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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U-9594	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name: John J. LuBonovic P.O. Box, Bldg., Room No., if any: Street: 5259 Kennedy Rd. City: Lowellville State: OH ZIP Code + 4: 44436	4. Name, file number, and address of labor organization. Name: Plumbers & Pipefitters Local 396 Labor Organization File Number: 541194 P.O. Box, Building and Room Number, if any: Street: 493 Bev Rd., Bldg. 3 City: Boardman State: OH ZIP Code + 4: 44512
5. Position in labor organization: Recording Secretary	

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):

6. 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.

8. 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

18. 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: John J. LuBonovic On: 7/29/05 (Date) (330) 536-6364 (Telephone Number)

Name of Person Filing	John J. LuBonovic	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: Plumbers & Pipefitters Local 396 a) Health & Welfare Fund b) Security Plan Fund

Trade Name, if any:

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

Street: 33 Fitch Blvd.

City: Austintown

State: OH ZIP Code + 4: 44515

9. Business deals with:

a. Labor Organization

b. Trust: X

c. Employer

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

Name: Plumbers & Pipefitters Local 396 Health & Welfare Fund

Trade Name, if any:

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

Street: 33 Fitch Blvd.

City: Austintown

State: OH ZIP Code + 4: 44515

11. a. Nature of such dealing

Union Trustee on fund receiving reimbursement of lost wages while attending fund meeting

11. b. Approximate dollar value of such dealing: $576.00

12. a. Nature of shared fund or income received

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: Plumbers & Pipefitters Local 396 Security Plan Fund

Trade Name, if any:

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

Street: 33 Fitch Blvd.

City: Austintown

State: OH ZIP Code + 4: 44515

14. a. Nature of payment:

Union trustee on fund receiving reimbursement of lost wages while attending fund meeting.

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

14. b. Amount of payment: $576.00