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 2005 B OLMS-DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 9237	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Ernesto Medrano P O Box, Bldg , Room No , if any Street 140 South Marks Way City Orange State California ZIP Code + 4 92869-2698	4 Name, file number, and address of labor organization Name Teamsters Local 952 Labor Organization File Number 034-503 P O Box, Building and Room Number, if any Street 140 South Marks Way City Orange State California ZIP Code + 4 92868-2698
5 Position in labor organization Business Representative/Organizer	

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 8/12/05 Date _____ Telephone Number

Form LM-30 (2003)

Name of Person Filing Ernesto Medrano	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)	9 Business deals with
Name DMC Trade Name, if any P O Box, Bldg., Room No , if any P>O. Box 757 Street 6601 Koll Center Parkway, Suite 240 City Pleasanton State California ZIP Code + 4 94566	a Labor Organization ✘ b Trust c Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name Labor Alliance Managed Trust Trade Name, if any P O Box, Bldg , Room No , if any P.O Box 757 Street City Pleasanton State California ZIP Code + 4 94566	11 a Nature of such dealing administrator of health welfare benefits for labor organization's employees and for employees the labor organization represents 11 b Approximate dollar value of such dealing $4,000,000 12 a Nature of interest held or income received Christmas Party 12 b Amount $100

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)	14.a Nature of payment.
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.