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- 3689

2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: GERALD W CONNOLLY

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

Street: 103 TAFT AVENUE

City: LONG BEACH

State: NEW YORK ZIP Code + 4: 11561

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

Name: BOILERMAKERS LOCAL LODGE NO. 5

Labor Organization File Number: 058-507

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

Street: 24 VAN SICLEN AVENUE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001-2013

5. Position in labor organization: BUSINESS MANAGER / SECRETARY TREASURER

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: WELDING SERVICES, INC.

Trade Name, if any: WSI

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

Street: 2225 SKYLAND CT

City: NORCROSS

State: GEORGIA ZIP Code + 4: 30071-2927

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

LABOR/MANAGEMENT MEETING TO DISCUSS USE OF SPECIALTY EQUIPMENT IN NUCLEAR GENERATING STATION IN LOCAL 5 AREA 2-20-04

7.b. Amount.

$45.00

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: Gerald W. Connolly On: 8/3/05 (Date) (516) 432-2794 (Telephone Number)

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

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2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name: GERALD W CONNOLLY

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

Street:

City:

State: ZIP Code + 4:

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

Name:

Labor Organization File Number:

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

Street:

City:

State: ZIP Code + 4:

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: FOSTER WHEELER ZACK, INC.

Trade Name, if any:

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

Street: 824 MORGANZA RD

City: CANONSBERG

State: PENNSYLVANIA ZIP Code + 4: 15317

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

LABOR/MANAGEMENT MEETING WITH DINNER TO DISCUSS OUTAGE WORK IN LOCAL'S JURISDICTION 4-20-04

7.b. Amount.

$75.00

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 _____ On _____ Date _____ Telephone Number

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Name: GERALD W CONNOLLY

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

Street:

City:

State: ZIP Code + 4:

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

Name:

Labor Organization File Number:

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

Street:

City:

State: ZIP Code + 4:

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: FOSTER WHEELER ZACK, INC.

Trade Name, if any:

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

Street: 824 MORGANZA RD.

City: CANONSBURG

State: PENNSYLVANIA ZIP Code + 4: 15317

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

MEETING AND DINNER TO DISCUSS SAFETY ISSUES AND MANPOWER NEEDS ON VARIOUS FOSTER WHEELER ZACK JOBSITES. SPOUSE ATTENDED DINNER 5-28-04

7.b. Amount.

$160.00

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.)

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Office of Labor-Management Standards
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3. Name and address of person filing.

Name: GERALD W CONNOLLY

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

Street:

City:

State: ZIP Code + 4:

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

Name:

Labor Organization File Number:

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

Street:

City:

State: ZIP Code + 4:

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: BOILERMAKERS ASSOCIATION OF GREATER NY

Trade Name, if any: BAGNY

P.O. Box, Bldg., Room No., if any: SUITE 2200

Street: 16 COURT STREET

City: BROOKLYN

State: NEW YORK ZIP Code + 4: 11241

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

LABOR/MANAGEMENT LUNCHEON MTG W/ BAGNY PRESIDENT TO DISCUSS UPCOMING FALL OUTAGE SCHEDULE FOR UTILITIES SERVICED BY OUR INDUSTRY 8-24-04

7.b. Amount.

$40.00

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.)

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Name: GERALD W CONNOLLY

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

Street:

City:

State: ZIP Code + 4:

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

Name:

Labor Organization File Number:

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

Street:

City:

State: ZIP Code + 4:

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: APCOM POWER, INC

Trade Name, if any:

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

Street: 60 SENN DRIVE

City: CHESTER SPRINGS

State: PENNSYLVANIA ZIP Code + 4: 19425-9539

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

SAFETY AWARD LUNCHEON WITH KEYSPAN ENERGY PERSONEL FROM RAVENSWOOD GENERATING PLANT. 9-16-04

7.b. Amount.

$40.00

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.)

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

Street:

City:

State: ZIP Code + 4:

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

Name:

Labor Organization File Number:

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

Street:

City:

State: ZIP Code + 4:

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: FOSTER WHEELER ZACK, INC.

Trade Name, if any:

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

Street: 824 MORGANZA RD.

City: CANONSBURG

State: PENNSYLVANIA ZIP Code + 4: 15317

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

LABOR/MANAGEMENT DINNER TO DISCUSS ISSUES RELEVANT TO NATIONAL TRIPARTITE MTGS IN MYRTLE BEACH, SC. 10-5-04

7.b. Amount.

$81.00

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.)

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Name: GERALD W CONNOLLY

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

Street:

City:

State: ZIP Code + 4:

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

Name:

Labor Organization File Number:

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

Street:

City:

State: ZIP Code + 4:

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: BOILERMAKERS ASSOCIATION OF GREATER NY

Trade Name, if any: BAGNY

P.O. Box, Bldg., Room No., if any: SUITE #2200

Street: 16 COURT STREET

City: BROOKLYN

State: NEW YORK ZIP Code + 4: 11241

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

LABOR/MANAGEMENT LUNCHEON TO DISCUSS WAYS TO PROMOTE OUR INDUSTRY AND MARKET TO UTILITIES. 10-19-04

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 _____ On _____ Date _____ Telephone Number

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3. Name and address of person filing.

Name: GERALD W CONNOLLY

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

Street:

City:

State: ZIP Code + 4:

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

Name:

Labor Organization File Number:

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

Street:

City:

State: ZIP Code + 4:

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: CBI SERVICES, INC

Trade Name, if any:

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

Street: 1503 NORTH DIVISION STREET

City: PLAINFIELD

State: ILLINOIS ZIP Code + 4: 60544

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

LABOR/MANAGEMENT MEETING W/ LUNCH TO DISCUSS SAFETY ON NEWTON CREEK JOBSITE 11-3-04

7.b. Amount.

$21.00

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 _____ On _____ Date _____ Telephone Number

Name of Person Filing	GERALD W. 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.

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

Name: COLLERAN, O'HARA AND MILLS LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: STE # 450

Street: 1225 FRANKLIN AVENUE

City: GARDEN CITY

State: NEW YORK ZIP Code + 4: 11530

9. Business deals with:

- [X] 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.

NO DEALING WITH FIRM

11.b. Approximate dollar value of such dealing. 0

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

COLLERAN, O'HARA & MILLS LLP
ANNUAL CHRISTMAS PARTY

12-20-04

12.b. Amount. $148.00

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 GERALD W. 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.

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

9. Business deals with:

- [x] 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.

PENSION TRUST FOR PARTICIPANTS

11.b. Approximate dollar value of such dealing. $6,400,000,000

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

PENSION TRUST MEETING IN SAN DIEGO, CA
REIMBURSEMENT FOR TRAVEL AND DAILY EXPENSES
JUNE 2004

12.b. Amount. $1275.98

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	GERALD W. 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.

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

9. Business deals with:

- [X] 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.

PENSION TRUST FOR PARTICIPANTS

11.b. Approximate dollar value of such dealing. $6,400,000,000

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

PENSION TRUST MTG IN WEST PALM BEACH FL. REIMBURSEMENT FOR TRAVEL AND DAILY EXPENSES. JANUARY 2004

12.b. Amount. $1690.12

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 GERALD W. 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.

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

Name: BROTHERHOOD BANK AND TRUST

Trade Name, if any:

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

Street: 756 MINNESOTA AVENUE

City: KANSAS CITY

State: KANSAS ZIP Code + 4: 66101

9. Business deals with:

- [X] 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.

BROTHERHOOD BANK AND TRUST MANAGES GENERAL FUND MONEY OF BOILERMAKERS LOCAL 5

11.b. Approximate dollar value of such dealing. $1,300,000

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

CHRISTMAS GIFT CERTIFICATE FOR HONEY BAKED HAM, CO. 12-04

12.b. Amount. $50.00

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	GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE NO. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MEETING IN WEST PALM BEACH, FL 1-20-04

11.b. Approximate dollar value of such dealing. $6,400,000,000

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

BREAKFAST AND REFRESHMENTS AT PENSION MTG.

12.b. Amount. $24.00

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 GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE No. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MEETING IN WEST PALM BEACH, FL 1-21-04

11.b. Approximate dollar value of such dealing. $6,400,000.00

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

BREAKFAST AND REFRESHMENTS AT PENSION FUND MTG.

12.b. Amount. $44.00

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 GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE NO. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MTG 1-22-04 IN WEST PALM BEACH, FL

11.b. Approximate dollar value of such dealing. $6,400,000,000

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

BREAKFAST, LUNCH & REFRESHMENTS AT PENSION FUND MEETING

12.b. Amount. $68.00

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 GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE NO. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MEETING IN WEST PALM BEACH, FL 1-23-04

11.b. Approximate dollar value of such dealing. $6,400,000,000

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

BREAKFAST AND REFRESHMENTS AT PENSION FUND MTG.

12.b. Amount. $25.00

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 GERALD W. 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.

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

Name: INVESCO GLOBAL ASSET MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: SUITE 1110

Street: 1000 S.W. BROADWAY

City: PORTLAND

State: OREGON ZIP Code + 4: 97205

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

11.a. Nature of such dealing.

MONEY MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing. $206,856,547

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

DINNER AT PENSION FUND MEETING IN WEST PALM BEACH, FL 1-20-04

12.b. Amount. $100.00

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 GERALD W. 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.

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

Name: ATALANTA SOSNOFF CAPITAL, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: STE #225

Street: 2533 SOUTH COAST HWY 101

City: CARDIFF-BY-THE-SEA

State: CALIFORNIA ZIP Code + 4: 92007

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

11.a. Nature of such dealing.

MONEY MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing. $209,111,639

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

DINNER AT PENSION FUND MEETINGS IN WEST PALM BEACH, FL. 1-21-04

12.b. Amount. $125.00

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: CALLAN ASSOCIATES, INC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: STE 950

Street: 1660 WYNKOOP

City: DENVER

State: COLORADO ZIP Code + 4: 80202

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: STE 522

Street: 754 MINNESOTA AVENUE

City: KANSAS CITY

State: KANSAS ZIP Code + 4: 66101

11.a. Nature of such dealing.

CONSULTANT TO PENSION FUND

11.b. Approximate dollar value of such dealing. $325,000

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

BREAKFAST AT PENSION FUND MEETING 1-22-04 WEST PALM BEACH, FL

12.b. Amount. $40.00

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 GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE NO. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MEETING IN SAN DIEGO, CA 6-21-04

11.b. Approximate dollar value of such dealing. $6,400,000.00

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

BREAKFAST, LUNCH & REFRESHMENTS AT PENSION FUND MTG.

12.b. Amount. $40.00

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 GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE No. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MEETING IN SAN DIEGO, CA 6-22-04

11.b. Approximate dollar value of such dealing. $6,400,000,000

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

BREAKFAST AND REFRESHMENTS AT PENSION MEETING

12.b. Amount. $21.00

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 GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE NO. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MEETING IN SAN DIEGO, CA. 6-23-05

11.b. Approximate dollar value of such dealing. $6,409,000,000

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

BREAKFAST, LUNCH AND REFRESHMENTS AT PENSION FUND MEETING

12.b. Amount. $52.00

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 GERARD W. 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.

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

Name: BOILERMAKERS LOCAL LODGE No. 5

Trade Name, if any:

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

Street: 24 VAN SICLEN AVE

City: FLORAL PARK

State: NEW YORK ZIP Code + 4: 11001

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

11.a. Nature of such dealing.

ATTEND PENSION FUND MEETING IN SAN DIEGO, CA. 6-24-05

11.b. Approximate dollar value of such dealing. $6,400,000,000

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

BREAKFAST AND REFRESHMENTS AT PENSION FUND MTG.

12.b. Amount. $36.00

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 GERALD W. 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.

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

9. Business deals with:

- [x] 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.

PENSION TRUST FOR MEMBERS

11.b. Approximate dollar value of such dealing. $16,400,000,000

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

ADVANCED REIMBURSEMENT FOR PENSION TRUST MEETING IN MAUI, HI. IN JANUARY 2005

12.b. Amount. $1606.56

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: CALLAN ASSOCIATES, INC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: STE 950

Street: 1660 WYNKOOP

City: DENVER

State: COLORADO ZIP Code + 4: 80202

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: STE 522

Street: 754 MINNESOTA AVENUE

City: KANSAS CITY

State: KANSAS ZIP Code + 4: 66101

11.a. Nature of such dealing.

CONSULTANT TO PENSION FUND

11.b. Approximate dollar value of such dealing. $325,000

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

BREAKFAST AT PENSION FUND MEETING SAN DIEGO, CA 6-24-04

12.b. Amount. $28.00

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: CALLAN ASSOCIATES, INC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: STE 950

Street: 1660 WYNKOOP

City: DENVER

State: COLORADO ZIP Code + 4: 80202

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: STE 522

Street: 754 MINNESOTA AVENUE

City: KANSAS CITY

State: KANSAS ZIP Code + 4: 66101

11.a. Nature of such dealing.

CONSULTANT TO PENSION FUND

11.b. Approximate dollar value of such dealing. $325,000

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

DINNER AT PENSION FUND MEETING SAN DIEGO, CA 6-24-04

12.b. Amount. $23.00

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	GERALD W. 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.

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

Name: DEUTSCHE ASSET MANAGEMENT

Trade Name, if any:

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

Street: 222 SOUTH RIVERSIDE PLAZA

City: CHICAGO

State: ILLINOIS ZIP Code + 4: 60606

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 AVE

City: KANSAS CITY

State: KANSAS ZIP Code + 4: 66101

11.a. Nature of such dealing.

MONEY MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing. $287,395,111

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

DINNER AT PENSION FUND MEETING IN SAN DIEGO, CA 6-21-04

12.b. Amount. $100.00

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	GERALD W. 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.

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

Name: NEWBERGER & BERMAN LLC

Trade Name, if any:

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

Street: 605 THIRD AVENUE

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10158

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 AVE

City: KANSAS CITY

State: KANSAS ZIP Code + 4: 66101

11.a. Nature of such dealing.

MONEY MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing. $189,589,376

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

DINNER / ENTERTAINMENT AT PENSION FUND MEETING IN SANDIEGO 6-22-04
CARRY ON BAG

12.b. Amount. $200.00

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	GERALD W. 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.

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

Name: J. P. MORGAN INVESTMENT MANAGEMENT

Trade Name, if any:

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

Street: 522 FIFTH AVENUE

City: NEW YORK

State: NEW YORK ZIP Code + 4: 10036

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: STE 522

Street: 754 MINNESOTA AVENUE

City: KANSAS CITY

State: KANSAS ZIP Code + 4: 66101

11.a. Nature of such dealing.

MONEY MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing. $283,057,892

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

DINNER AT PENSION FUND MEETING IN SAN DIEGO, CA 6-23-04

12.b. Amount. $125.00

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	GERALD W. 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.

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

Name: BOILERMAKERS ASSOCIATION OF GREATER NY

Trade Name, if any: BAGNY

P.O. Box, Bldg., Room No., if any: SUITE 2200

Street: 16 COURT ST

City: BROOKLYN

State: NEW YORK ZIP Code + 4: 11241

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 LOCAL 5 FRINGE BENEFIT FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: SUITE 200

Street: 116 VILLAGE BLVD.

City: PRINCTON

State: NEW JERSEY ZIP Code + 4: 08540

11.a. Nature of such dealing.

TAFT-HARTLY FRINGE BENEFIT FUNDS JOINTLY ADMINISTERED BY LOCAL 5 AND BOILERMAKERS ASSOCIATION OF GREATER NEW YORK (BAGNY)

11.b. Approximate dollar value of such dealing. $50,000,000

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

HOLIDAY LUNCHEON AFTER QUARTERLY TRUSTEES MEETING 12-15-04

12.b. Amount. $80.00

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	GERALD W. 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.

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: BOILERMAKERS LOCAL 5 FRINGE BENEFIT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: SUITE 200

Street: 116 VILLAGE BLVD,

City: PRINCTON

State: NEW JERSEY ZIP Code + 4: 08540

11.a. Nature of such dealing.

ACTUARY FOR BOILERMAKERS LOCAL 5 ANNUITY AND HEALTH & WELFARE FUNDS

11.b. Approximate dollar value of such dealing. $18,000.00

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

HOLIDAY GIFT - MONTHLY PLANNER

12.b. Amount. $20.00

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 GERALD W. 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.

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

Name: NORTH EAST AREA APPRENTICE PROGRAM

Trade Name, if any:

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

Street: 297 BURNSIDE AVENUE

City: EAST HARTFORD

State: CONNECTICUT ZIP Code + 4: 06108

9. Business deals with:

- [x] 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.

PROVIDES CRAFT/TRADE TRAINING TO OUR MEMBERS IN THE NORTH EAST AREA

11.b. Approximate dollar value of such dealing. $2,594,604

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

MEETING AND DINNER TO DISCUSS RECRUITMENT AND TRAINING IMPROVEMENTS IN THE NORTH EAST AREA 7-28-04

12.b. Amount. $67.00

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 GERALD W. 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.

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

Name: NORTH EAST AREA APPRENTICE PROGRAM

Trade Name, if any:

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

Street: 297 BURNSIDE AVENUE

City: EAST HARTFORD

State: CONNECTICUT ZIP Code + 4: 06108

9. Business deals with:

- [X] 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.

PROVIDES CRAFT/TRADE TRAINING TO OUR MEMBERS IN THE NORTH EAST AREA

11.b. Approximate dollar value of such dealing. $2,594,604

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

AWARDS DINNER FOR NORTH EAST AREA APPRENTICE COMPETITION 7-29-04

12.b. Amount. $48.00

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.