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 9183

2 Fiscal Yea Coverec From 01 / 01 / 04 Through 01 / 01 / 05

3 Name and address of person filing

Name Ellen M Hayes

P O Box Bldg Room No if any

Street 1505 17th Avenue

City Menominee

State Michigan ZIP Code + 4 49858

4 Name file number and address of labor organization

Name Boilermakers S-699

Labor Organization File Number 504855

P O Box Building and Room Number if any

Street 703 State Avenue

City Kansas City

State Kansas ZIP Code + 4 66101-2611

5 Position in labor organization Vice President

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 Emerson Tool Company

Trade Name if any

P O Box Bldg Room No if any

Street 1821 13th street

City Menominee

State Michigan ZIP Code + 4 49858

7 a Nature of Interest Transaction or Income

None

7 b Amount.

-0-

Signature Ellen M Hayes

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 penaltie in th instructions)

Signed Ellen M Hayes On 07 25 05 Date 906 863-5067 Telephone Number

Name of Person Filing Ellen M Hayes

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a busine s (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the bu iness of an employer whose employees your labor organization represents or is actively seeking to rep esen 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 tru t in which your labor organization is interested

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

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

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

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

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

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment