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 - 9138	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Vincent Crehan P.O. Box, Bldg., Room No., if any Street 20 Dundee Street City Buffalo State New York ZIP Code + 4 14220	4. Name, file number, and address of labor organization. Name ATU Local 1342 Labor Organization File Number 046-151 P.O. Box, Building and Room Number, if any Street 196 Orchard Park Road City West Seneca State New York ZIP Code + 4 14224
5. Position in labor organization. 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 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 Vincent Crehan On 3.24.06 (Date) 716-825-9217 (Telephone Number)

Name of Person Filing Vincent Crehan | 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 Karpus Investment Management

Trade Name, if any:

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

Street 183 Sully's Trail

City Pittsford

State New York ZIP Code + 4 14534

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 ATU Local 1342 NFTMS Pension Fund

Trade Name, if any:

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

Street 196 Orchard Park Road

City West Seneca

State New York ZIP Code + 4 14224

11.a. Nature of such dealing.

Karpus Investment Mangement is investment manager to the ATU Local 1342 Niagara Frontier Metro System Pension Fund.

11.b. Approximate dollar value of such dealing. $117,362

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

Two tickets to the Buffalo Bills football game, including food and beverage on December 11, 2005.

12.b. Amount. $560

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 Vincent Crehan	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 Smith Barney CitiGroup

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 800

Street Key Center, 50 Fountain Plaza

City Buffalo

State New York ZIP Code + 4 14202

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 ATU Local 1342 NFTMS Pension Fund

Trade Name, if any:

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

Street 196 Orchard Park Road

City Buffalo

State New York ZIP Code + 4 14224

11.a. Nature of such dealing.

Smith Barney CitiGroup is investment manager and custodian for the ATU Local 1342 Niagara Frontier Metro System Pension Fund.

11.b. Approximate dollar value of such dealing. $355,631

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

Received airfare, hotel, meals, and ticket for show for travel to New York City to meet with investment managers and to evaluate Smith Barney's investment program and custodian capabilities.

12.b. Amount. $1,509