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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US DOL ESA Rec'd MAR 14 2006 D OLMS DRDT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 71365

2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name: Thomas G Koehler

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

Street: 4824 W 96th Street

City: Bloomington

State: Minnesota ZIP Code + 4: 55437-2002

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

Name: IBEW Local Union 160

Labor Organization File Number: 022-522

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

Street: 2522 Marshall St. NE

City: Minneaplois

State: Minnesota ZIP Code + 4: 55418-3329

5. Position in labor organization: Business Manager/Financial Secretar

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: Thomas G. Koehler On: 3/10/06 (Date) 612 781 3126 (Telephone Number)

Name of Person Filing Thomas Koehler	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).	9. Business deals with:
Name Xcel Energy Trade Name, if any: Northern States Power P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	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	11.a. Nature of such dealing. Xcel Energy Annual Shareholders Meeting 5/25/05 Lunch 11.b. Approximate dollar value of such dealing. 16.00 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).	14.a. Nature of payment.
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.b. Amount of payment.

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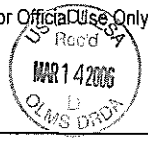

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Name: Thomas G Koehler

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Name: IBEW Local Union 160

Labor Organization File Number: 022-522

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

Street: 2522 Marshall St. NE

City: Minneaplois

State: Minnesota ZIP Code + 4: 55418-3329

5. Position in labor organization: Business Manager/Financial Secretar

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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: Thomas G. Koehler On: 3/10/06 (Date) 612 781 3126 (Telephone Number)

Name of Person Filing Thomas Koehler	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Xcel Energy Trade Name, if any: Northern States Power P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	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	11.a. Nature of such dealing. Labor/Management Meeting 5/3/05 Dinner 11.b. Approximate dollar value of such dealing. 47.10 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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
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3. Name and address of person filing.

Name: Thomas G Koehler

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

Street: 4824 W 96th Street

City: Bloomington

State: Minnesota ZIP Code + 4: 55437-2002

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

Name: IBEW Local Union 160

Labor Organization File Number: 022-522

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

Street: 2522 Marshall St. NE

City: Minneaplois

State: Minnesota ZIP Code + 4: 55418-3329

5. Position in labor organization: Business Manager/Financial Secretar

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: Thomas G. Koehler On: 3/10/06 (Date) 612 781 3126 (Telephone Number)

Name of Person Filing Thomas Koehler	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Xcel Energy Trade Name, if any: Northern States Power P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401	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	11.a. Nature of such dealing. Negotiation 401 K - ESOP Lunch 3/16/05 11.b. Approximate dollar value of such dealing. 10.00 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).	14.a. Nature of payment.
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.b. Amount of payment.

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Name: Thomas G Koehler

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

Street: 4824 W 96th Street

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State: Minnesota ZIP Code + 4: 55437-2002

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

Name: IBEW Local Union 160

Labor Organization File Number: 022-522

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

Street: 2522 Marshall St. NE

City: Minneaplois

State: Minnesota ZIP Code + 4: 55418-3329

5. Position in labor organization: Business Manager/Financial Secretar

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: Thomas G. Koehler On: 3/10/06 (Date) 612 781 5126 (Telephone Number)

Name of Person Filing Thomas Koehler	File Number U-

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

Name: Xcel Energy

Trade Name, if any: Northern States Power

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

Street: 414 Nicollet Mall

City: Minneapolis

State: Minnesota ZIP Code + 4: 55401

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:

11.a. Nature of such dealing.

Negotiations
Pension Plan & Wage Rates
2/2/05 Breakfast

11.b. Approximate dollar value of such dealing. 7.00

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.

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State: Minnesota ZIP Code + 4: 55418-3329

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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:

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Signed Thomas G. Koehler On 3/10/06 (Date) 612 781 3136 (Telephone Number)

Name of Person Filing Thomas Koehler	File Number U-

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Trade Name, if any: Northern States Power

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

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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.

Labor-Management Mtg.-Sherco Plant Lunch 1/12/05

11.b. Approximate dollar value of such dealing. 10.00

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 [ ] ?

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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. Executive Labor - Management Mtg. 1/13/05 Lunch 11.b. Approximate dollar value of such dealing. 22.00 12.a. Nature of interest held or income received. 12.b. Amount.

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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.