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 9974

2. Fiscal Year Covered From 1 / 1 / 04 Through 12 / 31 / 05

3 Name and address of person filing

Name LAWRENCE D'ERRICO

P O Box, Bldg. Room No. if any

Street 157 E 25th ST.

City NEW YORK

State N Y. ZIP Code + 4 10010

4 Name, file number and address of labor organization

Name NYC DISTRICT COUNCIL of CARPENTERS

Labor Organization File Number 032922

P O Box, Building and Room Number if any

Street 395 HUDSON ST

City N Y

State N Y ZIP Code + 4 10014

5 Position in labor organization. TRUSTEE, RECORDING SECRETARY, BUSINESS REP

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 NYCDC of CARPENTERS BENIFIT FUNDS

Trade Name if any

P O Box Bldg. Room No if any

Street 395 HUDSON ST

City N Y

State N Y. ZIP Code + 4 10014

7 a. Nature of Interest, Transaction or Income.

REGISTRATION FEES, LODGING & MEALS FOR INTERNATIONAL BENIFIT FUNDS CONFERENCE & BENIFIT FUND MEETINGS (SEE ATTACHED)

7 b Amount.

$1679.92

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 Lawrence D'Errico On 8-15-05 (212) 685-0567

Date Telephone Number

Contractor

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: LAZARD FRERES ASSET MGT

Trade Name, if any:

P O Box Bldg. Room No if any:

Street: 30 ROCKERFELLER PLAZA

City: NY

State: NY ZIP Code + 4: 10020

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: NYCDC of CARPENTERS BENEFIT FUNDS

Trade Name, if any:

P O Box, Bldg Room No. if any:

Street: 395 HUDSON ST

City: NY

State: NY ZIP Code + 4: 10014

11 a Nature of such dealing

BUSINESS MEETING

11 b Approximate dollar value of such dealing: $27440

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:

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

14 a. Nature of payment.

14 b Amount of payment.

Contractor

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: PRYOR, CASHMAN, SHERMAN & FLYNN LLP

Trade Name if any:

P O Box Bldg. Room No if any:

Street: 410 PARK AVE

City: N.Y.

State: NY ZIP Code + 4: 10022

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*

HOLIDAY GIFT BASKET.

11 b Approximate dollar value of such dealing: $147

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:

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

14 a. Nature of payment.

14 b Amount of payment.