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
AUG 19 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18047	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Kevin L Marshall P.O. Box, Bldg., Room No., if any Street 1828 N. Meridian St., Suite 205 City Indianpolis State Indiana ZIP Code + 4 46202-1471	4. Name, file number, and address of labor organization. Name I.B.E.W. Local 481 Labor Organization File Number 032-086 P.O. Box, Building and Room Number, if any Street 1828 N. Meridian St., Suite 205 City Indianpolis State Indiana ZIP Code + 4 46202-1471
5. Position in labor organization. Business Representative	

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 Kevin Marshall On 8/9/2005 (317) 923-2596
Date Telephone Number

Name of Person Filing Kevin Marshall	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 Indianapolis Electrical JATC Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 1751 S Lawndale Ave City Indianapolis State Indiana ZIP Code + 4 46241	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c is checked give trust or employer's name. Name Apprenticeship School Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1751 S Lawndale Ave City Indianapolis State Indiana ZIP Code + 4 46241	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Wages paid to me for being an instructor. 12.b. Amount. $50,294

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.

Name of Person Filing Kevin Marshall	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.

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Part B Continuation Page

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Apprenticeship School Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1751 S Lawndale Ave City Indianapolis State Indiana ZIP Code + 4 46241	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Paid training for the Bachelor's Program at the George Meany Center. 12.b. Amount. $1,693

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Part B Continuation Page

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Apprenticeship School Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1751 S Lawndale Ave City Indianapolis State Indiana ZIP Code + 4 46241	11.a. Nature of such dealing. Transportation to the George Meany Center. 11.b. Approximate dollar value of such dealing. $25 12.a. Nature of interest held or income received. 12.b. Amount.

Name of Person Filing Kevin Marshall	File Number U-

Part B Continuation Page

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Name Indianapolis Electrical JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1751 S Lawndale Ave City Indianapolis State Indiana ZIP Code + 4 46241	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Apprenticeship School Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1751 S Lawndale Ave City Indianapolis State Indiana ZIP Code + 4 46241	11.a. Nature of such dealing. Airport parking while I was at the George Meany Center.
	11.b. Approximate dollar value of such dealing. $49
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing Kevin Marshall	File Number U-

Part B Continuation Page

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

Name Indianapolis Electrical JATC

Trade Name, if any:

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

Street 1751 S Lawndale Ave

City Indianapolis

State Indiana ZIP Code + 4 46241

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 Apprenticeship School

Trade Name, if any:

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

Street 1751 S Lawndale Ave

City Indianapolis

State Indiana ZIP Code + 4 46241

11.a. Nature of such dealing.

Transportation from the George Menay Center.

11.b. Approximate dollar value of such dealing. $48

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

12.b. Amount.

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Apprenticeship School Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1751 S Lawndale Ave City Indianapolis State Indiana ZIP Code + 4 46241	11.a. Nature of such dealing. Christmas Gift - Simon Mall Gift Card 11.b. Approximate dollar value of such dealing. $50 12.a. Nature of interest held or income received. 12.b. Amount.

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Part B Continuation Page

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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.
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12.b. Amount.