U S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

US DOL ESA Rec'd NOV 22 2005 D OLMS DPDA

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

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 70881

2 Fiscal Year Covered From 10 / 01 / 2003 Through 09 / 30 / 2004

3 Name and address of person filing.

Name Pamela D Suniga

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

Street 911 20th St

City Bakersfield

State CA ZIP Code + 4 93301

4 Name, file number, and address of labor organization

Name Communication Workers of America

Labor Organization File Number 000188

P O Box, Building and Room Number, if any

Street 911 20th St

City Bakersfield

State CA ZIP Code + 4 93301

5. Position in labor organization President of Local [redacted]

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 N/A

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.

N/A

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 Pamela Suniga On 8/15/06 (Date) 661-322-7747 (Telephone Number)

Name of Person Filing	Pamela Suniga	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: ~~N/A~~ Pamela Suniga

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: N/A

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: SBC Consumer Market Gros

Trade Name, if any

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

Street: 2600 Camino Ramon

City: San Ramon

State: CA ZIP Code + 4: 94583

14.a. Nature of payment.

gift Viral Backpack (Sm bottle of Jelly peans
2 glass wine flutes
wine Bottle holder
lunch photo with Vice President
items listed above cost unknown + $25.00 gift certificat

13.b. Is the Business an Employer [x] or Consultant [ ] ?

14.b Amount of payment. unknown