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 - 6895

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

3. Name and address of person filing.

Name: ROBERT M JACKSON

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

Street: 753 NORTH OAK RD

City: LANOKA HARBOR

State: NEW JERSEY ZIP Code + 4: 08734

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

Name: SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 27

Labor Organization File Number: 514890

P.O. Box, Building and Room Number, if any: PO BOX 847

Street: 322 SPANKUM-YELLOWBROOK RD.

City: FARMINGDALE

State: NEW JERSEY ZIP Code + 4: 07727

5. Position in labor organization: EXECUTIVE BOARD MEMBER

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: Robert M Jackson On: 8/10/05 (Date) 609-242-9646 (Telephone Number)

Name of Person Filing ROBERT M. JACKSON	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 SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL 27

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 847

Street 322 SQUANKUM-YELLOWBROOK RD.

City FARMINGDALE

State NEW JERSEY ZIP Code + 4 07727

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 SHEET METAL WORKERS LOCAL 27 HEALTH + WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 847

Street 322 SQUANKUM-YELLOWBROOK RD.

City FARMINGDALE

State NEW JERSEY ZIP Code + 4 07727

11.a. Nature of such dealing.

REIMBURSEMENT FOR EXPENSES & LOST WAGES TO ATTEND QUARTERLY TRUSTEE MEETINGS & ANNUAL IFEBP CONFERENCE IN NEW ORLEANS, LA.

11.b. Approximate dollar value of such dealing. $3200.00

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

SEE 11A

12.b. Amount. $3200.00

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 MASS MUTUAL RETIREMENT SERVICES

Trade Name, if any:

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

Street 1295 STATE ST.

City SPRINGFIELD

State MA ZIP Code + 4 01111

14.a. Nature of payment.

DINING @ IFEBP CONFERENCE

13.b. Is the Business an Employer [ ] or Consultant [x] ?

14.b. Amount of payment. $105.00