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.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8947

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

3. Name and address of person filing.

Name: Ricky Tamashiro

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

Street: 2251 North School Street

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

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

Name: O.P.C.M.I.A., Local Union #630

Labor Organization File Number: 037-279

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

Street: 2251 North School Street

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

5. Position in labor organization: Vice 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: [signature] On: 8/9/05 (Date) (808) 841-0491 (Telephone Number)

Name of Person Filing Ricky Tamashiro	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: Hawaii Masons & Plasterers Training Trust Fu

Trade Name, if any:

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

Street: 2251 North School Street

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

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.

Employed by Hawaii Masons & Plasterers Training Trust Fund. Fringes benefits are part of employment arrangement. Outer island travel seminar attendance, celluar phone, and reimbursed expenses are all job-related.
(See Attachment - Page 1 of 6)

11.b. Approximate dollar value of such dealing. $44,916

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

Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeing general training program activities.
Instructor fees are paid for services performed to provide active guidance and teaching.
(See Attachment - Page 1

12.b. Amount. $91,318

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.

Name of Person Filing Ricky Tamashiro	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: Masons Health & Welfare Trust Fund

Trade Name, if any:

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

Street: 2251 North School

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

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.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.
(See Attachment - Page 2 of 6)

11.b. Approximate dollar value of such dealing. $8,044

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

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
(See Attachment - Page 2 of 6)

12.b. Amount. $15,483

Name of Person Filing Ricky Tamashiro	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: Hawaii Masons Vacation & Holiday Trust Fund

Trade Name, if any:

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

Street: 2251 North School Street

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

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.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.
(See Attachment - Page 3 of 6)

11.b. Approximate dollar value of such dealing. $2,254

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

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
(See Attachment - Page 3 of 6)

12.b. Amount. $4,099

Name of Person Filing Ricky Tamashiro	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: Hawaii Masons & Plasterers Annuity Trust Fun

Trade Name, if any:

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

Street: 2251 North School Street

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

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.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.
(See Attachment - Page 4 of 6)

11.b. Approximate dollar value of such dealing. $3,643

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

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
(See Attachment - Page 4 of 6)

12.b. Amount. $6,831

Name of Person Filing Ricky Tamashiro	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: Masons Pension Trust Fund

Trade Name, if any:

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

Street: 2251 North School Street

City: 2251 North School Stre

State: Hawaii ZIP Code + 4: 96819

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.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.
(See Attachment - Page 5 of 6)

11.b. Approximate dollar value of such dealing. $6,886

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

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
(See Attachment - Page 5 of 6)

12.b. Amount. $13,207

Name of Person Filing Ricky Tamashiro	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: Hawaii Masons & Plasterers Training Trust Fu

Trade Name, if any:

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

Street: 2251 North School Street

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

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.

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
Fringes benefits are part of employment arrangement. Seminar attendance expense is job-related.
(See Attachment - Page 6 of 6)

11.b. Approximate dollar value of such dealing. $3,180

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

Mr. Tamashiro's spouse is employed by the Hawaii Masons & Plasterers Administrative Office.
(See Attachment - Page 6 of 6)

12.b. Amount. $5,920

Name of Person Filing Ricky Tamashiro	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: Aloha State Marketing

Trade Name, if any:

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

Street: 99-1011 Kaikukumu Street

City: Ewa Beach

State: Hawaii ZIP Code + 4: 96706

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.

Promotional event for masonry contruction industry

11.b. Approximate dollar value of such dealing. $100

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

12.b. Amount.

Name of Person Filing Ricky Tamashiro	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: Western Apprenticehsip Coordinators Assoc.

Trade Name, if any:

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

Street: 2251 North School Street

City: Honolulu

State: Hawaii ZIP Code + 4: 96819

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.

Promotional event to promote construction industry training of apprentices

11.b. Approximate dollar value of such dealing. $50

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

12.b. Amount.

Attachment to Form LM-30, Line 11.a,b

Date of payments	Amount of payments	Kind of payment	Method of payment
January 1, 2004 through December 31, 2004		Fringe benefit	Check
	12,131	Health & welfare	
	10,193	Annuity	
	5,363	Pension	
	27,687		
January 1, 2004 through December 31, 2004		Outer island travel done monthly	Check
	3,981	Airfare	
	2,082	Hotel	
	4,760	Materials	
	10,823		
January 1, 2004 through December 31, 2004		Seminar (1/2005)	Check
	559	Airfare	
	1,203	Hotel	
	915	Registration	
	527	Ground transporation	
	1,040	Meals	
	4,244		
		Others	
January 1, 2004 through December 31, 2004	1,522	Cellular phone	Check
	640	Reimbursed expenses	Check
	2,162		
Total	44,916		

Attachment to Form LM-30, Line 12.a,b

		Wages and fees	
January 1, 2004 through December 31, 2004	79,284	Wages	Check
	6,920	Vacation fringe benefit	Check
January 1, 2004 through December 31, 2004	4,940	Instructor fees	Check
Total	91,318		

Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

	Date of payments	Amount of payments	Kind of payment	Method of payment
Attachment to Form LM-30, Line 11.a,b				
HW	January 1, 2004 through December 31, 2004		Fringe benefit	Check
		1,990	Health & welfare	
		1,823	Annuity	
		2,468	Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004		Continuing education	Check
		316	Airfare	
		553	Hotel	
		337	Registration	
		-	Auto	
		387	Meals	
	Total	8,044		
Attachment to Form LM-30, Line 12.a,b				
	January 1, 2004 through December 31, 2004	15,483	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Health & Welfare Fund portion of expenses.

	Date of payments	Amount of payments	Kind of payment	Method of payment
Attachment to Form LM-30, Line 11.a,b				
VH	January 1, 2004 through December 31, 2004		Fringe benefit	Check
		527	Health & welfare	
		483	Annuity	
		653	Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004		Continuing education	Check
		84	Airfare	
		146	Hotel	
		89	Registration	
		-	Auto	
		102	Meals	
	Total	2,254		
Attachment to Form LM-30, Line 12.a,b				
	January 1, 2004 through December 31, 2004	4,099	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Vacation & Holiday Fund portion of expenses.

	Date of payments	Amount of payments	Kind of payment	Method of payment
Attachment to Form LM-30, Line 11.a,b				
AN	January 1, 2004 through December 31, 2004		Fringe benefit	Check
		878	Health & welfare	
		804	Annuity	
		1,089	Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004		Continuing education	Check
		140	Airfare	
		244	Hotel	
		149	Registration	
		-	Auto	
		171	Meals	
	Total	3,643		
Attachment to Form LM-30, Line 12.a,b				
	January 1, 2004 through December 31, 2004	6,831	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Annuity Fund portion of expenses.

	Date of payments	Amount of payments	Kind of payment	Method of payment
Attachment to Form LM-30, Line 11.a,b				
PN	January 1, 2004 through December 31, 2004		Fringe benefit	Check
		1,698	Health & welfare	
		1,555	Annuity	
		2,105	Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004		Continuing education	Check
		270	Airfare	
		471	Hotel	
		287	Registration	
		-	Auto	
		330	Meals	
	Total	6,886		
Attachment to Form LM-30, Line 12.a,b				
	January 1, 2004 through December 31, 2004	13,207	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Pension Fund portion of expenses.

	Date of payments	Amount of payments	Kind of payment	Method of payment
Attachment to Form LM-30, Line 11.a,b				
TR	January 1, 2004 through December 31, 2004		Fringe benefit	Check
		761	Health & welfare	
		697	Annuity	
		944	Pension	
	January 1, 2004 through December 31, 2004	114	Meeting expenses for attendence at quarterly trust fund meetings	Check
		55	Meeting expenses for attendence at monthly delinquency committee meetings	Check
	January 1, 2004 through December 31, 2004		Continuing education	Check
		121	Airfare	
		211	Hotel	
		129	Registration	
		-	Auto	
		148	Meals	
	Total	3,180		
Attachment to Form LM-30, Line 12.a,b				
	January 1, 2004 through December 31, 2004	5,920	Wages	Check

Amounts paid to as an employee of the Hawaii Masons and Plasterers Administrative Office (Administrative Office). The Administrative Office is a seperate entity used to administer and help operate employee benefit plans. It is set up through a collective bargaining agreeement between the Unoin and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

The operating expenses including wages, fringe benefits, meeting and continuing education are allocated to the various Mason and Plasterer Trust Funds - Health & Welfare, Vacation & Holiday, Annuity, Pension, and Training. This schedule represents the Training Fund portion of expenses.

Ricky Tamashiro
File Number – Initial filing
12/31/2004

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.