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 11-30-20

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- ~~022-947~~ 7308

2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12/31/04

3. Name and address of person filing.

Name David M. Maxie

P.O. Box, Bldg., Room No., if any 4389

Street De Forest St.

City Las Vegas

State Nevada ZIP Code + 4 89103

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

Name Plumbers & Pipefitters Local #525

Labor Organization File Number 022-947

P.O. Box, Building and Room Number, if any 760

Street North Lamb Blvd.

City Las Vegas

State Nevada ZIP Code + 4 89110

5. Position in labor organization.

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 Mechanical Contractors Association

Trade Name, if any: M.C.A.

P.O. Box, Bldg., Room No., if any Suite 1

Street 2640 S. Jones Blvd.

City Las Vegas

State Nevada ZIP Code + 4 89146

7.a. Nature of Interest, Transaction, or Income.

Christmas Party & Dinner

7.b. Amount. $160.00

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 David M. Maxie On 8-10-05 (702) 452-1520

Date Telephone Number