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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 10071	2. Fiscal Year Covered From 01/01/2004 Through: 12/31/2004
3. Name and address of person filing. Name PATRICK LO PRESTI P.O. Box, Bldg., Room No., if any Street 80 HUNTER DRIVE City SYOSSET State NEW YORK ZIP Code + 4 11793	4. Name, file number, and address of labor organization. Name ALA LOCAL ONE Labor Organization File Number 035-319 P.O. Box, Building and Room Number, if any Street 113 UNIVERSITY PLACE City NEW YORK State NEW YORK ZIP Code + 4 10003
5. Position in labor organization. PRESIDENT - ALA LOCAL ONE	

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 [signature] On 8/11/05 (212) 460-0800
Date Telephone Number

Name of Person Filing	PATRICK LO PRESTI	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: ALLIANCE BERNSTEIN

Trade Name, if any:

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

Street: 767 FIFTH AVE

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10153

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: ALA INDUSTRY PENSION PLANTS + A FUND

Trade Name, if any:

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

Street: 113 UNIVERSITY PLACE

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10003

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $189,787.00

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

INVESTMENT MEETING ACTIVITY DURING FEBP MEETING / CONF HELD IN NEW ORLEANS ON 12/2/04

12.b. Amount. $75.00

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.

Name of Person Filing: PATRICK LO PRESTI | 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: ALLIANCE BERNSTEIN

Trade Name, if any:

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

Street: 767 FIFTH AVE

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10153

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: ALA INDUSTRY PENSION PLAN/STAFF

Trade Name, if any:

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

Street: 113 UNIVERSITY PLACE

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10003

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $189,787.60

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

INVESTMENT MEETING ACTIVITY ON 5/3/04

12.b. Amount. $250.00

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.

Name of Person Filing PATRICK LOPRESTI	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 represen., 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: AMALGAMATED BANK OF NEW YORK

Trade Name, if any:

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

Street: 11-15 UNION SQUARE WEST

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10003

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.

CUSTODIAL BANK / INVESTMENT MANAGER SERVICES

11.b. Approximate dollar value of such dealing. $8721.00

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

FUND RAISER ACTIVITY ON 6/10/04 SOL STETTIN / BOTTO HOUSE LABOR MUSUEM FUND RAISER MEETING

12.b. Amount. $900.00

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.

Name of Person Filing: PATRICK LUPRESTI | 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: AMALGAMATED BANK OF NEW YORK

Trade Name, if any:

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

Street: 11-15 UNION SQUARE WEST

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10003

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.

CUSTODIAL BANK / INVESTMENT MANAGER SERVICES

11.b. Approximate dollar value of such dealing. $8721.00

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

HOLIDAY GIFT - DECEMBER 2004

12.b. Amount. $782.43

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

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 PIMCO

Trade Name, if any:

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

Street 840 NEWPORT CENTER DR SUITE 300

City NEWPORT BEACH

State CA ZIP Code + 4 92660

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 INTER-LOCAL PENSION FUND

Trade Name, if any:

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

Street 455 KEHOE BLVD SUITE 100

City CAROL STREAM

State ILLINOIS ZIP Code + 4 60188

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $385,439.00

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

INVESTMENT MEETING ACTIVITY ON 1/24/04

12.b. Amount. $50.00

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.

Name of Person Filing: PATRICK LO PRESTI | 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: CAPITAL GUARDIAN TRUST CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: BANK ONE PLAZA

Street: 21 S. CLARK ST SUITE 2544

City: CHICAGO

State: ILLINOIS ZIP Code + 4: 60603

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: INTER-LOCAL PENSION FUND

Trade Name, if any:

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

Street: 455 KEHOE BLVD SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60188

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $282,585.15

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

INVESTMENT MEETING ACTIVITY ON 3/25/04

12.b. Amount. $63.77

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.

Name of Person Filing: PATRICK LO PRESTI | File Number D-

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: DELAWARE INVESTMENT PARTNERS

Trade Name, if any:

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

Street: ONE COMMERCE SQUARE

City: PHILADELPHIA

State: PA ZIP Code + 4: 19103

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: INTER-LOCAL PENSION FUND

Trade Name, if any:

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

Street: 455 KEHOE BLVD - SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60188

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $501,533.00

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

INVESTMENT MEETING ACTIVITY ON 7/8/04

12.b. Amount. $50.44

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.

Name of Person Filing: PATRICK LOPRESTI | 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: REAMS ASSET MANAGEMENT CO

Trade Name, if any:

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

Street: 221 WASHINGTON STREET

City: COLUMBUS

State: INDIANA ZIP Code + 4: 47202

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: INTER LOCAL PENSION FUND

Trade Name, if any:

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

Street: 455 KEHOE BLVD SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60188

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $322,946.00

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

INVESTMENT MEETING ACTIVITY ON 7/9/04

12.b. Amount. $95.30

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.

Name of Person Filing: PATRICK LoPRESTI | 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: NORTHERN QUANTITATIVE ADVISORY

Trade Name, if any:

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

Street: 181 W. MADISON

City: CHICAGO

State: ILLINOIS ZIP Code + 4: 60602

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: INTER LOCAL PENSION FUND

Trade Name, if any:

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

Street: 455 KEHOE BLVD SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60188

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $148,881.74

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

INVESTMENT MEETING ACTIVITY ON 10/27/04

12.b. Amount. $67.20

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

Name of Person Filing: PATRICK LO PRESTI | 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: CHARTWELL INVESTMENT PARTNERS

Trade Name, if any:

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

Street: 1235 WESTLAKES DR SUITE 400

City: BERWYN

State: PA ZIP Code + 4: 19312

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: INTER LOCAL PENSION FUND

Trade Name, if any:

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

Street: 455 KEHOE BLVD SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60188

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $192,966.01

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

INVESTMENT MEETING ACTIVITY ON 10/28/04

12.b. Amount. $61.55

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? Consultant?

14.b. Amount of payment

Name of Person Filing: PATRICK LO PRESTI | 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: FAYEZ SAROFIM & CO

Trade Name, if any:

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

Street: TWO HOUSTON CENTER SUITE 2507

City: HOUSTON

State: TEXAS ZIP Code + 4: 77010

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: INTER LOCAL PENSION FUND

Trade Name, if any:

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

Street: 455 KEHOE BLVD SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60188

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. $302,284.00

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

INVESTMENT MANAGER MEETING ACTIVITY ON 10/29/04

12.b. Amount. $ 106.00

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