

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN
 TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

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.

For Official Use Only E	1. FILE NUMBER 544-423	2. PERIOD COVERED MO DAY YEAR From 01/01/2012 Through 12/31/2012	3 (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME LABORERS		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) DISTRICT COUNCIL		6. DESIGNATION NUMBER	
7. UNIT NAME (if any) NATIONAL GUARD		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		First Name BIENVENIDO	Last Name BANCHS
		P.O. Box - Building and Room Number P O BOX 1794	
		Number and Street	
		City ABITA SPRINGS	
		State LA	ZIP Code + 4 70420

69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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.)

70. SIGNED: <u>Raymond P Bond</u> PRESIDENT	71. SIGNED: <u>BIENVENIDO BANCHS</u>
<u>02/26/2013</u> Date	<u>02/26/2013</u> Date
<u>504-235-8730</u> Telephone Number	<u>985-249-2315</u> Telephone Number
(If other title, see instructions.)	(If other title, see instructions.) TREASURER

COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER: 544-423

10. 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

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

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? Yes No

12. 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

13. 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

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. 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

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes No

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes No

18. During the reporting period did the labor 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

19. What is the date of the labor organization's next regular election of officers?

20. How many members did the labor organization have at the end of the reporting period?(Total from Line 8 of Schedule 13)

21. What are the labor 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	\$15.00	per Month	NA	NA
(b) Working Dues/Fees	NA	per NA	NA	NA
(c) Initiation Fees	NA	per NA	NA	NA
(d) Transfer Fees	NA	per NA	NA	NA
(e) Work Permits	NA	per NA	NA	NA

If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 544-423

Complete Schedules 1 Through 20 Before Completing Statement A

Assets	ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
	22. Cash		\$111,154	\$136,677
	23. Accounts Receivable	1		
	24. Loans Receivable	2		
	25. U.S. Treasury Securities		\$0	\$0
	26. Investments	5		
	27. Fixed Assets	6		
	28. Other Assets	7		
	29. TOTAL ASSETS		\$111,154	\$136,677
Liabilities	LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
	30. Accounts Payable	8		
	31. Loans Payable	9		
	32. Mortgages Payable		\$0	\$0
	33. Other Liabilities	10		
	34. TOTAL LIABILITIES		\$0	\$0
35. NET ASSETS (Item 29 Less Item 34)			\$111,154	\$136,677

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 544-423

Complete Schedules 1 Through 20 Before Completing Statement B

Item	CASH RECEIPTS	SCH #	AMOUNT
36.	Dues and Agency Fees		\$402,223
37.	Per Capita Tax		\$0
38.	Fees, Fines, Assessments, Work Permits		\$0
39.	Sale of Supplies		\$0
40.	Interest		\$183
41.	Dividends		\$0
42.	Rents		\$0
43.	Sale of Investments and Fixed Assets	3	
44.	Loans Obtained	9	
45.	Repayments of Loans Made	2	
46.	On Behalf of Affiliates for Transmittal to Them		\$0
47.	From Members for Disbursement on Their Behalf		\$69,270
48.	Other Receipts	14	\$81,321
49.	TOTAL RECEIPTS		\$552,997

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50.	Representational Activities	15	\$11,000
51.	Political Activities and Lobbying	16	\$0
52.	Contributions, Gifts, and Grants	17	\$0
53.	General Overhead	18	\$66,862
54.	Union Administration	19	\$151,626
55.	Benefits	20	\$114,378
56.	Per Capita Tax		\$74,124
57.	Strike Benefits		\$0
58.	Fees, Fines, Assessments, etc.		\$0
59.	Supplies for Resale		\$0
60.	Purchase of Investments and Fixed Assets	4	
61.	Loans Made	2	
62.	Repayment of Loans Obtained	9	
63.	To Affiliates of Funds Collected on Their Behalf		\$83,671
64.	On Behalf of Individual Members		\$0
65.	Direct Taxes		\$25,813
66.	Subtotal		\$527,474
67.	Withholding Taxes and Payroll Deductions		
67a.	Total Withheld		\$25,813
67b.	Less Total Disbursed		\$25,813
67c.	Total Withheld But Not Disbursed		\$0
68.	TOTAL DISBURSEMENTS (Line 66-Line 67c)		\$527,474

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER: 544-423

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts receivable	\$0	\$0	\$0	\$0
14. Totals of Lines 12 and 13	(Total from Line 14, Total of Column(B) will be automatically entered in Item 23, Column (B).)			
	\$0	\$0	\$0	\$0

SCHEDULE 2 - LOANS RECEIVABLE

FILE NUMBER: 544-423

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Purpose: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Purpose: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Purpose: _____ Terms of Repayment: _____					
4.Total of loans not listed above	\$0	\$0	\$0	\$0	\$0
5.Total of all lines 1 through 4	\$0	\$0	\$0	\$0	\$0
Totals from Line 5 will be automatically entered in	Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)

SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER:

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
			Less Reinvestments	
			Net Sales	\$0

(The total from Line will be automatically entered in Item 43.)

SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER:

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
		Less Reinvestments	
		Net Purchases	\$0

(The Total from Line
will be automatically
entered in Item 60.)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	\$0
2. Book Value	\$0
3. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2.	
Other Investments	
4. Total Cost	\$0
5. Book Value	\$0
6. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2.	
7. Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B).)	\$0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
<p>. Totals of Lines 1 through (The Total from Line , Column(D) will be automatically entered in Item 27, Column(B).)</p>				

Description (A)	Book Value (B)
1.	
. Total of Lines 1 through (The Total from Line will be automatically entered in Item 28, Column(B).)	

SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER: 544-423

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts payable	\$0	\$0	\$0	\$0
14. Totals of Lines 12 and 13 <small>(Line 14, Column(B) will be automatically entered in Item 30, Column (D).)</small>	\$0	\$0	\$0	\$0

SCHEDULE 9 - LOANS PAYABLE

FILE NUMBER:

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
. Total of Lines 1 through					
The Totals from Line will be automatically entered in	Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

Description (A)	Amount at End of Period (B)
1.	
. Total of Lines 1 through (The Total from Line will be automatically entered in Item 33, Column (D).)	

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 544-423

(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL			
1	A	First Name Middle Initial Last Name Jade Cowley	\$0	\$0	\$0	\$0	\$0			
		President								
		C								
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	0%
2	A	First Name Middle Initial Last Name James K Sweat	\$0	\$0	\$0	\$0	\$0			
		Vice President								
		C								
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	0%
3	A	First Name Middle Initial Last Name Bienvenido Banchs	\$69,648		\$46,226	\$0	\$115,874			
		Business Manager Treasure								
		C								
I	Schedule 15 Representational Activities	0%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	100%
4	A	First Name Middle Initial Last Name Phillip Harrison	\$0	\$0	\$0	\$0	\$0			
		Sergeant-at-Arms								
		C								
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	0%
5	A	First Name Middle Initial Last Name David Ingles	\$0	\$0	\$0	\$0	\$0			
		Auditor								
		C								
I	Schedule 15 Representational Activities	0%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	100%

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 544-423

(A) Name			(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
6	A	First Name Last Name	Middle Initial Last Name		\$0	\$0	\$0	\$0	\$0		
		Lathe	Ragels								
		Auditor									
		C									
I		Schedule 15 Representational Activities	0%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	100%
7	A	First Name Last Name	Middle Initial Last Name		\$0	\$0	\$0	\$0	\$0		
		Raymond	Bond								
		Executive Board									
		C									
I		Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	0%
8	A	First Name Last Name	Middle Initial Last Name		\$0	\$0	\$0	\$0	\$0		
		Daniel	Whelchel								
		Executive Board									
		C									
I		Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	0%
TOTAL OF LINES 1-8					\$69,648	\$0	\$46,226	\$0	\$115,874		
LESS DEDUCTIONS									\$15,090		
NET DISBURSEMENTS									\$100,784		

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 544-423

(A) Name			(B) Title	(C) Other Payee	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
1	A	First Name Janet	Middle Initial R	Last Name Vasllotton	\$34,711	\$0	\$1,041	\$0	\$35,752		
		Office Assistnat									
		None									
I		Schedule 15 Representational Activities	0%	Schedule 16 Political Activities and Lobbying	0%	Schedule 17 Contributions	0%	Schedule 18 General Overhead	0%	Schedule 19 Administration	100%
2. TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS										\$0	
I		Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	
TOTAL OF LINES 1-2.					34,711.00	\$0	\$1,041	\$0	\$35,752		
LESS DEDUCTIONS									\$3,638		
NET DISBURSEMENTS									\$32,114		

SCHEDULE 13 - MEMBERSHIP STATUS

FILE NUMBER: 544-423

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. Dues paying members	1,397	Yes <input checked="" type="checkbox"/>
2. Members (Total of Lines 1 through 1; Enter the Total from Line 2 in Item 20.)	1,397	
3. Agency Fee Payers*	0	
Total Members/Fee Payers (Total of Lines 2 and 3)	1,397	
*Agency Fee Payers are not considered members of the labor organization.		

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14 OTHER RECEIPTS	1. Named Payer Itemized Receipts	\$51,370
	2. Named Payer Non-itemized Receipts	\$6,515
	3. All Other Receipts	\$23,436
	4. Total Receipts <i>(add Lines 1 through 3)</i>	\$81,321

ITEM
48

SCHEDULE 17 CONTRIBUTIONS, GIFTS, AND GRANTS	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$0

ITEM
52

SCHEDULE 15 REPRESENTA- TIONAL ACTIVITIES	1. Named Payee Itemized Disbursements	\$5,000
	2. Named Payee Non-itemized Disbursements	\$6,000
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$11,000

ITEM
50

SCHEDULE 18 GENERAL OVERHEAD	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$25,183
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	\$41,679
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$66,862

ITEM
53

SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$0

ITEM
51

SCHEDULE 19 UNION ADMINISTRATION	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$115,874
	4. To Employees	\$35,752
	5. All Other Disbursements	
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$151,626

ITEM
54

SCHEDULE 14 - OTHER RECEIPTS

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Laborers International Union of N P.O. Box Street City Washington State DC Zip Code	Organizing reimbursements	03/08/12	\$31,501
	Business Manager Wage Reimbursements	08/06/12	\$7,132
	Business Manager Wage Reimbursements	11/05/12	\$12,737
(B) Type or Classification			
Reimbursements			
	(F) Total of All Itemized Transactions with this Payee/Payer		\$51,370
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		\$6,515
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		\$57,885

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Hilton Hotel P.O. Box Street City New Orleans State LA Zip Code	Hotel Reservations	11/01/12	\$5,000
(B) Type or Classification			
Conference			
	(F) Total of All Itemized Transactions with this Payee/Payer		\$5,000
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		\$6,000
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		\$11,000

SCHEDULE - 16 - POLITICAL ACTIVITIES AND LOBBYING

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
(F) Total of All Itemized Transactions with this Payee/Payer			
(G) Total of All Non-Itemized Transactions with this Payee/Payer			
(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))			\$0

SCHEDULE 18 - GENERAL OVERHEAD

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Ford Motor Credit P.O. Box Street City Chicago State IL Zip Code			
(B) Type or Classification			
Vehicle Lease			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		\$11,311
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		\$11,311

SCHEDULE 18 - GENERAL OVERHEAD

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Minahan & Muther Law Firm			
P.O. Box			
Street			
City Denver			
State CO			
Zip Code			
(B) Type or Classification			
Legal Epxenses			
(F) Total of All Itemized Transactions with this Payee/Payer			
(G) Total of All Non-Itemized Transactions with this Payee/Payer			\$7,900
(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))			\$7,900

SCHEDULE 18 - GENERAL OVERHEAD

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name State Farm			
P.O. Box			
Street			
City New Orleans			
State LA			
Zip Code			
(B) Type or Classification			
Insurance			
(F) Total of All Itemized Transactions with this Payee/Payer			
(G) Total of All Non-Itemized Transactions with this Payee/Payer			\$5,972
(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))			\$5,972

SCHEDULE 19 - UNION ADMINISTRATION

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		.00

Description (A)	To Whom Paid (B)	Amount (C)
1. LIUNA AD&D	LIUNA AD&D	\$8,245
2. Pension Benefits	LIUNA Employee Pension Fund	\$30,756
3. Pension 401(k)	LIUNA 401(k) Plan	\$4,189
4. Health Insurance	LIUNA Health	\$3,858
5. Dental Insurance	Union Special Services	\$67,330
6. Total of Lines 1 through 5 (The Total from Line 6 will be automatically entered in Item 55.)		\$114,378

69. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: 544-423

Schedule 13, Row1: All dues paying members retain full voting rights.

