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- 6837

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

3. Name and address of person filing.

Name: Clayton D Plummer
P.O. Box, Bldg., Room No., if any: Suite 210
Street: 18500 Lake Road
City: Rocky River
State: Ohio ZIP Code + 4: 44116-1744

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

Name: International Brotherhood Of Boilermakers
Labor Organization File Number: 000-074
P.O. Box, Building and Room Number, if any: 570
Street: 753 State Avenue
City: Kansas City
State: Kansas ZIP Code + 4: 66101-2511

5. Position in labor organization. International Representative

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 Clayton D. Plummer On 08/08/2005 (Date) (440) 933-0300 (Telephone Number)

Name of Person Filing Clayton Plummer	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: Great Lakes Area Boilermaker Apprenticeship

Trade Name, if any:

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

Street: 5666 West 95 Street

City: Oak Lawn

State: Illinois ZIP Code + 4: 60453-2892

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.

The Great Lakes Area Boilermaker Apprenticeship Program is a jointly administered (Employer/Union) Trust Fund for the purpose of training Apprentices and Journeymen in the various Local Unions within the Great Lakes Area.

11.b. Approximate dollar value of such dealing.

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

Reimbursed expenses Trustee Meeting12/10/03Pd04 $347
Reimbursed expenses Trustee Meeting 6/16/04 $380
Reimbursed expenses Trustee Meeting 12/14/04 $341
Reimbursed expenses Hearing Review Pannel for a terminated Apprentice 12/27/04 $257

12.b. Amount. $1,325

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 Clayton Plummer	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: Local#374 Development& Training Fund

Trade Name, if any:

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

Street: 6333 Kennedy Avenue

City: Hammond

State: Indiana ZIP Code + 4: 46323-1097

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.

The Local #374 Development & Training Fund is a jointly administered (Employer/Union) Trust Fund for the purpose of training Boilermaker Local Union 374's Apprentices and Journeymen.

11.b. Approximate dollar value of such dealing.

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

Reimbursed expenses Trustee Meeting 12/13/04 $160

12.b. Amount. $160

Name of Person Filing Clayton Plummer	File Number **U-**

Part B Continuation Page

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

Name MOST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 800

Street 753 State Avenue

City Kansas City

State Kansas ZIP Code + 4 66101-2511

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.

MOST (Mobilization Optimization Stabilzation and Training)is a jointly administered (Labor/ Management) Trust Fund for the purpose of developing and implementing key programs for Boilermakers and their Employers,serving the construction industry.

11.b. Approximate dollar value of such dealing.

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

Dinner Meeting regarding the MOST Program.

12.b. Amount. $75