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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US DOL ESA Rec'd AUG 16 2005 OLMS DRDP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8561

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

3. Name and address of person filing.

Name William M Long

P.O. Box, Bldg., Room No., if any Suite 105

Street 6200 Connecticut Ave

City Kansas City

State Missouri ZIP Code + 4 64120-1378

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

Name Intl. Brotherhood of Elec. Workers Local 1613

Labor Organization File Number 004-384

P.O. Box, Building and Room Number, if any Suite 105

Street 6200 Connecticut

City Kansas City

State Missouri ZIP Code + 4 64120-1378

5. Position in labor organization. Business Manager/Financial Sec.

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 Kansas City Power & Light

Trade Name, if any: KCP&L

P.O. Box, Bldg., Room No., if any PO Box 418679

Street

City Kansas City

State Missouri ZIP Code + 4 64141-9679

7.a. Nature of Interest, Transaction, or Income.

Jacket - Field Design Department
Royals Ballgame tickets
T-bones Ballgame tickets

7.b. Amount.

$120

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 William M. Long On 8/8/2005 (816) 241-1613

Date Telephone Number

Name of Person Filing William Long	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 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.

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 Demarche Associates Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 7927 Street City Kansas City State Missouri ZIP Code + 4 64113	14.a. Nature of payment. Velvet Creme Pocorn cannister
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment. $35

Name of Person Filing William Long	File Number U-

Part C Continuation Page

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 Peregrine Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1850 Street 800 LaSalle Ave City Minneapolis State Minnesota ZIP Code + 4 55402-2018	handblown glass bowl
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment. $125

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 The Commerce Trust Company Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 419248 Street City Kansas City State Missouri ZIP Code + 4 64141-6248	Chiefs football game tickets Royals baseball game tickets
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. $155

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.