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

CERTIFIED MAIL 70040750000124202468

1 File Number U 10135

2 Fiscal Year Covered From: 1 / 1 / 04 Through 12 / 31 / 04

3 Name and address of person filing.

Name: William E Remington

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

Street: 24 Thompson St

City: Concord

State: New Hampshire ZIP Code + 4: 03301-3787

4 Name file number and address of labor organization.

Name: Brotherhood of Locomotive Eng and Trainman

Labor Organization File Number: 025-081

P O Box, Building and Room Number If any:

Street: 1162 Fort Miller Rd

City: Greenwich

State: New York ZIP Code + 4: 12834-7400

5 Position in labor organization: Legislative Representative

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

18. 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: William E. Remington On 8-12-05 (603) 224-1009

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
- [x] 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 KELLER & GOGGIN P.C.,

Trade Name, if any ATTORNEY

P O Box Bldg. Room No. if any SUITE 1400

Street 1528 WALNUT STREET

City Philadelphia

State PA ZIP Code + 4 19102

14 a. Nature of payment

Keller + Goggin paid for my room at the Crown Plaza, 1800 Market St Philadelphia, PA while I attended a BLE LC workshop on February 29, 2004, March 1, 2, 3 and 4, 2004. Price per night is unknown

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

14.b Amount of payment. $260