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 - 6682

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

3. Name and address of person filing.

Name: VINCENT DiSALVO

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

Street: 7 FREDERIKA STREET

City: BOSTON

State: Massachusetts ZIP Code + 4: 02124

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

Name: BOSTON PLASTERERS' & CEMENT MASONS' LOCAL 534

Labor Organization File Number: 018-761

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

Street: 7 FREDERIKA STREET

City: BOSTON

State: Massachusetts ZIP Code + 4: 02124

5. Position in labor organization: EXECUTIVE BOARD

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: N/A

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.

N/A

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 8·9·05 (Date) 781 395 3556 (Telephone Number)

Name of Person Filing VINCENT DiSALVO	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: BP & CM LOCAL 534 APPRENTICESHIP & TRAINING

Trade Name, if any:

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

Street: 7 FREDERIKA STREET

City: BOSTON

State: Massachusetts ZIP Code + 4: 02124

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: N/A

Trade Name, if any:

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

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUST RECEIVES CONTRIBUTIONS FROM EMPLOYERS UNDER THE COLLECTIVE BARGAINING CONTRACT BETWEEN THE UNION & EMPLOYERS.

11.b. Approximate dollar value of such dealing. $215,455

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

SALARY - INSTRUCTOR;BENEFITS - INSTRUCTOR.

SEE ATTACHED DETAIL.

12.b. Amount. $14,711

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: N/A

Trade Name, if any:

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

Street

City

State ZIP Code + 4

14.a. Nature of payment.

N/A

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

14.b. Amount of payment.

Name of Person Filing VINCENT DiSALVO	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: BP & CM LOCAL 534 LABOR MANAGEMENT COOP FUND

Trade Name, if any:

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

Street: 7 FREDERIKA STREET

City: BOSTON

State: Massachusetts ZIP Code + 4: 02124

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: N/A

Trade Name, if any:

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

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUST RECEIVES CONTRIBUTIONS FROM EMPLOYERS UNDER THE COLLECTIVE BARGAINING CONTRACT BETWEEN THE UNION & EMPLOYERS.

11.b. Approximate dollar value of such dealing. $557,998

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

REIMBURSED HOTEL, AIRFARE & MEALS FOR TRUSTEE APPROVED EDUCATIONAL SEMINARS.

VARIOUS TRUSTEE APPROVED CHARITY, HOLIDAY OR LABOR MANAGEMENT EVENTS.

SEE ATTACHED DETAIL.

12.b. Amount. $5,074

Name of Person Filing VINCENT DiSALVO	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: BP&CM LOCAL 534 PENSION & ANNUITY FUNDS

Trade Name, if any:

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

Street: 7 FREDERIKA STREET

City: BOSTON

State: Massachusetts ZIP Code + 4: 02124

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: N/A

Trade Name, if any:

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

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUST RECEIVES CONTRIBUTIONS FROM EMPLOYERS UNDER THE COLLECTIVE BARGAINING CONTRACT BETWEEN THE UNION & EMPLOYERS.

11.b. Approximate dollar value of such dealing. $5,225,252

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

REIMBURSED HOTEL, AIRFARE & MEALS FOR TRUSTEE APPROVED EDUCATIONAL SEMINARS.

SEE ATTACHED DETAIL.

12.b. Amount. $3,889

Vincent DiSalvo - Attachment to LM-30 - 2004

Salary - Instructor	10,675	
Benefits - Instructor	4,036	
TOTAL FOR APPRENTICESHIP & TRAINING FUND	14,711	**TO PAGE 2 OF 4**

Vincent DiSalvo - Attachment to LM-30 - 2004

	Salary	2,191	
	Benefits	1,488	
Apr-2004	Dinner - Walls & Ceilings Conference Las Vegas	311	
Apr-2004	AWCI - Las Vegas	91	
Apr-2004	Dinner - AWCI - Las Vegas	100	
Apr-2004	Dinner - AWCI - Las Vegas	116	
Jun-2005	Contractors Night - Social Event	344	
Sep-2004	Contractors Night - Social Event	344	
Nov-2004	Dinner - IFEBP Conference New Orleans	89	
	TOTAL FOR LABOR MANAGEMENT FUND	5,074	**TO PAGE 3 OF 4**

Vincent DiSalvo - Attachment to LM-30 - 2004

	Vincent DiSalvo		
	Salary	244	
	Benefits	243	
November-04	Registration - IFEBP - New Orleans	633	
November-04	Hotel - IFEBP - New Orleans	706	
	TOTAL FOR PENSION FUND		1,825
	Vincent DiSalvo		
	Salary	484	
	Benefits	243	
November-04	Registration - IFEBP - New Orleans	633	
November-04	Hotel - IFEBP - New Orleans	706	
	TOTAL FOR DEFERRED ANNUITY FUND		2,065
	TOTAL FOR PENSION AND ANNUITY FUNDS		3,889 **TO PAGE 4 OF 4**

DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended LM-30.

Signature

8-9-2005

Date