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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US DOL ESA RECEIVED AUG 22 2005 B OLMS URDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13739

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

3. Name and address of person filing.

Name: MARK S. TROKEY

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

Street: 114-116 West State

City: O'Fallon

State: IL ZIP Code + 4: 62269

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

Name: Laborer's Local 670

Labor Organization File Number: 001-236

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

Street: 114-116 West State

City: O'Fallon

State: IL. ZIP Code + 4: 62269

5. Position in labor organization: Business Manager Laborers Local 670

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: Midwest Region Foundation For Fair Contracting

Trade Name, if any:

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

Street: #1 Old State Capitol Drive North Suite 525

City: Springfield

State: IL. ZIP Code + 4: 62701

7.a. Nature of Interest, Transaction, or Income.

Midwest Region For Fair Contracting Discuss Contracting Issues meal 3/8/05 28.38

7.b. Amount: $ 28.38

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: Mark S. Trokey On: 8/12/05 (Date) 618-632-3021 (Telephone Number)

Name of Person Filing Mark Stephen Trokey | File Number U- Initial Filing

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. (X)

8. Name and address of Business (including trade name, if any).

Name: Central Laborer's Health + Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: P.O. Box 1267

Street:

City: Jacksonville

State: IL. ZIP Code + 4: 62651

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.

Health + Welfare Trustee

11.b. Approximate dollar value of such dealing.

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

Reimbursement for meeting expenses 1/17/04 to 11/6/04

12.b. Amount. 6,976.99

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.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13739
Initial Filing

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

3. Name and address of person filing.

Name: MARK S TOKEY

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

Street: 114-116 West State

City: O'Fallon

State: IL. ZIP Code + 4: 62269

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

Name: Laborer's Local 670

Labor Organization File Number: 001-236

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

Street: 114-116 West State

City: O'Fallon,

State: IL. ZIP Code + 4: 62269

5. Position in labor organization: Business Manager Laborers Local #670

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: THE Killian Corporation

Trade Name, if any:

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

Street:

City: MASCOUTAH,

State: IL. ZIP Code + 4: 62258

7.a. Nature of Interest, Transaction, or Income.

12/23/04 recieved $50.00 Gift Certificate From The Killian Corp.

7.b. Amount.

$50.00

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: Mark Stephen Tokey On: 8/12/05 (Date) 618-632-3021 (Telephone Number)

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13739

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

3. Name and address of person filing.

Name: MACK S TROKEY

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

Street: 114-116 WEST State St.

City: O'Fallon, IL

State: IL ZIP Code + 4: 62269

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

Name: Laborers Local 670

Labor Organization File Number: 001-236

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

Street: 114-116 West State

City: O'Fallon

State: IL ZIP Code + 4: 62269

5. Position in labor organization: Business Manager Laborers Local 670

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: Laborers Employers Cooperation Education Trust

Trade Name, if any:

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

Street: 905 16th Street Northwest

City: Washington

State: District of Columbia ZIP Code + 4: 42006

7.a. Nature of Interest, Transaction, or Income.

TRI-Fund Conference Reception
1/18/04 $103.52

7.b. Amount.

$103.52

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: Mack S Trokey On 8/12/05 (Date) 1018-632-3021 (Telephone Number)

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

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Office of Management and Budget
No. 1215-0188
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1. File Number U - 13739

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

3. Name and address of person filing.

Name: Mark S Trokey

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

Street: 114-116 West State

City: O'Fallon

State: IL. ZIP Code + 4: 62269

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

Name: Laborer Local 670

Labor Organization File Number: C01-236

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

Street: 114-116 West State

City: OFallon

State: IL. ZIP Code + 4: 62269

5. Position in labor organization. Business Manager Laborer's Local # 670

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: United Missouri Bank

Trade Name, if any:

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

Street: 2 South Broadway

City: St. Louis,

State: Mo. ZIP Code + 4: 63166

7.a. Nature of Interest, Transaction, or Income.

6/22/04 Ballgame
U.M.B. Bank
$81.75

7.b. Amount.

$81.75

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: Mark Steph Trokey On: 8/12/05 (Date) 618-632-3021 (Telephone Number)

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. 1215-0183
Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13739

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

3. Name and address of person filing.

Name: Mark S Trokey

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

Street: 114-116 West State

City: O'Fallon

State: IL ZIP Code + 4: 62269

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

Name: Laborers Local 670

Labor Organization File Number: 001-236

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

Street: 114-116 West State

City: O'Fallon

State: IL. ZIP Code + 4: 62269

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: Midwest Region L.E.C.E.T.

Trade Name, if any:

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

Street: #1 old State Capitol plaza Suite 525

City: Springfield

State: IL. ZIP Code + 4: 62701

7.a. Nature of Interest, Transaction, or Income.

Midwest Region L.E.C.E.T.
Contract Negotiations with Boling Concrete
Meal 11/11/04 56.49

7.b. Amount.

$ 56.49

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: Mark Stephen Trokey On: 8/12/05 (Date) 618-632-3021 (Telephone Number)

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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1. File Number U- 13739

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3. Name and address of person filing.

Name: MARK S TROKEY

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

Street: 114-116 West State

City: O'Fallon

State: IL. ZIP Code + 4: 62269

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Name: Laborers Local 670

Labor Organization File Number: 001-236

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

Street: 114-116 West State

City: O'Fallon

State: IL. ZIP Code + 4: 62269

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: Midwest Region LECET

Trade Name, if any:

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

Street: 1 old State Capital plaza North Suite 525

City: Springfield

State: IL. ZIP Code + 4: 62701

7.a. Nature of Interest, Transaction, or Income.

Midwest Region LECET
meal 2/3/04 pre-job for
Washington County power plant
68.58

7.b. Amount.

$68.58

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: 8/12/05 (Date) 618-632-3021 (Telephone Number)

US DOL ES Recd AUG 22 2005 B OLMS DRDA

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Steve Trokey, Initial Filing

Dear sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 reports for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

It is conceivable that I received the benefits of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Sincerely,

Marla Stephen Trokey