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- 9757

2 Fiscal Year Covered From 3 / 31 / 2003 Through 4 / 1 / 2004

3 Name and address of person filing

Name KIM V MEDINA

P O Box, Bldg, Room No, if any 14A

Street 100 DEBS PLACE

City BRONX

State NEW YORK ZIP Code + 4 10475-2315

4 Name, file number, and address of labor organization

Name DISTRICT COUNCIL 1707 ~~[illegible]~~

Labor Organization File Number 061014

P O Box, Building and Room Number, if any 14 FLOOR

Street 75 VARICK STREET

City NEW YORK

State NEW YORK ZIP Code + 4 10013-1914

5 Position in labor organization DISTRICT COUNCIL/LOCAL 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 DC 1707 HEALTH BENEFIT FUND

Trade Name, if any

P O Box, Bldg, Room No, if any 15 FLOOR

Street 75 VARICK STREET

City NEW YORK

State NEW YORK ZIP Code + 4 10013-1914

7 a Nature of Interest Transaction, or Income

IFEBP Annual membership $56.82
Reimbursed wages Bd mtg 2/26/04 $70.56
Fare $8.00

7 b Amount

$135.38

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 Kim V Medina On 8/12/05 (718) 862-9001
Date Telephone Number

Name of Person Filing	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

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

12 b Amount

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