U S Department of Labor
Office of Labor Management Standards
Washington DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approve
Office of Managen
and Budget
No 1215-0182
Expires 11-30-2

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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 235205

2. Fiscal Year Covered From. 01 / 01 / 2005 Through 12 / 31 / 2005

3 Name and address of person filing

Name Ronald Murdock

P O Box, Bldg., Room No If any

Street 8500 Tidewater Drive, Apt. 34

City Norfolk

State VA ZIP Code + 4 23503

4 Name, file number and address of labor organization.

Name NPMHU-Local 305

Labor Organization File Number 091-866

P O Box, Building and Room Number If any

Street 4907 Fitzhugh Ave, Ste. 100

City Richmond

State VA ZIP Code + 4 23230

5 Position in labor organization. Union Representative/Health Representative

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 Ronald E. Murdock On 05/12/06 (Date) 757/480-0170 (Telephone Number)

Name of Person Filing: Ronald Murdock | File Number U-

B Hold 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: First Health

Trade Name if any:

P O Box Bldg Room No. if any: 3200 Highland Ave

Street: 3200 Highland Ave

City: Downers Grove

State: IL ZIP Code + 4: 60515

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

Administrator of Health Plan

11 b Approximate dollar value of such dealing: OVER $1 Billi

12.a Nature of interest held or income received

Hospitalities, Awards Banquet & outside activity

12.b Amount: $400

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.