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

US DOLES Rec'd APR 4 2006 E OLMS DFCA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 06198

2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name MICHAEL J SUSKO

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

Street 245 DARR STREET

City JOHNSTOWN

State PA ZIP Code + 4 15904-1517

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

Name TERMSTERS LOCAL UNION NO. 110

Labor Organization File Number 012194

P.O. Box, Building and Room Number, if any PO BOX 180

Street 153 EBONY ROAD

City EBENSBURG

State PA ZIP Code + 4 15931-0180

5. Position in labor organization. UNION OFFICER

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 Michael J Susko On 3/24/06 (Date) 814-472-6646 (Telephone Number)

Form LM-30 (2003)

Name of Person Filing MICHAEL J. SUSKO File Number U- 06198

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 ALLIANCE CAPITAL MANAGEMENT

Trade Name, if any:

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

Street 1345 AVENUE OF THE AMERICAS

City NEW YORK

State NY ZIP Code + 4 10105-0096

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 W. PA TEAMSTERS + EMPLOYERS PENSION FUND

Trade Name, if any:

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

Street 49 AUTO WAY

City PITTSBURGH

State PA ZIP Code + 4 16206-3663

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. 50,332,196

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

TRUSTEE ATTENDANCE AT ANNUAL EQUITY MANAGERS CONFERENCE:
LODGING 95.00 INCIDENTALS 94.75
GOLF 41.00

GOLF OUTING 7/20/05
205.00

12.b. Amount. 435.75

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.

Form LM-30 (2003)

Name of Person Filing MICHAEL J. SUSKO | File Number U- 06198

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: MONUMENTAL INVESTMENT PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: SUITE 3810

Street: 1001 MARKET STREET

City: PHILADELPHIA

State: PA ZIP Code + 4: 19103-7039

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: W. PA TEAMSTERS & EMPLOYERS PENSION FUND

Trade Name, if any:

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

Street: 49 AUTO WAY

City: PITTSBURGH

State: PA ZIP Code + 4: 15206-3663

11.a. Nature of such dealing.

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing. 149,372,598

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

TRUSTEE ATTENDANCE AT ANNUAL EQUITY MANAGERS CONFERENCE:
LODGING 148.50
INCIDENTALS 148.13
GOLF 61.50

12.b. Amount. 346.13

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.

Form LM-30 (2003)

Name of Person Filing: MICHAEL J. SUSKO

File Number U- 06198

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: 26TH FLOOR

Street: 345 PARK AVENUE

City: NEW YORK

State: NY ZIP Code + 4: 10154-0010

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: W. PA TEAMSTERS + EMPLOYERS PENSION FUND

Trade Name, if any:

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

Street: 49 AUTO WAY

City: PITTSBURGH

State: PA ZIP Code + 4: 16206-3663

11.a. Nature of such dealing

INVESTMENT MANAGER

11.b. Approximate dollar value of such dealing: 85,377,430

12.a Nature of interest held or income received

TRUSTEE ATTENDANCE AT ANNUAL EQUITY MANAGERS CONFERENCE
LODGING 118.50
INCIDENTALS 148.13
GOLF 61.50

12.b. Amount: 346.13

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.

Form LM-30 (2003)

MICHAEL J. SUSKO 06198

b Held an interest in or derived income or economic benefit with monetary value from a business (1) [illegible] 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: PNC BANK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: 26TH FLOOR

Street: 620 LIBERTY AVENUE

City: PITTSBURGH

State: PA ZIP Code + 4: 15222-2719

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: W.PA TEAMSTERS + EMPLOYERS PENSION FUND

Trade Name, if any:

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

Street: 49 AUTO WAY

City: PITTSBURGH

State: PA ZIP Code + 4: 16206-3663

11 a Nature of such dealing

INVESTMENT MANAGER

11 b Approximate dollar value of such dealing: 51,095,266

12 a Nature of interest held or income received

TRUSTEE ATTENDANCE AT ANNUAL EQUITY MANAGERS CONFERENCE
LODGING 95.00 INCIDENTALS 94.75
GOLF 41.00
GOLF OUTING 7/8/05
LUNCH GOLF DINNER 577.00

12 b Amount: 807.75

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

Form LM-30 (2003)

MICHAEL J. SUSKO 06198

b Held an interest in or derived income or economic benefit with monetary value from a business (1) a [illegible] 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: PIMCO

Trade Name, if any:

P O Box, Bldg, Room No, if any: 49TH FLOOR

Street: 1345 AVENUE OF THE AMERICAS

City: NEW YORK

State: NY ZIP Code + 4: 10105-4800

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: W.PA TEAMSTERS + EMPLOYERS PENSION FUND

Trade Name, if any:

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

Street: 49 AUTO WAY

City: PITTSBURGH

State: PA ZIP Code + 4: 16206-3663

11 a Nature of such dealing

INVESTMENT MANAGER

11 b Approximate dollar value of such dealing: 128,128,964

12 a Nature of interest held or income received

TRUSTEE ATTENDANCE AT ANNUAL EQUITY MANAGERS CONFERENCE:
LODGING 142.50 INCIDENTALS 142.13
GOLF 61.50
GOLF OUTING JUNE
LUNCH, DINNER GOLF 326.18

12 b Amount: 672.31

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

Form LM-30 (2003)

TERS, CHAUFFEURS, WAREHOUSEMEN AND HELPERS
LOCAL UNION NO. 110

Affiliated with

THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

MICHAEL J. SUSKO, *President*
THOMAS N. HEIDER, *Secretary-Treasurer/Business Representative*
GAETANO J. FURFARI, *Vice President*
GERALD M. DEBAISE, *Recording Secretary*
BRUCE S. EVERHART, *Trustee*
RICHARD L. KELLER, *Trustee/Business Representative*
RUSSELL C. KYLER, *Trustee*

P.O. BOX 180
EBENSBURG, PENNSYLVANIA 15931
(814) 472-6646 OR (800) 223-8937

March 24, 2006

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

To Whom It May Concern

Enclosed is a copy of my completed form LM-30 for calendar year 2005. If you have any questions concerning this matter, do not hesitate to contact me at (814) 472-6646.

Sincerely,

Michael J. Susko

Michael J. Susko

Via Certified Mail: 7003 3110 0001 9540 0732

"DEMAND ALL DELIVERIES BY UNION DRIVERS"