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 17 2005 OLMS-DFDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 9311	2. Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name JAMES D. RUNYAN P O Box, Bldg , Room No , if any Street 114 BERKLEY City TERRE HAUTE State IN ZIP Code + 4 47803	4 Name, file number, and address of labor organization Name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL UNION #725 Labor Organization File Number 042-780 P O Box, Building and Room Number, if any Street 5675 EAST HULMAN DRIVE City TERRE HAUTE State IN ZIP Code + 4 47803
5 Position in labor organization SUPPLEMENTAL PENSION 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. $0

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 James D. Runyan On 8/10/2005 (812)872-2004
Date Telephone Number

Name of Person Filing JAMES D. RUNYAN	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 MORRIS ASSOCIATES, ADMINISTRATOR Trade Name, if any P.O Box, Bldg, Room No, if any P.O. BOX 50440 Street 9045 E. 59TH STREET City INDIANAPOLIS State IN ZIP Code + 4 46250-0440	a Labor Organization b Trust c Employer
10 If 9 b or 9.c. is checked give trust or employer's name. Name LOCAL #725 SUPPLEMENTAL PENSION FUND Trade Name, if any P O Box, Bldg., Room No, if any P.O. BOX 50440 Street 9045 E. 59TH STREET City INDIANAPOLIS State IN ZIP Code + 4 46250-0440	11.a Nature of such dealing. TRUSTEE MEETING 11.b. Approximate dollar value of such dealing $2,398.02 12 a. Nature of interest held or income received LOST WAGES & TRAVEL EXPENSE REIMBURSEMENT 12.b. Amount $2,398.02

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. $0