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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number LM- 25823

2. Fiscal Year Covered: From 1 / 1 / 2005 Through 12 / 31 / 2005

3. Name and address of person filing:

Name: William C MAYHAND

P.O. Box, Bldg., Room No., if any: —

Street: 1465 Apple Ave

City: Meservey

State: Iowa ZIP Code + 4: 50457

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

Name: CWA 7107

Labor Organization File Number: 047636

P.O. Box, Building and Room Number, if any: —

Street: 1465 Apple Ave

City: Meservey

State: Iowa ZIP Code + 4: 50457

5. Position in labor organization: President

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:

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

7b. 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: William C. Mayhand On: 5/16/06 (Date) 641-475-5635 (Telephone Number)

Name of Person Filing: William C MAYLAND | File Number LM-

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: Camille A Torres

Trade Name, if any: Quest

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

Street: 1801 California ST Suite 900

City: Denver

State: Colorado ZIP Code + 4: 80202

14. a. Nature of payment:

Travel To President Meeting 428
Hotel for President Meeting 98
Airport Transportation 99
Snacks Meal 71
Breakfast Lunch 66

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

14. b. Amount of payment: 762

Part B

Name of Reporting Employer	File Number E

Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a ☒	ITEM 8 b ☐	ITEM 8 c ☐	ITEM 8 d ☐	ITEM 8 e ☐	ITEM 8 f ☑

9.a ☐ Agreement ☒ Payment ☐ Both

9 c Position in labor organization or with employer (if an independent labor consultant so state)

Union Representative

9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made

Name Mayland William

P O Box Building and Room Number If any

Street 1465 Appla Ave

City Meservey

State Iowa ZIP Code + 4 50457

9 d Name and address of firm or labor organization with whom employed or affiliated

Organization Communication Workers of American Local 7107

P O Box, Building and Room Number If any

Street 1465 Appla Ave

City Meservey

State Iowa ZIP Code + 4 50457

10 a. Date of the promise agreement or arrangement pursuant to which payments or expenditures were agreed to or made

N/A

10 b The promise agreement, or arrangement was

☐ Oral ☒ Written ☐ Both

(*Written agreements entered into during the fiscal year must be attached)

11 a Date of each payment or expenditure (mm/dd/yyyy)	11 b Amount of each payment or expenditure	11 c Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property)
2/8/05	428	Travel to Local Presidents Meeting
2/8-9/05	98	Hotel for Local Presidents Meeting
2/8-9/05	99	Airport transportation-Local Presidents Meeting
2/8/05	71	Snacks/Meals for Local Presidents Meeting
2/9/05	66	Breakfast/Lunch for Local President's Meeting

12. Explain fully the circumstances of all payments including the terms of any oral agreement or understanding pursuant to which they were made

Qwest holds a Local Presidents Meeting to provide an opportunity for the Local Presidents to meet Qwest executives, learn about the state of the business and discuss any outstanding issues between the Union and the Company.

Rec from Company May 12-06