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- 6796

2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: LOUIS A. MARCIELLO

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

Street: 2621 DOW CIRCLE

City: Deer Park

State: Texas ZIP Code + 4: 77536

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

Name: DISTRICT NO1-PCD, MEBA (AFL-CIO)

Labor Organization File Number: 066-581

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

Street: 444 NORTH CAPITOL ST. N.W. #800

City: Washington

State: DC ZIP Code + 4: 20001

5. Position in labor organization: HOUSTON Branch Agent

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: Louis A. Marciello On: 8/8/2005 (Date) 281-478-0844 (Telephone Number)

Name of Person Filing	LOUIS A. MARCIELLO	File Number U-	066-581

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: MEBA Benefit Plans

Trade Name, if any:

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

Street: 1007 Eastern Avenue

City: BALTIMORE

State: MD ZIP Code + 4: 21202

9. Business deals with:

- [x] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: MEBA Benefit Plans includes Pension-Training-Medical Vacation, & JEC TRUSTS

Trade Name, if any:

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

Street: 1007 Eastern Avenue

City: Baltimore

State: MD ZIP Code + 4: 21202

11.a. Nature of such dealing.

MEBA Benefit Plans are jointly-trusteed, multiemployer benefit plans that provide benefits to participants represented by the MEBA.

11.b. Approximate dollar value of such dealing. $2,426 pertaining to me

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

The amount identified in Box 11b is for reimbursement of travel-related expenses incurred in attending MEBA Benefit Plans board of trustee meetings, for which I am a trustee/alternate trustee and was required to attend, as well as for attending trustee educational meeting sponsored by the International Foundation of Employee Benefits Plans.

See 11b. ←

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).

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.

MEBA Medical and Benefits Plan
2004 LM-10, LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Lou Marciello	Medical	571850	3/16/2004	$ 341.50	Various Meals 01/04 Trustee Meeting
Lou Marciello	Medical	571725	5/20/04, 6/30/2004	$ (15.53)	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/04
Lou Marciello	Medical	871725	7/20/2004	$ 359.29	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
Lou Marciello	All		9/16/2004	$ 1,550.00	IFEB Conferences
Lou Marciello	Medical	571725	11/9/2004	$ 101.55	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/04
Lou Marciello	Medical	571890	12/15/2004	$ 34.21	Membership Dues (ck#20469)
Lou Marciello	Medical	571850	12/04	$ 55.00	IFEBP Fees
				$ 2,426.02	

Name of Person Filing	File Number U-
Louis A. Marciello	066-581

B. Hold 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: Vedder Price, Kaufman & Kammholz, P.C.

Trade Name, if any:

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

Street: 222 N. La Salle St., Suite 2600

City: Chicago

State: IL ZIP Code + 4: 60601

9. Business deals with:

- [x] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: MEBA Benefit Plans

Trade Name, if any:

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

Street: 1007 Eastern Avenue

City: Baltimore

State: MD ZIP Code + 4: 21202

11.a. Nature of such dealing.

Vedder Price is co-counsel to the MEBA Benefit Plans, which are jointly-trusteed multiemployer benefit plans that provide benefits to participants who are represented by the MEBA.

11.b. Approximate dollar value of such dealing: $139 pertaining to me

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

Vedder Price provided dinner during a Chicago trustee meeting that I was required to attend, because I am a trustee/alternate trustee.

12.b. Amount: See 11b

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.