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

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7870

2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: JOEL D BELL

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

Street: 3232 N. 20TH STREET

City: PHOENIX

State: Arizona ZIP Code + 4: 85016-7243

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

Name: I.B.E.W., LOCAL UNION 769

Labor Organization File Number: 059-310

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

Street: 3232 N. 20TH STREET

City: PHOENIX

State: Arizona ZIP Code + 4: 85016-7243

5. Position in labor organization: BUS. MANAGER/FINANCIAL 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: Joel D. Bell On: 08/08/2005 (Date) 602-264-1876 (Telephone Number)

State: Kansas ZIP Code + 4: 66044

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: SOUTHWESTERN LINE CONSTRUCTORS-JOINT

Trade Name, if any: APPRENTICESHIP TRAINING COMMITTEE

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

Street: 825 VERMONT STREET

City: LAWRENCE

State: Kansas ZIP Code + 4: 66044

11.a. Nature of such dealing.

THE SOUTHWESTERN LINE CONSTRUCTORS-JOINT APPRENTICESHIP AND TRAINING PROGRAM OVERSEES THE TRAINING OF OUTSIDE LINE APPRENTICES FOR I.B.E.W. IN 7 WESTERN STATES.

11.b. Approximate dollar value of such dealing: $0

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

INCOME RECEIVED IS A DOLLAR FOR DOLLAR DIRECT REIMBURSEMENT FOR EXPENSES INCURRED TO ATTEND TRUSTEE MEETINGS FOR SWLC-JATC. I SIT AS A TRUSTEE ON THEIR BOARD OF TRUSTEES.

12.b. Amount: $736

C. Received from any employer (other than an employer covered under parts A and B above)

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 JOEL BELL	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: LINE CONSTRUCTION BENEFIT FUND (LINECO)

Trade Name, if any:

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

Street: 2000 SPRINGER DRIVE

City: LOMBARD

State: Illinois ZIP Code + 4: 60148

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: LINE CONSTRUCTION BENEFIT FUND (LINECO)

Trade Name, if any:

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

Street: 2000 SPRINGER DRIVE

City: LOMBARD

State: Illinois ZIP Code + 4: 60148

11.a. Nature of such dealing.

I.B.E.W., LOCAL UNION 769 IS A PARTICIPATING EMPLOYER WITH LINECO. INDIVIDUALS WORKING UNDER THE I.B.E.W., LOCAL UNION 769 COLLECTIVE BARGAINING AGREEMENT HAVE CONTRIBUTIONS MADE BY SIGNATORY CONTRACTORS ON THEIR BEHALF.

11.b. Approximate dollar value of such dealing: $0

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

INCOME RECEIVED IS A DOLLAR FOR DOLLAR DIRECT REIMBURSEMENT FOR EXPENSES INCURRED TO ATTEND TRUSTEE MEETINGS FOR LINECO. I SIT AS A TRUSTEE ON THEIR BOARD OF TRUSTEES.

12.b. Amount: $4,384