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

E

US DOL ESA Rec'd NOV 26 2006 IN OLMS DRO

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 7027

2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005

3 Name and address of person filing

Name ANTHONY J CAFAZZA

P O Box Bldg Room No if any

Street 3965 GERALDINE

City ST ANN

State Missouri ZIP Code + 4 63074 1905

4 Name file number and address of labor organization

Name UNITED BROTHERHOOD OF CARPENTER & JOINES 47

Labor Organization File Number 014709

P O Box Building and Room Number if any

Street 1401 HAMPTON AVE

City ST LOUIS

State Missouri ZIP Code + 4 63139 3159

5 Position in labor organization PRESIDENT

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 Tony Cafazza On 4-15-06 Date 314 423 6677 Telephone Number

Name of Person Filing ANTHONY CAFAZZA	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 CAPENTERS JOINT TRAINING FUND OF ST LOUIS

Trade Name if any

P O Box Bldg Room No if any

Street 1401 HAMPTON AVE

City ST LOUIS

State Missouri ZIP Code + 4 63139-3159

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

THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS IS A TRUST IN WHICH THE LABOR ORGANIZATION IS INTERESTED

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

IN ADDITION TO BEING THE PRESIDENT OF CARPENTERS LOCAL 47 I AM AN INSTRUCTOR FOR THE CARPENTERS JOINT TRAINING FUND OF ST LOUIS (CJTF) IN 2005 I RECEIVED $62 368 IN SALARY AND $237 OF EXPENSE REIBURSEMENTS FROM MY EMPLOYER THE CJTF

12 b Amount $62 605

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