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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

US DOL ESA Rec'd AUG 1 2005 D OLMS DRDA

1. File Number U - ; 5944	2. Fiscal Year Covered From: (01-01-2004) THROUGH (12-31-2004)
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name I STEPHEN D. PIGG	Name Asbestos Workers Local 80
	Labor Organization File Number : 034-381
P.O. Box, Bldg., Room No., i	P.O. Box, Building and Room Number, if any: P.O.806
Street 150 Township Road #1245	Street 7901 State Route 34
City Proctorville	City Winfield
State Ohio ZIP Code 45669-8724	State Wv. ZIP Code + 4 25213
5. Position in labor organization. BUSINESS MANAGER	

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).	7. a. Nature of Interest, Transaction, or Income.
Name } 1	~; ;
Trade Name, if any: j ? P.O.	
	7.b. Amount.
Street f~ j	
City j 1	
State ZIP Code + 4 i	

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 Stephen D. Pigg On August 5, 2005

File Number U-

Name of Person Filing **STEPHEN D. PIGG**

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 **NATIONAL ASBESTOS WORKERS MEDICAL FUND** **NATIONAL ASBESTOS WORKERS PENSION FUND** Trade Name, if any:	9. Business deals with: a. Labor Organization **YES**:: b. Trust c. Employer
P.O. Box, Bldg., Room No., if any	
Street : **4600 POWDER Mill Road Suite 100** City **Beltsville** State **Maryland** ZIPCode + 4 **20705**	
10. If 9.b. or 9.c. is checked give trust or employer's name.	1 1 .a. Nature of such dealing.
Name –	**TRUSTEE –QUARTERLY ANNUAL AND SPECIAL MEETINGS.** **TRAVEL EXPENSE REIMBURSEMENT**
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any ;	
Street.	
	1 .b. Approximate dollar value of such dealing. **$10,895.48**
City :	*2.a.* Nature of interest held or income received.
State : ZIP Code + 4	
	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).	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 orConsultant ?	14. b. Amount of payment.