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 AUG 17 10 M OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8864

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

3 Name and address of person filing

Name John Ippolito

P O Box Bldg Room No if any 666

Street 1600 Walt Whitman Road

City Melville

State New York ZIP Code + 4 11747 3088

4 Name file number and address of labor organization

Name LABORERS UNION #66

Labor Organization File Number 026 302

P O Box Building and Room Number if any 666

Street 1600 Walt Whitman Road

City Melville

State New York ZIP Code + 4 11747 3088

5 Position in labor organization Vice President/ Business 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 [signature] On 08/12/2005 (Date) 631-249 1110 (Telephone Number)

Name of Person Filing John Ippolito	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: General Building Local 66 Welfare Fund

Trade Name if any:

P O Box Bldg Room No if any: 667

Street: 1600 Walt Whitman Road

City: Melville

State: New York ZIP Code + 4: 11747-3088

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

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Attend holiday party 12/13/2004

12 b Amount: $65

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:

13 b Is the Business an Employer [ ] or Consultant [ ] ?

14 a Nature of payment

14 b Amount of payment

Name of Person Filing John Ippolito	File Number U

Part B Continuation Page

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: Greater New York Lecet

Trade Name if any:

P O Box Bldg Room No if any:

Street: 266 West 37th Street

City: New York

State: New York ZIP Code + 4: 10098-4196

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

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Attend dinner sponsored by organization

12 b Amount: $57