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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AUG-8 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5610

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

3. Name and address of person filing.

Name MICHAEL WAGNER

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

Street 1001 CENTRAL

City BILLINGS

State Montana ZIP Code + 4 59101

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

Name LOCAL 30

Labor Organization File Number

P.O. Box, Building and Room Number, if any PO BOX 30616

Street

City BILLINGS

State Montana ZIP Code + 4 59107

5. Position in labor organization.

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 Michael Wagner On 8-1-05 (Date) 406-259-5265 (Telephone Number)

Name of Person Filing MICHAEL WAGNER	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: PIPE TRADES TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: PO BOX 1889

Street:

City: GREAT FALLS

State: Montana ZIP Code + 4: 59403

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: PIPE TRADES TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: PO BOX 1889

Street:

City: GREAT FALLS

State: Montana ZIP Code + 4: 59403

11.a. Nature of such dealing.

TRUSTEE'S MEETING HELD IN GREAT FALLS, MONTANA MARCH, MAY AND SEPTEMBER 2004

11.b. Approximate dollar value of such dealing.

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

REIMBURSEMENT OF EXPENSES INCURRED FOR FOOD, TRAVEL AND LODGING.

12.b. Amount. $535

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.