

# 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 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. 435 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1. FILE NUMBER  501-541	2. PERIOD COVERED MON DAY YEAR From 01-01-08 Through 12-31-08	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 XII 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"/>
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4. AFFILIATION OR ORGANIZATION NAME GOVERNMENT EMPLOYEES	
5. DESIGNATION (Local, Lodge, etc.) AFGE	6. DESIGNATION NUMBER AFL CIO
7. UNIT NAME (if any) LOCAL 2505	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

8. MAILING ADDRESS (Type or print in capital letters)	
First Name MAGDA	Last Name MASHBURN
P.O. Box - Building and Room Number (if any) SECRETARY - TREASURER	
Number and Street 3830 HIGHPOINT CT	
City NORMAN	
State OK	ZIP Code + 4 73092-5023

56. ADDITIONAL INFORMATION

(14) REGULAR ANNUAL AUDIT PERFORMED AFTER THE END OF EACH FISCAL YEAR BY OUTSIDE ACCOUNTANT  
 ANN WILLEY CPA  
 2224 NW 50 SUITE 194  
 OKLAHOMA CITY, OK 73112

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: [Signature] PRESIDENT  
 (If other title, see instructions.)  
 Date: 3/20/09 Telephone Number: 918 781-3096

58. SIGNED: [Signature]  
 SECRETARY - TREASURER (If other title, see instructions.)  
 Date: 3-19-09 Telephone Number: (405) 364-6950

10. During the reporting period did the labor organization have a "subsidiary organization" as defined in section X of the instructions? Yes  No

11. During the reporting period did the labor organization 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. During the reporting period did the labor organization have a political action committee (PAC) fund? Yes  No

13. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes  No

14. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes  No

15. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes  No

16. During the reporting period did the labor organization 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. During the reporting period did the labor organization pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes  No

18. During the reporting period did the labor organization have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes  No

19. How many members did your organization have at the end of the reporting period? 150

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? 5000.00

21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws Yes  No

22. What is the date of your organization's next regular election of officers? 11-2010

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				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	13.95	per BI-WEEKLY		
(b) Initiation Fees		per		
(c) Transfer Fees		per		
(d) Work Permits		per		

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

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER:

A: Name List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
B: Title (Enter title of officer, such as PRESIDENT or TREASURER.)			(C) Status*			
1.	Last Name DEJULIIS	First Name RALPH	Middle Initial	0	3472	3472
	Title PRESIDENT		Status C			
2.	Last Name LEWIS	First Name CAROL	Middle Initial	0	575	575
	Title EXECUTIVE VICE PRESIDENT		Status C			
3.	Last Name MASHBURN	First Name MAGDA	Middle Initial	0	939	939
	Title SECRETARY - TREASURER		Status C			
4.	Last Name BROOKS	First Name MITZI	Middle Initial	0	47	47
	Title FIRST VICE PRESIDENT		Status C			
5.	Last Name ROBERT	First Name MARY	Middle Initial	0	1148	1148
	Title SECOND VICE PRESIDENT		Status C			
6.	Last Name	First Name	Middle Initial			
	Title		Status			
7.	Last Name	First Name	Middle Initial			
	Title		Status			
8.	Totals from additional pages (if any)			0	0	0
9.	Totals of Lines 1 through 8			0	6179	6179
				10. Less Deductions	0	0
				11. Net Disbursements	6179	6179

The Total from Line 11 will be entered in item 45

\* Code for (C); Status: 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.)

Enter Amounts in Dollars Only -- Do Not Enter Cents

FILE NUMBER:

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	26 374	34 048	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	26 374	34 048	37. NET ASSETS (Item 31 less Item 36)	26 374	34 048

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	52 158	45. To Officers (from Item 24)	6 179
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	36 256
	41. Interest & Dividends	319	48. Office & Administrative Expense	0
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	14 89
	43. Other Receipts	891	50. Benefits	0
	44. TOTAL RECEIPTS	53 368	51. Contributions, Gifts & Grants	0
If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.			52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	1 770
			55. TOTAL DISBURSEMENTS	45 674