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 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7842	2. Fiscal Year Covered From: 1 / 1 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing. Name Thomas Kunde P.O. Box, Bldg., Room No., if any Street 4545 Viewridge Ave., #100 City San Diego State California ZIP Code + 4 92123	4. Name, file number, and address of labor organization. Name IBEW Local Union 569 Labor Organization File Number 036-254 P.O. Box, Building and Room Number, if any Street 4545 Viewridge Avenue, #100 City San Diego State California ZIP Code + 4 92123
5. Position in labor organization. Organizer	

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 C. Kunde On 08/6/2005 (858)-569-8900
Date Telephone Number

Name of Person Filing Thomas Kunde	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 San Diego Electrical Health & Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 231219

Street

City San Diego

State California ZIP Code + 4 92194-1219

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

Trade Name, if any:

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

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Appointed by IBEW Local 569 as a labor Trustee.

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

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

Expenses for required attendance at scheduled Board of Trustees meetings and educational conference registration fee/room deposit.

12.b. Amount. $1,857

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 Thomas Kunde	File Number LI-

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 San Diego Electrical Training Trust

Trade Name, if any:

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

Street 4675 Viewridge Ave., Suite #D

City San Diego

State California ZIP Code + 4 92123

9. Business deals with:

[X] 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

City

State ZIP Code + 4

11.a. Nature of such dealing.

Attendance at annual graduation ceremony.

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

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

Two tickets for annual graduation ceremony.

12.b. Amount. $70