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 - 6142

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

3. Name and address of person filing.

Name: Linda L Fisher

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

Street: 601 Pennsylvania Ave NW #312

City: Washington

State: District of Columbia ZIP Code + 4: 20004

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

Name: Laborers' International Union of North America

Labor Organization File Number: 000-131

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

Street: 905 16th Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20006

5. Position in labor organization: Director of Public Affairs

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: Linda L. Fisher On: 8/10/05 (Date) (202) 248-2859 (Telephone Number)

Name of Person Filing Linda Fisher	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 Laborers' Health & Safety Fund (LHSF)

Trade Name, if any:

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

Street 905 16th Street NW

City Washington

State District of Columbia ZIP Code + 4 20006

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.

Provides assistance to health and welfare funds and LIUNA signatory contractors on a variety of health and safety issues.

11.b. Approximate dollar value of such dealing.

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

1/16/04
Had dinner at a restaurant

12.b. Amount. $76

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 DeLancey Printing

Trade Name, if any:

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

Street 444 Swann Avenue

City Alexanrdria

State Virginia ZIP Code + 4 22301

14.a. Nature of payment.

4/7/2004
Had lunch at a restaurant

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

14.b. Amount of payment. $75

Name of Person Filing Linda Fisher	File Number **U-**

Part B Continuation Page

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: Laborers' Health & Safety Fund (LHSF)

Trade Name, if any:

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

Street: 905 16th Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20006

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.

Provides assistance to health and welfare funds and LIUNA signatory contractors on a variety of health and safety issues.

11.b. Approximate dollar value of such dealing.

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

3/17/04
Had dinner at a restaurant, discussed Fund issues.

12.b. Amount. $85

Name of Person Filing Linda Fisher	File Number **U-**

Part B Continuation Page

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 Laborers' Health and Safety Fund

Trade Name, if any:

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

Street 905 16th Street NW

City Washington

State District of Columbia ZIP Code + 4 20006

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.

Provides assistance to health and welfare funds and LIUNA signatory contractors on a variety of health and safety issues.

11.b. Approximate dollar value of such dealing.

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

5/15/04
had dinner at a restaurant, discussed Fund issues.

12.b. Amount. $72

Name of Person Filing Linda Fisher	File Number **U-**

Part B Continuation Page

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: Laborers' Health and Safety Fund (LHSF)

Trade Name, if any:

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

Street: 905 16th Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20006

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.

Provides assistance to health and welfare funds and LIUNA signatory contractors on a variety of health and safety issues.

11.b. Approximate dollar value of such dealing.

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

9/16/05
Had dinner at restaurant, discussed Fund issues.

12.b. Amount. $55

Name of Person Filing Linda Fisher	File Number U-

Part B Continuation Page

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: Laborers-Employers Cooperation and Edu Trust

Trade Name, if any:

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

Street: 905 16th Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20006

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.

Laborers-Employers Cooperation and Education Trust (LECET) secures projects and jobs, increases union sector market share, advertises their services, develops a workforce, and advances shared market-related interests.

11.b. Approximate dollar value of such dealing.

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

Attended and worked at Tri-Fund Conference, for which LECET paid the hotel room.

12.b. Amount. $1,639

Name of Person Filing Linda Fisher	File Number **U-**

Part B Continuation Page

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: Laborers-Employers Cooperation and Edu Trust

Trade Name, if any:

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

Street: 905 16th Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20006

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.

Laborers-Employers Cooperation and Education Trust (LECET) secures projects and jobs, increases union sector market share, advertises their services, develops a workforce, and advances shared market-related interests.

11.b. Approximate dollar value of such dealing.

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

Attended reception at Fund Conference, estimated value of food and drinks at $50.

12.b. Amount. $50

Name of Person Filing Linda Fisher	File Number U-

Part C Continuation Page

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 DeLancey Printing Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 444 Swann Avenue City Alexandria State Virginia ZIP Code + 4 22301	11/2/2004 Had dinner at a restaurant
13.b. Is the Business an Employer [X] or Consultant [ ] ?	14.b. Amount of payment. $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).	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 [ ] or Consultant [ ] ?	14.b. Amount of payment.

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 or Consultant ?	14.b. Amount of payment.