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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name International Union of Bricklayers and Allied Craftworkers			
2. Address <input type="checkbox"/> Check if different than previously reported 1771 Eye Street, NW			
3. Principal Place of Business (if different from line 2) City: Washington State/zip (or Country) D.C. 20006			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Kevin Flynn	202-383-3115		20072-
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID 328980

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____ 11. No Lo**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>80,000.00</u> Expenses (nearest \$</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature  Date _____

Printed Name and Title Kevin Flynn, Asst. to The President for Government

LD-2 (REV. 4/03)

DAC:

Int'l Union of Bricklayers
Registrant Name & Allied Craftworkers Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each co information as requested, Attach additional page(s) as needed.

15. General issue area code LBR (one per page)

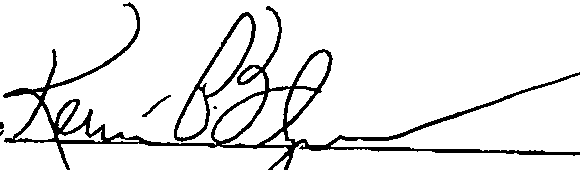
16. Specific lobbying issues
Asbestos Litigation s. 1125

17. House(s) of Congress and Federal agencies contacted Check if None
United States Senate
United States House Of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kevin Flynn	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date _____

Printed Name and Title Kevin Flynn, Assistant to the President for Government Relati

Form LD-2 (Rev. 6/98)

Page

Int'l Union of Bricklayers
& Allied Craftworkers
Registrant Name _____ Client Name _____ Self

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15. General issue area code CAW (one per page)

16. Specific lobbying issues

Water Bill

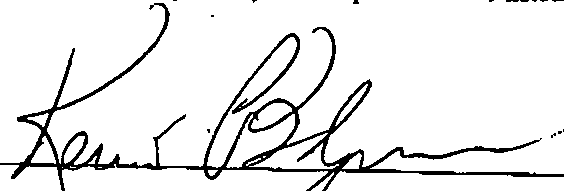
17. House(s) of Congress and Federal agencies contacted Check if None

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Form LD-2 (Rev. 6/98)

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15. General issue area code TRA (one per page)

16. Specific lobbying issues

Transportation Bill

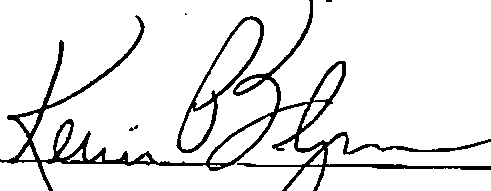
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Form LD-2 (Rev. 6/98)

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15. General issue area code RET (one per page)

16. Specific lobbying issues

Multiemployer Pension Reform H.R. 3108

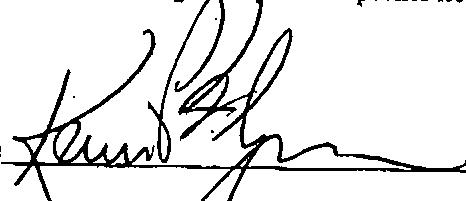
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Form LD-2 (Rev. 6/98)

Page

Registrant Name Int'l Union of Bricklayers & Allied Craftworkers Client Name Self

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the c

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place (city and state)

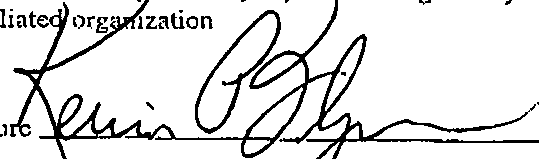
26. Name of each previously reported organization that is **no longer** affiliated with the registrant or clie

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribu for lobbying activiti

28. Name of each previously reported foreign entity that **no longer owns, or controls, or is affiliated** with the regist affiliated organization

Signature  Date _____

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Form LD-2 (Rev. 4/03)

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