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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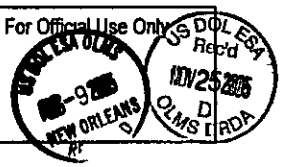

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13466

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

3 Name and address of person filing

Name Emile L Rome

P O Box, Bldg Room No if any

Street 7370 Chef Menteur Hwy

City New Orleans

State Louisiana ZIP Code + 4 70126-5314

4 Name file number and address of labor organization

Name IUOE Local 406

Labor Organization File Number 022-326

P O Box, Building and Room Number if any

Street 7370 Chef Menteur Hwy

City New Orleans

State Louisiana ZIP Code + 4

5 Position in labor organization Executive Board Member

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 Emile L Rome On 08/08/2005 (504) 241-1311

Date Telephone Number

Name of Person Filing Emile Rome	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: Operating Engineers Local 406

Trade Name if any:

P O Box Bldg Room No if any:

Street: 7370 Chef Menteur Hwy

City: New Orleans

State: Louisiana ZIP Code + 4: 70126-5134

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: Operating Engineers Local 406 Apprenticeship

Trade Name if any:

P O Box Bldg Room No if any:

Street: 7370 Chef Menteur Hwy

City: New Orleans

State: Louisiana ZIP Code + 4: 70126-5134

11 a Nature of such dealing

Administrative Manager of Apprenticeship Trust

11 b Approximate dollar value of such dealing: $0

12 a Nature of interest held or income received

Salary as Administrative Manager of IUOE Local 406 Apprenticeship Program $62 722 40

12 b Amount: $62 722

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 Emile Rome	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: Operating Engineers Local 406

Trade Name if any:

P O Box Bldg Room No if any:

Street: 7370 Chef Menteur Hwy

City: New Orleans

State: Louisiana ZIP Code + 4: 70126-5314

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: Operating Engineers Local 406 Apprenticeship

Trade Name if any:

P O Box Bldg Room No if any:

Street: 7373 Chef Menteur Hwy

City: new Orleans

State: Louisiana ZIP Code + 4: 70126-5314

11 a Nature of such dealing

IUOE Safety & Training Conference April 2004 Registration fee $250 00 Airline Hotel and Meal expense $2 360 00

11 b Approximate dollar value of such dealing: $2 360

12 a Nature of interest held or income received

12 b Amount:

Name of Person Filing Emile Rome	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: Clarke & Sampson Insurance Co

Trade Name if any:

P O Box Bldg Room No if any:

Street: 118 North Asaph Street

City: Alexandria

State: Vermont ZIP Code + 4: 22314-3186

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: Emile Rome

Trade Name if any: Operating Engineers Local 406 Appr

P O Box, Bldg Room No if any:

Street: 7370 Chef Menteur Hwy

City: new Orleans

State: Louisiana ZIP Code + 4: 70126-5314

11 a Nature of such dealing

Insurance agent for training trust fund

11 b Approximate dollar value of such dealing: $18 500

12 a Nature of interest held or income received

Dinner for myself spouse and apprentice coordinator Roy Serpas at Safety & Training Confrence in San Diego in April 2004 $51 63 each

12 b Amount: $155