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 provid d by 29 U S C 439 or 440

For Office Use Only
Rec'd
E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 12133

2 Fiscal Year Covered From 01 / 01 / 2005 Through 12 / 31 / 2005

3 Name and address of person filing

Name ROSEMARY BROWN

P O Box Bldg Room No if any

Street 77 HUYSHOPE AVE

City HARTFORD

State CT ZIP Code + 4 06106

4 Name file number and address of labor organization

Name SERVICE EMPLOYEES INT'L UNION 1199 NE

Labor Organization File Number 513 84L

P O Box Building and Room Number if any

Street 77 HUYSHOPE AVE

City HARTFORD

State CT ZIP Code + 4 06106

5 Position in labor organization

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 Rosemary Brown On 4-19 06 Date 860-251-6041 Telephone Number

Name of Person Filing ROSEMARY BROWN	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)	9 Business deals with
Name N.E.H.C.E.U. HEALTH & WELFARE FUND Trade Name if any P O Box Bldg Room No if any 2ND FLOOR Street 77 HUYSHOPE City HARTFORD State CT ZIP Code + 4 06106	a Labor Organization X b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name SEE BOX 8 Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing N/A 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received LODGING AND MEALS AT TRUSTEE MEETING 12 b Amount 319 99

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)	14 a Nature of payment
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 b Amount of payment

Name of Person Filing ROSEMARY BROWN	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 o 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: N.E.H.C.E.U. PENSION FUND

Trade Name if any:

P O Box Bldg Room No if any: 2ND FLOOR

Street: 77 HUYSHOPE AVE

City: HARTFORD

State: CT ZIP Code + 4: 06106

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: SEE BOX 8

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

11 a Nature of such dealing

N/A

11 b Approximate dollar value of such dealing:

12 a Nature of interest held or income received

MEALS AND LODGING AT TRUSTEE MEETINGS

12 b Amount: 319.99

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: