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 - 8960

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

3 Name and address of person filing

Name Kurt Westby

P O. Box, Bldg., Room No., If any 19th Floor

Street 101 Ave of the Americas

City New York

State New York ZIP Code + 4 10013

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

Name SEIU Local 32BJ

Labor Organization File Number 011661

P O Box, Building and Room Number, If any 19th Floor

Street 101 Ave of the Americas

City New York

State New York ZIP Code + 4 10013

5. Position in labor organization. District Chairman and District Supervisor

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 K D Westby On 8-15-05 Date 860-560-8674 Telephone Number

Name of Person Filing KURT D. WESTBY	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: SEIU Local 32BJ CT District Health and Welfare Fund

Trade Name, if any:

P.O Box, Bldg., Room No., if any: 4th Floor

Street: 196 Trumbull St.

City: HARTFORD

State: CT ZIP Code + 4: 06103

9 Business deals with:

- [X] a. Labor Organization
- [ ] b Trust
- [X] 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:

The business is a Taft-Hartley benefit fund that provides benefits under collective bargaining agreements between the Union and employers in the CT real estate industry. The employers and the Union make contributions to the fund, and Union employees are fund participants.

11.a. Nature of such dealing.

See answers to Question #10

11.b Approximate dollar value of such dealing. Do not know

12 a Nature of interest held or income received

Attended Board of Trustees meeting at which dinner was served.

12 b. Amount. $28

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	KURT D. WESTBY	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: SEIU Local 32BJ CT District Pension Fund

Trade Name, if any:

P O Box, Bldg, Room No., if any: 4th Floor

Street: 196 Trumbull ST.

City: HARTFORD

State: CT ZIP Code + 4: 06103

9 Business deals with:

- [ ] a. Labor Organization
- [ ] b Trust
- [x] 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

the business is a Taft-Hartley benefit fund that provides benefits to employees under collective bargaining agreements between the Union and employers in the CT real estate industry. The employers make contributions to the fund.

11 a Nature of such dealing

See answers to Question #10.

11 b Approximate dollar value of such dealing: Do not know

12 a Nature of interest held or income received

Attended Board of Trustees meeting at which Director was removed.

12 b Amount: $28

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.