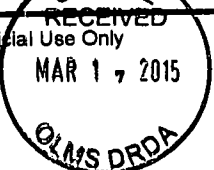


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY 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.

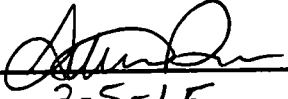
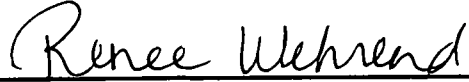
	1. FILE NUMBER	2. PERIOD COVERED:	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/>
	543-844	MO DAY YEAR From 01/01/2014 Through 12/31/2014	(b) TERMINAL - If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/>

4. AFFILIATION OR ORGANIZATION NAME STATE COUNTY & MUNI EMPLS AFL-CIO	8. MAILING ADDRESS (Type or print in capital letters)
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION	First Name RENEE
6. DESIGNATION NUMBER 132	Last Name WEHREND
7. UNIT NAME (if any) COUNCIL 75	P.O. Box - Building and Room Number (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"/>	Number and Street 797 RATCLIFF DR SE
	City SALEM
	State OR
	ZIP Code + 4 97302-3236

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

Empty box for additional information.

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:	PRESIDENT	58. SIGNED:	TREASURER
	(If other title, see instructions.)		(If other title, see instructions.)
2-5-15		2-5-15	503 371-2420
Date	Telephone Number	Date	Telephone Number

During the Reporting Period Did Your Organization:

10. Have a 'subsidiary organization' as defined in Section X of the instructions? Yes No

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? Yes No

12. Have a political action committee (PAC) fund? Yes No

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes No

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No

15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) Yes No

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? Yes No

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes No

18. 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 the labor organization have at the end of the reporting period?

732

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?

\$2,500

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? (If the constitution and bylaws or practices/procedures have changed, see the instructions.) Yes No

22. What is the date of the labor organization's next regular election of officers? 04/2016

23. 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	35.00	per	month	0	0
(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: 543-844

(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) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *						
1.	Last Name David	First Name Autumn	Initial D		\$2,789	\$2,789
	Title President		Status C			
2.	Last Name Campbell	First Name Shelly	Initial A		\$110	\$110
	Title 2nd Vice President		Status C			
3.	Last Name Wehrend	First Name Renee	Initial F		\$572	\$572
	Title Treasurer		Status C			
4.	Last Name Shaw	First Name Shelby	Initial		\$1,789	\$1,789
	Title Regional Director		Status C			
5.	Last Name	First Name	Initial			
	Title		Status			
6.	Last Name	First Name	Initial			
	Title		Status			
Total				\$0	\$5,260	\$5,260
					Less Deductions	\$0
The Total from Net Disbursements will be entered in Item 45					Net Disbursements	\$5,260

* Code for (C) Status: past officer - P; continuing officer - C; new officer during the reporting period - N

(If the 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: 543-844

STATEMENT A ASSETS AND LIABILITIES	ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)	
	Item				Item				
	25. Cash		\$36,394		\$48,002	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		\$36,394		\$48,002	37. NET ASSETS (Item 31 Less Item 36)		\$36,394	\$48,002	

STATEMENT B RECEIPT AND DISBURSEMENTS	CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT
	Item			Item		
	38. Dues		\$34,649	45. To Officers (from Item 24)		\$5,260
	39. Per Capita Tax		\$0	46. To Employees (less deductions)		\$0
	40. Fees, Fines, Assesments & Work Permits		\$0	47. Per Capita Tax		\$0
	41. Interest & Dividends		\$0	48. Office & Administrative Expense		\$3,270
	42. Sale of Investments & Fixed Assets		\$0	49. Professional Fees		\$15,481
	43. Other Receipts		\$1,821	50. Benefits		\$0
	44. TOTAL RECEIPTS		\$36,470	51. Contributions, Gifts & Grants		\$851
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		\$0	
			55. TOTAL DISBURSEMENTS		\$24,862	

56. ADDITIONAL INFORMATION SUMMARY

MBER: 543-844