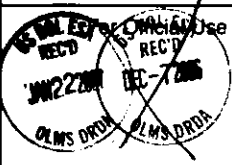



# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

**FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS**

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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

 		1. FILE NUMBER  501-541	2. PERIOD COVERED MO DAY YEAR From 01 01 2005 Through 12 31 2005	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
<p><b>IMPORTANT</b></p> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>		8. MAILING ADDRESS (Type or print in capital letters.) First Name MICHELLE Last Name SCHMIDT P.O. Box • Building and Room Number (if any) PO BOX 226 Number and Street _____ City RINGWOOD State ZIP Code + 4 OK 73768		
4. AFFILIATION OR ORGANIZATION NAME LU		6. DESIGNATION NUMBER 2503		
5. DESIGNATION (Local, Lodge, etc.) Local		7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)		Yes <input checked="" type="checkbox"/> No		

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of 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 Section VI on penalties in the instructions.)

57. SIGNED: <u>[Signature]</u> 1 5 08 (500) 554-0895 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>[Signature]</u> 11 28 06 (500) 554-0895 Date Telephone Number	TREASURER (If other title, see instructions.)
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*During the Reporting Period Did Your Organization:*

- |  |     |    |
|--|-----|----|
|  | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | ✓  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              |     | ✓  |
| 12. Have a political action committee (PAC) fund? .....  |     | ✓  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | ✓  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | ✓  |
| 15. Discover any loss or shortage of funds or other property? .....  |     | ✓  |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i>  |     |    |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | ✓  |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   |     | ✓  |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   |     | ✓  |

*(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)*

19. How many members did your organization have at the end of the reporting period? 156
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5000
21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|  |     | ✓  |
- (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*
22. What is the date of your organization's next regular election of officers? MO YEAR  
12 2007
23. What are your organization's rates of dues and fees?  
*(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 10.15 per bi-weekly <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <small>(Month, Year, etc.)</small>

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 501-541

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>					
1. EDD Last Name Title PRESIDENT	YLITA First Name Status C		0	85	85
2. DEJULIIS Last Name Title EXECUTIVE VICE PRES	RALPH First Name Status C		0	1659	1659
3. PENNINGTON Last Name Title SECRETARY / TREASURER	MARIE First Name Status C		0	2325	2325
4.					
5.					
6.					
7.					
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8					
10. Less Deductions					0
Enter the Total from Line 11 in ..... Item 45 ⇨					4069
*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.			<small>(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)</small>		

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 501-541

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash .....	24415	18662	32. Accounts Payable .....	0	0
	26. Loans Receivable .....	0	0	33. Loans Payable .....	0	0
	27. U.S. Treasury Securities .....	0	0	34. Mortgages Payable .....	0	0
	28. Investments .....	0	0	35. Other Liabilities .....	0	0
	29. Fixed Assets .....	0	0	36. TOTAL LIABILITIES .....	0	0
	30. Other Assets .....	0	0	37. NET ASSETS (Item 31 less Item 36).....	24415	18662
	31. TOTAL ASSETS.....	24415	18662			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues .....	34034	45. To Officers (from Item 24) .....	4069
	39. Per Capita Tax .....		46. To Employees (less deductions) .....	0
	40. Fees, Fines, Assessments & Work Permits .....		47. Per Capita Tax .....	32712
	41. Interest & Dividends .....	502	48. Office & Administrative Expense .....	157
	42. Sale of Investments & Fixed Assets .....		49. Professional Fees .....	0
	43. Other Receipts .....		50. Benefits .....	6
	44. TOTAL RECEIPTS .....	34536	51. Contributions, Gifts & Grants .....	0
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	3351
			55. TOTAL DISBURSEMENTS .....	40289