


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 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.

	1. FILE NUMBER 006-041	2. PERIOD COVERED MO DAY YEAR From 07 01 2003 Through 06 30 2004	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 style="text-align: center;">IMPORTANT</p> <p>JOHN WEBER 3 6641 kage 08B ENG LU 758 3430 DODGE ST DUBUQUE, IA 52003-5218</p> <p style="text-align: right;">6/2004 rank.</p>		8. MAILING ADDRESS (Type or print in capital letters.) First Name JOHN Last Name WEBER P.O. Box • Building and Room Number (if any) 3430 Dodge ST. Number and Street 3430 Dodge ST. City DUBUQUE State ZIP Code + 4 IA 52003-5218			
		4. AFFILIATION OR ORGANIZATION NAME 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 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 <input type="checkbox"/>			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) <table border="1" style="width:100%; height: 100px;"> <tr> <td style="width:10%;">Item Number</td> <td></td> </tr> </table>				Item Number	
Item Number					
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>David J. Sommer</u> 8/16/04 (563) 582-0891 Date Telephone Number		58. SIGNED: <u>John A. Weber</u> 8/16/04 (563) 582-0891 Date Telephone Number			
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)			

During the Reporting Period Did Your Organization:

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

(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? 66

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? \$ 7,500

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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 09 YEAR 2006

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	\$ <u>2hr pay + 1.50</u> per <u>month</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: —

(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. Last Name: SOMMERS Title: PRESIDENT	First Name: DAN	Status: P			2700
2. Last Name: WEBER Title: TREASURER	First Name: JOHN	Status: P			900
3. Last Name: Title:	First Name:	Status:			
4. Last Name: Title:	First Name:	Status:			
5. Last Name: Title:	First Name:	Status:			
6. Last Name: Title:	First Name:	Status:			
7. Last Name: Title:	First Name:	Status:			
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8					3600
10. Less Deductions					295
Enter the Total from Line 11 in Item 45 ⇨					3305
11. Net Disbursements					

*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.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: -

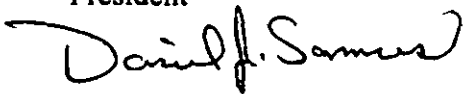
STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash	1,378	1,734	32. Accounts Payable	0	0
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	0	0
	29. Fixed Assets	12,312	12,312	36. TOTAL LIABILITIES	0	0
	30. Other Assets	0	0			
	31. TOTAL ASSETS	13,680	13,046	37. NET ASSETS (Item 31 less Item 36)	0	0

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	24,284	45. To Officers (from Item 24)	3,305
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	6,727
	41. Interest & Dividends	0	48. Office & Administrative Expense	9,776
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	4,069
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	24,284	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	0
			55. TOTAL DISBURSEMENTS	23,927

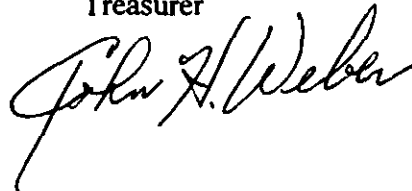
AUDIT REPORT Local 758 I.U.O.E
07/01/20003 to 06/30/2004

Deposit	24204.52
Capita D	79.50
Capita I	6166.75
Capita S	397.42
Capita N	133.44
Dues Refunds	1982.10
Insurance	200.00
L&P	4069.00
Nego exp	844.00
Office	2282.00
Rent Paid	2475.00
Tax Fed	653.88
Tax State	48.00
Utilites	1291.14
Wages	3305.00
Ending Balance	356.79

Daniel J. Sommers
President



John H. Weber
Treasurer



Daniel Grass
Auditor



LM 2004 Line 48

Dues Refund	1982.10
Insurance	200.00
Rent	2475.00
Office	2282.00
Nego Exp.	844.00
Tax Fed	654.00
Tax State	48.00
Utilites	1291.00
Total	9776.00