

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. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>1. FILE NUMBER</p> <p>541-940</p>	<p>2. PERIOD COVERED</p> <p>From MO 01 DAY 01 YEAR 2006</p> <p>Through MO 12 DAY 31 YEAR 2006</p>	<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/></p> <p>(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"/></p> <p>(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"/></p>
<p>8. MAILING ADDRESS (Type or print in capital letters)</p>		
<p>Wayne Ingersoll 1 Transperation Union Ind LJ 161 UTU Local 161 16717 SE 251st Pl Covington, WA 98042-5230</p>	<p>First Name: WAYNE</p> <p>Last Name: INGERSOLL</p> <p>P.O. Box • Building and Room Number (if any):</p> <p>Number and Street: 16717 SE 251st Pl</p> <p>City: COVINGTON</p> <p>State: WA ZIP Code + 4: 98042-5230</p>	
<p>4. AFFILIATION OR ORGANIZATION NAME</p>		
<p>5. DESIGNATION (Local, Lodge, etc.)</p>		
<p>6. DESIGNATION NUMBER</p>		
<p>7. UNIT NAME (if any)</p>		
<p>9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in item 56.)</p>		
<p>56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</p>		
<p>Item Number</p>		
<p>57. SIGNED: <i>Wayne Ingersoll</i> PRESIDENT 58. SIGNED: <i>Wayne Ingersoll</i> TREASURER (If other title, see instructions.) (If other title, see instructions.)</p> <p>5109100 Date 515107 Telephone Number Telephone Number</p>		

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.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only—Do Not Enter Cents

FILE NUMBER: 541-932

(A) Name <i>(List all persons who hold office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>	(B) Title <i>(Enter title of officer such as PRESIDENT or TREASURER.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Status (C)*				
1. DEVAID Title PRESIDENT Status C	BRIAN Status C	600	1698	2298
2. SCHNEIDER Title CHAIRMAN Status C	PAUL Status C	3600	3853	7453
3. MENLOLLI Title SECRETARY Status C	WAYNE Status C	2475	933	3408
4. OVEKCANAD Title VICE PRESIDENT Status C	RODNEY Status C	0	763	763
5. AUSTIN Title VICE CHAIRMAN Status C	LEMUEL Status C	0	0	0
6. FOX Title VICE CHAIRMAN Status N	CHUCK Status N	0	0	0
7. GARIBSON Title VICE CHAIRMAN Status	FREDERICK Status	0	0	0
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8				
13,922				
			10. Less Deductions	970
			11. Net Disbursements	12950

Enter the Total from Line 11 in Item 45 ->

*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.)

ORGANIZATION NAME: DTM 6206/13
 ENDING DATE OF PERIOD COVERED: 12-31-2006

FILE NUMBER: 541-196

PAGE 1 OF 1 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		(C) Status	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer such as PRESIDENT or TREASURER.)</i>		(C) Status			
Last Name	First Name	Status			
SARGO	LARRY	C			
Title		Status			
VICE CHAIR		C			
Last Name	First Name	Status			
WHELFET	NORM	C			
Title		Status			
VICE CHAIR		C			
Last Name	First Name	Status			
HEALY	JERRY	P			
Title		Status			
VICE CHAIR		P			
Last Name	First Name	Status			
Title		Status			
Last Name	First Name	Status			
Title		Status			
Last Name	First Name	Status			
Title		Status			
Last Name	First Name	Status			
Title		Status			
Totals					