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- 9756

2 Fiscal Year Covered From 01 / 01 / 04 Through 12 / 31 / 04

3 Name and address of person filing

Name ROBERT W. MCDONALD

P O Box Bldg, Room No, if any 23783

Street RANGELINE Rd

City JERSEYVILLE

State IL. ZIP Code + 4 62052

4 Name, file number, and address of labor organization

Name LABORERS AFL CIO

Labor Organization File Number 011-719

P O Box, Building and Room Number, if any P O Box 775

Street 7232 Herter Inductrial Dr

City Godfrey

State IL. ZIP Code + 4 62035

5 Position in labor organization BUSINESS 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 MIDWEST REGION FOUNDATION FOR FAIR CONTRACTING

Trade Name if any

P O Box Bldg Room No, if any 1 NORTH OLD STATE CAPITAL PLAZA

Street SUITE 525

City SPRINGFIELD

State IL ZIP Code + 4 62701

7 a Nature of Interest, Transaction, or Income

MEAL, DISCUSS FAIR CONTRACTING ISSUES

SEE ATTACHMENT #1

7 b Amount

$27.50

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 Robert W McDonald On 8-12-05 (618) 498-7085

Date Telephone Number

Name of Person Filing	ROBERT W. MCDONALD	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

Trade Name if any

P O Box Bldg , Room No , if any

Street

City

State ZIP Code + 4

9 Business deals with

- [ ] a Labor Organization
- [x] b Trust
- [ ] c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name CENTRAL LABORERS WELFARE FUND

Trade Name if any

P O Box Bldg Room No , if any 1246

Street

City JACKSONVILLE

State IL ZIP Code + 4 62651

11 a Nature of such dealing

REIMBURSED FOR MILEAGE FOR MEETINGS AND COST FOR ATTENDING CONFRENCES

11 b Approximate dollar value of such dealing $1981.45

12 a Nature of interest held or income received

MEAL + DRINKS AT CONFRENCE'S

SEE ATTACHMENTS #2

12 b Amount $57.25

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

ATTACHMENT #1

Midwest Region LIUNA
LM-30 Reportable Items by Officer/Employee
2004

Last Name	First Name	Title	Organization Name/Address	Item #	Reportable Item	Value	Date Received	Provided By Fund	Nature of Dealing
McDonald	Robert	Business Manager	Laborers' Local Union 218 7232 Herter Industrial Drive P O Box 775 Godfrey, IL 62035	1	Meal	$27 50	10/8/2004	Midwest Region Foundation for Fair Contracting	Discuss Fair Contracting Issues

ATTACHMENT #2

Date	Meeting/Conference	Name of Person	Amount	Other People Listed	Amount for each
05/11/04	Tri-Fund Conference	Nick Ceretto	$ 45 00	Robert McDonald	$ 22 50
05/11/04	Tri-Fund-mileage	Robert McDonald	$ 193 88	Robert McDonald	$ 193 88
05/11/04	Tri-Fund-hotel	Robert McDonald	$ 278 34	Robert McDonald	$ 278 34
05/13/04	Midwest Region	Barry McAnamey	$ 277 16	Robert McDonald	$ 34 65
05/25/04	Meeting-mileage	Robert McDonald	$ 52.50	Robert McDonald	$ 52.50
05/26/04	Mid-America	CLWF	$ 250 00	Robert McDonald	$ 250.00
06/26/04	Mid-America-car rental	Robert McDonald	$ 476 10	Robert McDonald	$ 476.10
06/26/04	Mid-America-hotel	Robert McDonald	$ 488 00	Robert McDonald	$ 488.00
06/26/04	Mid-America-gas	Robert McDonald	$ 29.05	Robert McDonald	$ 29.05
06/27/04	Mid-America	Robert McDonald	$ 28.78	Robert McDonald	$ 28.78
06/29/04	Mid-America-gas	Robert McDonald	$ 27 00	Robert McDonald	$ 27.00
09/14/04	Meeting-mileage	Robert McDonald	$ 52.50	Robert McDonald	$ 52.50
01/25/05	Meeting-mileage	Robert McDonald	$ 52.65	Robert McDonald	$ 52.65
03/29/05	Meeting-mileage	Robert McDonald	$ 52.65	Robert McDonald	$ 52.65
				Total	$ 2,038 60

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue NW
Room N-5616
Washington, D C 20210

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period In filing the 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 circumstance 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

Robert W. McDonald
August 12th, 2005