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

For Official Use Only
E B

US DOLESA Rec'd MAY 2006 OLMS DEOA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25829	2 Fiscal Year Covered From 01 / 01 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name REED V W ROBERTS P O Box Bldg Room No if any Street 6484 S ABILENE ST City CENTENNIAL State CO ZIP Code + 4 80111	4 Name file number and address of labor organization Name COMMUNICATIONS WORKERS of AMERICA Labor Organization File Number 540196 P O Box Building and Room Number if any Street 8085 E PRENTICE AV City GREENWOOD VILLAGE State CO ZIP Code + 4 80111
5 Position in labor organization ADMINISTRATIVE ASSISTANT TO DISTRICT 7 VICE 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	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 [signature] On 5/19/06 (Date) 303/770-2822 (Telephone Number)

Name of Person Filing Reed W Roberts	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

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 Quest Corporation

Trade Name if any

P O Box, Bldg Room No if any 1801

Street California St

City Denver

State CO ZIP Code + 4 80202

14 a Nature of payment.

see attached

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

14 b Amount of payment. 1522.00

Part B

Name of Reporting Employer Qwest Corporation	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 District Staff 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 Reed J Roberts

P O Box Building and Room Number if any

Street 4174 Lind SW

City Renton

State Washington ZIP Code + 4 98055

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

Organization
Communications Workers of America District 7

P O Box Building and Room Number if any

Street 4174 Lind SW

City Renton

State Washington ZIP Code + 4 98055

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 to/from Local Pres Mtg
2/8/05	71	Snacks/Meal for Local Presidents Meeting
2/9/05	66	Breakfast/Lunch for Local Presidents 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.

The Health and Wellness Committee is a joint labor management committee which meets periodically to discuss health care issues.

Agent Services is a business unit of Qwest which holds annual Labor Management Forums to discuss issues specific to Agent Services.

Name of Reporting Employer Qwest Corporation | File Number E

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)
1/19/2005	58	Meal for Health and Wellness Committee Mtg
3/16/2005	15	Meal for Health and Wellness Committee Mtg
5/10/2005	15	Meal for Health and Wellness Committee Mtg
6/14/2005	12	Meal for Health and Wellness Committee Mtg
9/6/2005	17	Meal for Health and Wellness Committee Mtg
10/20/2005	14	Meal for Health and Wellness Committee Mtg
12/6/2005	36	Meal for Health and Wellness Committee Mtg
12/8/2005	23	Meal for Health and Wellness Committee Mtg
11/11/2005	14	Meal-Mtg to transition Labor Relations Director
6/30/2005	11	Meal for collective bargaining negotiations
6/2005	9	Meal for collective bargaining negotiations
9/21/2005	362	Travel to Agent Services Labor-Mgmt Forum
9/21/2005	133	Hotel for Agent Services Labor-Mgmt Forum
9/21/2005	19	Meals for Agent Services Labor-Mgmt Forum
9/21/2005	25	Misc Expenses - Agent Services Labor-Mgmt Forum
~~9/21/2005~~	~~65~~	~~Gift Basket - Agent Services Labor-Mgmt Forum~~