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 11-30-2008

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
E

US DOL
JUL 19 2005
OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4428

2. Fiscal Year Covered From: 1/1/04 Through: 12/31/04

3. Name and address of person filing.
Name: Kevin F. Connolly
P.O. Box, Bldg., Room No., if any:
Street: 14509 Golden Oak Dr.
City: Homer Glen
State: IL. ZIP Code + 4: 60491

4. Name, file number, and address of labor organization.
Name: LU281 UA & IP TAPP Sprinkler Fitters Ill. Pipe Trade Advancement & Promotion Program
Labor Organization File Number: 036737
P.O. Box, Building and Room Number, if any:
Street: 11900 S. LARIMEE
City: ALSIP
State: ILL ZIP Code + 4: 60803

5. Position in labor organization: Marketing Representive

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. NO

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: Kevin F. Connolly On: 7/17/05 (Date) 1-709-301-7671 (Telephone Number)

Please be advised that based on records currently in my possession related to calendar year 2004, I do not have to the best of my knowledge any LM-30 reportable transactions. I am filing this to qualify as part of the DOL amnesty filing for 2004 and the prior (5) five years

Name of Person Filing Kevin F. Connolly	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. NO

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization 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. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount.

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. NO

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.