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- 10954

2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: David A Roche

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

Street: 100-A Old Forge Road

City: Rocky Hill

State: Connecticut ZIP Code + 4: 06067

4. Name, file number, and address of labor organization.

Name: Sheet Metal Workers' Local Union #40

Labor Organization File Number: 001593

P.O. Box, Building and Room Number, if any:

Street: 100-A Old Forge Road

City: Rocky Hill

State: Connecticut ZIP Code + 4: 06067

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:

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: David A Roche On: 8-12-2005 (Date) 860-529-2616 (Telephone Number)

| Name of Person Filing David Roche | 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: SMW Local #40 Employee Benefit Funds

Trade Name, if any:

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

Street: 100 Old Forge Road

City: Rocky Hill

State: Connecticut ZIP Code + 4: 06067

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: Apprentice & Training Fund

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

National Apprentice Contest
05/2004

11.b. Approximate dollar value of such dealing.

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

Lodging and expenses

12.b. Amount. $583

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.

| Name of Person Filing David Roche | File Number U- |
|---|---|

**Part B Continuation Page**

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: SMW Local #40 Employee Benefit Funds

Trade Name, if any:

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

Street: 100 Old Forge Road

City: Rocky Hill

State: Connecticut ZIP Code + 4: 06067

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: Apprentice & Training Fund

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

Regional Apprentice Conference
03/2004

11.b. Approximate dollar value of such dealing.

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

Lodging and expenses

12.b. Amount. $334

| Name of Person Filing David Roche | File Number U- |
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**Part B Continuation Page**

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: Wright Investor's Service

Trade Name, if any:

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

Street: 440 Wheelers Farm Road

City: Milford

State: Connecticut ZIP Code + 4: 06460-1847

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: Apprentice & Training Fund

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

Client Update
04/2004

11.b. Approximate dollar value of such dealing. $60

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

12.b. Amount.

| Name of Person Filing David Roche | File Number U- |
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**Part B Continuation Page**

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: SMW Local #40 Employee Benefit Funds

Trade Name, if any:

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

Street: 100 Old Forge Road

City: Rocky Hill

State: Connecticut ZIP Code + 4: 06067

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: Health Fund

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

Health Fund Conference
05/2004

11.b. Approximate dollar value of such dealing.

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

Hotel and expenses

12.b. Amount. $167

| Name of Person Filing David Roche | File Number U- |
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**Part B Continuation Page**

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: SMW Local #40 Employee Benefit Funds

Trade Name, if any:

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

Street: 100 Old Forge Road

City: Rocky Hill

State: Connecticut ZIP Code + 4: 06067

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: Heath/Pension/Supplemental/A&T Funds

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

Educational Employee Benefit Conference
11/2004

11.b. Approximate dollar value of such dealing.

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

Hotel, Airfare, Registration and Expenses

12.b. Amount. $3,651

| Name of Person Filing David Roche | File Number U- |
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**Part B Continuation Page**

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: Oppenheimer Capital

Trade Name, if any:

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

Street: 1345 Avenue of the Americas

City: New York

State: New York ZIP Code + 4: 10105-4800

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: Health & Pension Fund

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

Client update meeting & business entertainment 6/2004

11.b. Approximate dollar value of such dealing. $100

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

12.b. Amount.