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 - 9837

2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name: Robert Hegge

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

Street: 2522 Fish Hatchery Rd

City: Madison

State: Wisconsin ZIP Code + 4: 53713

4 Name, file number and address of labor organization

Name: Northern WI Regional Council of Carpenters

Labor Organization File Number: 035-751

P O Box, Building and Room Number, if any:

Street: N2216 Bodde Road

City: Kaukauna

State: Wisconsin ZIP Code + 4: 54130-9740

5 Position in labor organization:

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: [signature] On 8-12-05 (Date) 608-257-2448 (Telephone Number)

Name of Person Filing Robert Hegge	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: Alliance Berstein

Trade Name, if any:

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

Street: 1345 Avenue of the Americas

City: New York

State: New York ZIP Code + 4: 10105-0096

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: Wisconsin Carpenters Fringe Benefits Fund

Trade Name, if any:

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

Street: 1704 Devney Dr

City: Eau Claire

State: Wisconsin ZIP Code + 4: 54702

11 a Nature of such dealing

Meeting and Reception - Alliance Bernstein 12/02/04 New Orleans

11 b Approximate dollar value of such dealing: $125

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:

13 b Is the Business an Employer [ ] or Consultant [ ] ?

14 a Nature of payment

14 b Amount of payment:

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.