


# 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.

For Official Use Only 	1. FILE NUMBER <b>036-778</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2004</b> Through <b>12 31 2004</b>	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:
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<b>IMPORTANT</b>  OPERATING ENGINEER #340 3 036-778 ENGINEERS, OPERATING, AFL-CIO 420 LU 340 702 S MADISON ST AMARILLO TX 79101-2130 12/2004	8. MAILING ADDRESS (Type or print in capital letters.)  First Name <b>OPERATING</b>  Last Name <b>ENGINEERS # 340</b>  P.O. Box • Building and Room Number (if any) <b>N/A</b>  Number and Street <b>702 S. MADISON AVE.</b>  City <b>AMARILLO</b>  State ZIP Code + 4 <b>TX 79101-2130</b>
	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

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>Karl Pompa</u> <b>03 '28 '05</b> (806) 220-0207 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Cynthia Gilbert</u> <b>03 '27 '05</b> (806) 358-9030 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? .....  |     | X  |
| 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? .....              |     | X  |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | X  |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  |     | X  |
| 15. Discover any loss or shortage of funds or other property? .....  |     | X  |
| <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? ..... |     | X  |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   |     | X  |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   |     | X  |

*(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? 100
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? \$ 25000
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 |
|  |     | X  |
- (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 08 YEAR 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	\$ 25. <sup>00</sup> per month <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ 1.88
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ NONE per N/A <small>(Month, Year, etc.)</small>

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

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 036-778

(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.)		Status (C)*	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.)					
1. Last Name: POMPA Title: PRESIDENT	First Name: RAUL Status: C		2858	0	2858
2. Last Name: GAUNA Title: VICE-PRESIDENT	First Name: ROBERTO Status: C		1388	0	1388
3. Last Name: GILBERTH Title: TREASURER	First Name: CYNTHIA Status: C		2100	0	2100
4. Last Name: MCAVOY Title: FINANCIAL-SECRETARY	First Name: JOE Status: C		2100	0	2100
5. Last Name: DELOSANTOS Title: RECORDING SECRETARY	First Name: ISAAC Status: C		1050	0	1050
6. Last Name: N/A Title:	First Name: Status:		0	0	0
7. Last Name: N/A Title:	First Name: Status:		0	0	0
8. Totals from additional pages (if any)			0	0	0
9. Totals of Lines 1 through 8				0	9496
10. Less Deductions					727
Enter the Total from Line 11 in ..... Item 45 ⇨					8769

\*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

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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 .....	9624	9511	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 .....	9624	9511	37. NET ASSETS (Item 31 less Item 36) .....	9624	9511

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues .....	23563	45. To Officers (from Item 24) .....	8769
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	0
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	10901
	41. Interest & Dividends .....	75	48. Office & Administrative Expense .....	2161
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	0
	43. Other Receipts .....	0	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	23638	51. Contributions, Gifts & Grants .....	756
			52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	1164
			55. TOTAL DISBURSEMENTS .....	23751

If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.