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 Managem
and Budget
No. 1215-0188
Expires 11-30-20

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 Office Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6618

2. Fiscal Year Covered From: Revised Form LM-30
01 / 01 / 2004 Through 12 / 31 / 2004

3. Name and address of person filing.

Name: Gary L Roan

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

Street: 10410 Country Club Road

City: West Frankfort

State: Illinois ZIP Code + 4: 62896

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

Name: IBEW Local Union 702

Labor Organization File Number: 022-643

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

Street: 106 North Monroe Street

City: West Frankfort

State: Illinois ZIP Code + 4: 62896

5. Position in labor organization: Business Manager

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 dersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: Gary L Roan On: 8/19/05 (618) 937-3625

Date Telephone Number

Name of Person Filing: Gary L. Roan | 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:

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

9. Business deals with:

___ a. Labor Organization

___ b. Trust

___ 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:

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:

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: Muelhausen and Stefani

Trade Name, if any:

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

Street: 55 W. Wacker Drive, Suite 1200

City: Chicago

State: Illinois ZIP Code + 4: 60601

14 a. Nature of payment:

Received two tickets to the St. Louis Cardinals baseball game.

13 b. Is the Business an Employer: ___ or Consultant: X ?

14 b. Amount of payment: $ 74.00

Name of Person Filing: Gary L. Roan | File Number LI-

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

Trade Name, if any

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

Street

City

State ZIP Code + 4

9. Business deals with

___ a. Labor Organization

___ b. Trust

___ 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

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

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: Muelhausen and Stefani

Trade Name, if any.

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

Street: 55 W. Wacker Drive, Suite 1200

City: Chicago

State: Illinois ZIP Code + 4: 60601

14.a. Nature of payment

Received one meal at the IBEW Christmas luncheon.

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

14.b. Amount of payment $ 29.95

Name of Person Filing: Gary L. Roan | File Number (if

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

Trade Name, if any

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

Street

City

State ZIP Code + 4

9. Business deals with

___ a. Labor Organization

___ b. Trust

___ 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

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

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: ALBAT

Trade Name, if any

P.O. Box, Bldg., Room No., if any: P. O. Box 370

Street

City: Medway

State: Ohio ZIP Code + 4: 45341

14 a. Nature of payment

Meals received as trustee attending meetings.

13 b. Is the Business an Employer: X or Consultant: ___ ?

14 b. Amount of payment: $ 208.61