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 -** 4671

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

3. Name and address of person filing.

Name: John M Simoneaux
P.O. Box, Bldg., Room No., if any:
Street: 2214 Firewood Drive
City: Baton Rouge
State: Louisiana ZIP Code + 4: 70816

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

Name: Boilermakers MS River District 5
Labor Organization File Number: 542-696
P.O. Box, Building and Room Number, if any: Suite B
Street: 2321 Drusilla Lane
City: Baton Rouge
State: Louisiana ZIP Code + 4: 70809

5. Position in labor organization: District Manager

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: John M. Simoneaux On: 7-25-05 (Date) 225-216-1288 (Telephone Number)

Name of Person Filing	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: Boilermakers National Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: Suite 522

Street: 754 Minnesota Avenue

City: Kansas City

State: Kansas ZIP Code + 4: 66101-2766

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: Boilermakers National Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: Suite 522

Street: 754 Minnesota Avenue

City: Kansas City

State: Kansas ZIP Code + 4: 66101-2766

11.a. Nature of such dealing.

Union Trustee, Boilermakers National Pension Trust Board Meeting.
Re-Imbursement for travel expenses

11.b. Approximate dollar value of such dealing. $3,152

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

Re-Imbursement of travel expenses

12.b. Amount. $3,152

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	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: CBI Services, Inc.

Trade Name, if any:

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

Street: 14107 South Route 59

City: Plainfield

State: Illinois ZIP Code + 4: 60544-8984

9. Business deals with:

- [ ] a. Labor Organization
- [ ] b. Trust
- [x] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: CBI Services, Inc.

Trade Name, if any:

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

Street: 14107 South Route 59

City: Plainfield

State: Illinois ZIP Code + 4: 60544-8984

11.a. Nature of such dealing.

Luncheon and Golf Outing

11.b. Approximate dollar value of such dealing. $60

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

Luncheon and golf outing

12.b. Amount. $60

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 John Simoneaux	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: LA Generating (Big Cajun 2)

Trade Name, if any:

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

Street: 112 Telly Street

City: New Roads

State: Louisiana ZIP Code + 4: 70760

9. Business deals with:

- [ ] a. Labor Organization
- [ ] b. Trust
- [x] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: LA Generating (Big Cajun 2)

Trade Name, if any:

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

Street: 112 Telly

City: New Roads

State: Louisiana ZIP Code + 4: 70760

11.a. Nature of such dealing.

Dinner meeting pertaining to new construction project at Big Cajun 2 facility in New Roads, LA

11.b. Approximate dollar value of such dealing. $50

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

Dinner meeting purchased by the employer.

12.b. Amount. $50

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	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: Nooter Construction Company

Trade Name, if any:

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

Street: 1400 South Third Street

City: St. Louis

State: Missouri ZIP Code + 4: 63104

9. Business deals with:

- [ ] a. Labor Organization
- [ ] b. Trust
- [x] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Nooter Construction Company

Trade Name, if any:

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

Street: 1400 South Third Street

City: St. Louis

State: Missouri ZIP Code + 4: 63104

11.a. Nature of such dealing.

Luncheon and Golf Outing

11.b. Approximate dollar value of such dealing. $60

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

Luncheon and golf outing

12.b. Amount. $60

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.