ORLANDO State Florida ZIP Code + 4 32812	[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 THE APPRENTICESHIP FUND PROVIDES INSTRUCTION AND TRAINING IN THE IRONWORKING CRAFT 11.b. Approximate dollar value of such dealing
	12.a. Nature of interest held or income received THE FUND PAID FOR LODGING AND AIRFARE TO ATTEND MEETINGS 12.b. Amount $1,486