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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3650

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

3. Name and address of person filing.

Name: Lynette A Metz

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

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

Name: New York State United Teachers (NYSUT)

Labor Organization File Number: 070-581

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

5. Position in labor organization: Director of Member Benefits

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: Lynette A. Metz On: 7/15/05 (Date) 518-213-6000 (Telephone Number)

Name of Person Filing Lynette Metz	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: Amalgamated Bank of NY

Trade Name, if any:

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

Street: 15 Union Square

City: New York

State: New York ZIP Code + 4: 10003

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Commercial banking services

11.b. Approximate dollar value of such dealing. unknown

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

June 22, 2004 and November 9, 2004 - Lunch estimated value of $35 each in connection with semi-annual business meetings.

12.b. Amount. estimated $70

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 Lynette Metz	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: Marsh Affinity Group Services

Trade Name, if any:

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

Street: 1440 Renaissance Drive

City: Park Ridge

State: Illinois ZIP Code + 4: 60068-1400

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted broker, administrator and claim adjudicator of insurance programs offered to NYSUT membership.

11.b. Approximate dollar value of such dealing. ~~estimated~~ $3,900,000

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

March 24, 2004 - Dinner at NYSUT convention estimated value $50.
September 23, 2004 - Dinner in connection with semi-annual business meeting estimated value $50.
Holiday poinsettia $45 distributed to staff.

12.b. Amount. estimated $145

Name of Person Filing Lynette Metz	File Number U-

Part B Continuation Page

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

Name: AIG/American General (assumed to have paid)

Trade Name, if any:

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

Street: 3600 Route 66

City: Neptune

State: New Jersey ZIP Code + 4: 07754

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted provider of insurance programs offered to NYSUT membership.

11.b. Approximate dollar value of such dealing: unknown

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

February 4, 2004 - Dinner in connection with site visit to AIG/American General headquarters operation and business meeting.

12.b. Amount: estimated $50

Name of Person Filing Lynette Metz	File Number U-

Part B Continuation Page

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

Name: Disability Consultants Group

Trade Name, if any:

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

Street: 145 Commercial Street

City: Portland

State: Maine ZIP Code + 4: 04101

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted administrator of insurance program offered to NYSUT membership.

11.b. Approximate dollar value of such dealing. unknown

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

February 23, 2004 - Dinner in connection to site visit of vendor's headquarters operation and business meeting.

12.b. Amount. estimated $50

Name of Person Filing Lynette Metz	File Number U-

Part B Continuation Page

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

Name: Future Planning Associates, Inc.

Trade Name, if any:

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

Street: 100 Metro Park South

City: Laurence Harbor

State: New Jersey ZIP Code + 4: 08878

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted administrator of insurance program offered to NYSUT membership.

11.b. Approximate dollar value of such dealing. unknown

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

Concert event.

12.b. Amount. unknown

Name of Person Filing Lynette Metz	File Number U-

Part B Continuation Page

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

Name: ING Financial Advisers, LLC

Trade Name, if any:

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

Street: 151 Farmington Avenue

City: Hartford

State: Connecticut ZIP Code + 4: 06156

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted provider of financial programs offered to NYSUT membership.

11.b. Approximate dollar value of such dealing. unknown

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

July 20, 2004 - Dinner provided in connection with contractually required annual ING Agent Educational Meeting estimated value of $40.
December 16, 2004 - Dinner in connection with site visit and business meeting estimated value of $70.

12.b. Amount. estimated $110

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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: MetLife

Trade Name, if any:

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

Street: One Financial Center, Floor 22

City: Boston

State: Massachusetts ZIP Code + 4: 02111

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted provider of insurance and financial programs offered to NYSUT membership.

11.b. Approximate dollar value of such dealing. unknown

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

Jan.7,'04 & June 29, '04-Dinner est. value $50 ea.
Aug. 16, '04-Lunch est. value of $40. All in connection with business meetings.
MetLife sponsored 2004 Holiday Event estimated value unknown.
Holiday pine wreath $30 distributed to staff.

12.b. Amount. estimated $170

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Part B Continuation Page

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

Name: The Segal Company

Trade Name, if any:

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

Street: One Park Avenue

City: New York

State: New York ZIP Code + 4: 10016

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted consultant for programs offered to NYSUT membership.

11.b. Approximate dollar value of such dealing. $115,000

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

NY AFL/CIO sponsored luncheon estimated value unknown.
July 22, 2004 - Lunch in connection with site visit and business meeting estimated value of $26.

12.b. Amount. estimated $26

Name of Person Filing Lynette Metz	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: UNUM Provident

Trade Name, if any:

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

Street: 2211 Congress Street

City: Portland

State: Maine ZIP Code + 4: 04122

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Contracted provider of insurance programs offered to NYSUT membership.

11.b. Approximate dollar value of such dealing. unknown

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

August 19, 2004 - Dinner in connection with annual site visit and business meeting.

12.b. Amount. estimated $50

Name of Person Filing Lynette Metz	File Number U-

Part B Continuation Page

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

Name: Unknown

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: New York State United Teachers Benefit Trust

Trade Name, if any:

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

Street: 800 Troy Schenectady Road

City: Latham

State: New York ZIP Code + 4: 12110-2455

11.a. Nature of such dealing.

Unknown

11.b. Approximate dollar value of such dealing.

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

Possibly two or three holiday baskets may have been received and were distributed to staff - estimated value of $30 each.

12.b. Amount. estimated $90

Lynette A. Metz
800 Troy-Schenectady Road
Latham, NY 12110-2455

August 10, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Ave, NW, Room N-5616
Washington, DC 20210

To Whom It May Concern:

Enclosed you will find a duplicate copy of my LM-30 Report for the fiscal year 1/1/2004 through 12/31/2004.

On July 15, 2005 I sent my original LM-30 report to the address indicated on the top left corner of the cover page: U.S. Department of Labor, Office of Labor-Management Standards, Washington, DC, 20210. I now realize that the address was incorrect and have filed a duplicate copy to ensure that it is received.

Please note this form should not be duplicated on your system if the first copy was received.

Thank you for your help with this matter.

Sincerely,

Lynette A. Metz

Lynette A. Metz