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
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7843

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

3. Name and address of person filing.

Name: Patrick K Davis

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

Street: 443 Broadneck Road

City: Annapolis

State: Maryland ZIP Code + 4: 21409

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

Name: International Union Of Bricklayers & Allied Cr

Labor Organization File Number: 000-34

P.O. Box, Building and Room Number, if any: Suite 600

Street: 1776 EYE Street

City: Washington

State: District of Columbia ZIP Code + 4: 20006

5. Position in labor organization: Audio Visual Manager

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: Patrick K Davis On: 08/10/2005 (Date) 202-518-8459 ext. 1003 (Telephone Number)

State: Maryland ZIP Code + 4: 21401

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.

Payments are made to the International Masonry Institute pursuant to collective bargaining agreements negotiated by the Union.

11.b. Approximate dollar value of such dealing.

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

2/09/2004 $754.80 Winter Meeting Lodging
11/2/2004 $530.76 Annual Meeting Lodging

12.b. Amount. $1,286

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:

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

14.b. Amount of payment.