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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AUG 17 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 9173

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

3. Name and address of person filing.

Name CRAIG GORROW

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

Street 1441 STATE ROUTE 37

City AKWESASNE

State New York ZIP Code + 4 13662

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

Name LABORERS LOCAL 322

Labor Organization File Number 015-089

P.O. Box, Building and Room Number, if any 361

Street 49 1/2 MAPLE STREET

City MASSENA

State New York ZIP Code + 4 13662

5. Position in labor organization. SECRETARY/TREASURER/FIELD REPRESENT

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 _____ On 08/12/2005 (Date) 518-358-2569 (Telephone Number)

Name of Person Filing CRAIG GORROW	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 NYS LABORERS COOPERATION AND EDUCATION TRUST

Trade Name, if any: LECET

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

Street 18 CORPORATE WOODS BLVD

City ALBANY

State New York ZIP Code + 4 12211

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.

LECET SECURES PROJECTS AND JOBS, INCREASES UNION SECTOR MARKET SHARE, ADVERTISES THEIR SERVICES, DEVELOPS A WORKFORCE, AND ADVANCES SHARED MARKET RELATED INTERESTS

11.b. Approximate dollar value of such dealing.

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

TRAVEL EXPENSES FOR LEGISLATIVE CONFERENCE

12.b. Amount. $102

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 LABORERS LOCAL 322 EDUCATION & TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 361

Street 49 1/2 MAPLE STREET

City MASSENA

State New York ZIP Code + 4 13662

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

14.a. Nature of payment.

REIMBURSED TRAVEL EXPENSES FOR TRAINING AND EDUCATIONAL FUNCTIONS FOR 2004

14.b. Amount of payment. $1,775

AUG 17 2005

LABORERS' INTERNATIONAL UNION
of North America
LOCAL NO. 322

P.O. BOX 361
49½ MAPLE STREET
MASSENA, NEW YORK 13662

PHONE 315-769-8731
FAX 315-769-8522

August 12, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Ave., NW
Room N-5616
Washington, DC 20210

Re: Form LM-30 Filing For Craig Gorrow, LIUNA Local 322, Labor Organization File NO. 015-089

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing this report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstances, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Craig Gorrow
Secretary-Treasurer/Field Representative