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 - 9440

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

3. Name and address of person filing.

Name: Jack S Heinzman
P.O. Box, Bldg., Room No., if any: Suite 203
Street: 1347 W.5th Ave.
City: Columbus
State: Ohio ZIP Code + 4: 43212

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

Name: Bricklayers Local 55
Labor Organization File Number: 033-558
P.O. Box, Building and Room Number, if any: Suite 210
Street: 1347 W. 5th Ave.
City: Columbus
State: Ohio ZIP Code + 4: 43212

5. Position in labor organization: Field 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: Jack Heinzman On: 5-10-06 (Date) 614 481 8155 (Telephone Number)

Name of Person Filing Jack Heinzman	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: International Union of Bricklayers

Trade Name, if any:

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

Street: 1776 Eye Street N.W.

City: Washington

State: District of Columbia ZIP Code + 4: 20006

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: International Masonry Institute

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

Apprentice Instructor

11.b. Approximate dollar value of such dealing.

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

Mileage Reimbursment	$108.00
Lodging	$791.70
Wages	$3319.00

12.b. Amount.

Name of Person Filing Jack Heinzman	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: 1347 West Fifth Avenue Corporation

Trade Name, if any:

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

Street: 1347 w. 5th Ave.

City: Columbus

State: Ohio ZIP Code + 4: 43212

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.

1347 W. 5th Ave. holds Title to the building that the Bricklayers local 55 owns.

11.b. Approximate dollar value of such dealing.

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

Building Managers Wages	$3000.00
Reimbursed Expenses	$1527.00

12.b. Amount.

Name of Person Filing Jack Heinzman	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.A.T.C.

Trade Name, if any:

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

Street 3005 Lamb Ave.

City Columbus

State Ohio ZIP Code + 4 43219

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 J.A.T.C.

Trade Name, if any:

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

Street 3005 Lamb Ave.

City Columbus

State Ohio ZIP Code + 4 43219

11.a. Nature of such dealing.

Apprentice Instructor

11.b. Approximate dollar value of such dealing.

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

Expense Reimbursment $2421.00

12.b. Amount.

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.