Name of Person Filing JOE J. GAGLIARDO	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).	9. Business deals with:
Name LOCAL #20IL. PENSION & WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2751 W. WASHINGTON ST. City WAUKEGAN State IL. ZIP Code + 4 60085	XX 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. LOCAL #20 PENSION & WELFARE FUND IS AN EMPLOYEE BENEFIT FUND RELATED TO LOCAL #20 UNION. THIS PERSON IS A LABOR TRUSTEE. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. THE PENSION & WELFARE FUND PAID $2,084.00 IN HOTEL & TRAVEL EXPENSES, $600.00 IN PER DIEM AND 1,969.00 IN WAGES. THIS WAS FOR A SEMINAR IN NEW ORLEANS,LA. GIVEN BY THE I.F.E.B.P. 12.b. Amount. $4,653.00

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).	14.a. Nature of payment.
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.b. Amount of payment.