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 - 25163	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael L DeBuck P.O. Box, Bldg., Room No., if any Street 2607 Benjamin St. NE City Minneapolis State Minnesota ZIP Code + 4 55418	4. Name, file number, and address of labor organization. Name Teamsters Local 289 Labor Organization File Number 037328 P.O. Box, Building and Room Number, if any Street 3001 University Ave. SE, Suite 305 City Minneapolis State Minnesota ZIP Code + 4 55414
5. Position in labor organization. Recording Secretary	

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 Michael DeBuck On 8/8/2005 (Date) 612-331-3480 (Telephone Number)

Name of Person Filing Michael DeBuck	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 Jeff Greendorfer

Trade Name, if any: Alliance Bernstein

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

Street 555 California Street, Suite 4600

City San Francisco

State California ZIP Code + 4 94104

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 Twin Cities Bakery Drivers Pension Fund

Trade Name, if any:

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

Street 3265 Northwood Cirle, Suite 170

City Eagan

State Minnesota ZIP Code + 4 55121

11.a. Nature of such dealing.

Dinner

11.b. Approximate dollar value of such dealing. $121

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.

Name of Person Filing Michael DeBuck	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 Chuck Hooper

Trade Name, if any: Waddell and Reed Financial Services

P.O. Box, Bldg., Room No., if any PO Box 29217

Street 6300 Lamar Ave

City Shawnee

State Kansas ZIP Code + 4 66201-9217

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 Twin Cities Bakery Drivers Pension Fund

Trade Name, if any:

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

Street 3265 Northwood Circle, Suite 170

City Eagan

State Minnesota ZIP Code + 4 55121

11.a. Nature of such dealing.

Dinner

11.b. Approximate dollar value of such dealing. $113

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

12.b. Amount.

Name of Person Filing Michael DeBuck	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 Phil Hildebrandt

Trade Name, if any: Segall, Bryant & Hamill

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

Street 10 South Wacker Drive, Suite 3500

City Chicago

State Illinois ZIP Code + 4 60606-7407

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 Twin Cities Bakery Drivers Pension Fund

Trade Name, if any:

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

Street 3265 Northwood Circle, Suite 170

City Eagan

State Minnesota ZIP Code + 4 55121

11.a. Nature of such dealing.

Dinner

11.b. Approximate dollar value of such dealing. $126

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

12.b. Amount.