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 11-30-2008

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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AUG 17 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9118

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

3 Name and address of person filing

Name John F Bourne

P O Box Bldg Room No if any

Street 9209 Meadow Drive

City Omaha

State Nebraska ZIP Code + 4 68114

4 Name file number and address of labor organization.

Name IBEW Local Union No 22

Labor Organization File Number 010-576

P O Box Building and Room Number if any

Street 8946 L Street

City Omaha

State Nebraska ZIP Code + 4 68127

5 Position in labor organization Trustee

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 _____ On 8-12-05 (Date) 402 231 8147 (Telephone Number)

Name of Person Filing John Bourne	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)	9 Business deals with
Name	a Labor Organization
Trade Name if any	b Trust
P O Box, Bldg Room No if any	c Employer
Street	
City	
State ZIP Code + 4	

10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	
Trade Name if any	
P O Box, Bldg Room No if any	
Street	11 b Approximate dollar value of such dealing
City	12 a Nature of interest held or income received
State ZIP Code + 4	
	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)	14 a Nature of payment
Name IBEW Local #22/NECA Health & Welfare Fund	Reimbursement of Health and Welfare Trust Fund conference expenses received on 1/29/2004 All expenses are approved per Health and Welfare Trust Fund expense reimbursement policy
Trade Name if any	
P O Box Bldg Room No if any	
Street 8960 L Street Suite 101	
City Omaha	
State Nebraska ZIP Code + 4 68127-1406	
13 b Is the Business an Employer [X] or Consultant [ ] ?	14 b Amount of payment $2,379