

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under PL. 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.

For Official Use Only 	1. FILE NUMBER 501-541	2. PERIOD COVERED MO DAY YEAR From 01 01 2007 Through 12 31 2007	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	MACDA MASHBURN 3 501-541 GOVERNMENT EMPLOYEES AFGE AFL-CIO 420 LU 2505 HNS 3837 HIGH POINT CT NORMAN, OK 73072-5023 12/2007 		8. MAILING ADDRESS (Type or print in capital letters)
4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.)		First Name	
8. DESIGNATION NUMBER		Last Name	
7. UNIT NAME (if any)		P.O. Box • Building and Room Number (if any)	
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input type="checkbox"/>		Number and Street	
		City	
		State ZIP Code + 4	
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number 14	Regular annual audit performed after the end of each fiscal year as required		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other 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: Date: 1 13 08 Telephone Number: (98) 781-3096		58. SIGNED: Date: 1-13-08 Telephone Number: 405 364 6950	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

Mashburn 2-14-08

During the Reporting Period Did Your Organization:

- 10. Have a "subsidiary organization" as defined in Section X of the instructions?  Yes  No
- 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?  Yes  No
- 12. Have a political action committee (PAC) fund?  Yes  No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?  Yes  No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?  Yes  No
- 15. Discover any loss or shortage of funds or other property?  Yes  No  
*(Answer "Yes" even if there has been repayment or recovery.)*
- 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?  Yes  No
- 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?  Yes  No
- 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?  Yes  No

*(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?
- 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? \$
- 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:
- 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	\$ 13.95 per <u>bi weekly</u> <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>	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>	Status (C)*		
1. Last Name: EDD, First Name: YLITA Title: PRESIDENT, Status: C	0	942	942
2. Last Name: DEJULIIS, First Name: RALPH Title: EXECUTIVE VICE PRES, Status: C	0	3432	3432
3. Last Name: SCHMIDT, First Name: MICHELL Title: SECRETARY TREASURER, Status: P	0	330	330
4. Last Name: MASHBURN, First Name: MAGDA Title: SECRETARY TREASURER, Status: N	0	1592	1592
5. Last Name: BROOKS, First Name: MITZI Title: FIRST VICE PRESIDENT, Status: C	0	875	875
6. Last Name: LEWIS, First Name: CAROL Title: SECOND VICE PRESIDE, Status: C	0	793	793
7. Last Name: [Blank], First Name: [Blank] Title: [Blank], Status: [Blank]	0	<del>993</del> (86)	<del>99</del> (80)
8. Totals from additional pages (if any)			
9. Totals of Lines 1 through 8			
Enter the Total from Line 11 in _____ Item 45 ->		10. Less Deductions	0
		11. Net Disbursements	7964

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(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.)

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	23344	26374	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			
	31. TOTAL ASSETS	23344	26374	37. NET ASSETS (Item 31 less Item 36)	23344	26374

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	47415	45. To Officers (from Item 24)	7964
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	34202
	41. Interest & Dividends	408	48. Office & Administrative Expense	0
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	1800
	43. Other Receipts	1527	50. Benefits	0
	44. TOTAL RECEIPTS	49350	51. Contributions, Gifts & Grants	0
			52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	2354
			55. TOTAL DISBURSEMENTS	46320

If total receipts reported in item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.