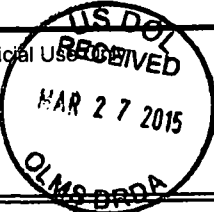


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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.

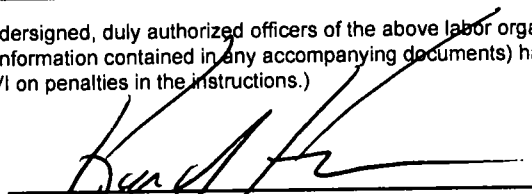
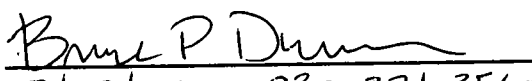
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use 	1. FILE NUMBER 083-614	2. PERIOD COVERED MO DAY YEAR From 01/01/2014 Through 12/31/2014	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (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"/>
	E		

4. AFFILIATION OR ORGANIZATION NAME LETTER CARRIERS, NATL ASN, AFL-CIO	8. MAILING ADDRESS (Type or print in capital letters)
5. DESIGNATION (Local, Lodge, etc.) BRANCH	First Name BRUCE
6. DESIGNATION NUMBER 297	Last Name DUNN
7. UNIT NAME (if any)	P.O. Box - Building and Room Number (if any) POST OFFICE BOX 2404
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number and Street
	City ALLIANCE
	State OH
	ZIP Code + 4 44601-0404

56. 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.)

57. SIGNED:	PRESIDENT	58. SIGNED:	TREASURER
	(If other title, see instructions.)		(If other title, see instructions.)
03/23/15	(330) 821-3560	3/23/15	330, 821, 3560
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? 64

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? \$10,000

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? 11/2016

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	Unit	Minimum	Maximum
(a) Regular Dues/Fees	611.00	per	YEAR	611.00	611.00
(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: 083-614

(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 *						
7.	Last Name HAIDET	First Name NORM	Initial L	\$100		\$100
	Title TRUSTEE		Status C			
8.	Last Name FUNK	First Name STEVE	Initial C	\$120		\$120
	Title INSURANCE DIRECTOR		Status P			
9.	Last Name KRAMER	First Name KEITH	Initial J	\$1,174		\$1,174
	Title PRESIDENT		Status C			
10.	Last Name HOWELL	First Name SCOTT	Initial R	\$2,017	\$858	\$2,875
	Title VICE PRESIDENT		Status C			
11.	Last Name	First Name	Initial			
	Title		Status			
12.	Last Name	First Name	Initial			
	Title		Status			
Total				\$8,342	\$1,781	\$10,123
					Less Deductions	\$784
The Total from Net Disbursements will be entered in Item 45					Net Disbursements	\$9,339
* 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: 083-614

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		\$7,790		\$6,727	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		\$231		\$231	36. TOTAL LIABILITIES		\$0	\$0
	30. Other Assets		\$0		\$0				
31. TOTAL ASSETS		\$8,021		\$6,958	37. NET ASSETS (Item 31 Less Item 36)		\$8,021	\$6,958	

STATEMENT B RECEIPT AND DISBURSEMENTS	CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT
	Item			Item		
	38. Dues		\$13,316	45. To Officers (from Item 24)		\$9,339
	39. Per Capita Tax		\$0	46. To Employees (less deductions)		\$625
	40. Fees, Fines, Assesments & Work Permits		\$0	47. Per Capita Tax		\$0
	41. Interest & Dividends		\$0	48. Office & Administrative Expense		\$3,310
	42. Sale of Investments & Fixed Assets		\$0	49. Professional Fees		\$176
	43. Other Receipts		\$163	50. Benefits		\$0
	44. TOTAL RECEIPTS		\$13,479	51. Contributions, Gifts & Grants		\$0
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		\$1,092	
			55. TOTAL DISBURSEMENTS		\$14,542	

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 083-614

(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 DUNN	First Name BRUCE	Initial P	\$1,313	\$565	\$1,878
	Title TREASURER		Status N			
2.	Last Name MICKETTI	First Name TOM	Initial A	\$764	\$0	\$764
	Title SECRETARY		Status C			
3.	Last Name HAAS	First Name JOE	Initial W	\$1,366	\$175	\$1,541
	Title STEWARD/MINERVA		Status C			
4.	Last Name MANN	First Name LEANN	Initial K	\$876	\$183	\$1,059
	Title STEWARD/SEBRING		Status N			
5.	Last Name CARR	First Name TONIE	Initial L	\$306		\$306
	Title TRUSTEE		Status C			
6.	Last Name VAUGHN	First Name CHARISSA	Initial J	\$306		\$306
	Title TRUSTEE		Status C			

56. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: 083-614

Address of Record: 9. BRANCH RECORDS ARE KEPT AT:
1219 LOST TREE DR NW CANTON OHIO 44708

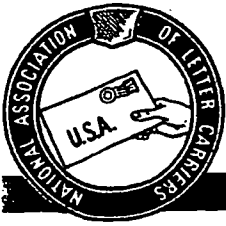
Statement A, Other Liabilities Begin Total: Audit of totals in preparation for LM3 for year 2014 showed no value at beginning for reporting period. Therefore no value is to be entered for the end of reporting period. No values were known by the treasurer at time of report.

General Information: During the period of 2014 Joe Haas transferred from Branch 297 to Minerva and was replaced as Vice President by Scott Howell.

Bruce Dunn became Treasurer during 2014 for Branch 297.

The NALC branch at Minerva transferred to Alliance Branch 297 during 2014. (See attached by laws and merger document.)

Steve Funk retired as an employee and Director of Health Benefits and was not an officer.



National Association of Letter Carriers

083614

Fredric V. Rolando
President

November 3, 2014

100 Indiana Ave., NW
Washington, DC
20001-2144
202.393.4695
www.nalc.org

Keith J. Kramer, President
NALC Branch 297
PO Box 2404
Alliance, Ohio

Dear Brother Kramer:

This letter is in response to the request for merger submitted by Branch 297, The Carnation City Branch, Ohio, and Branch 2618, Minerva, Ohio.

Since the requirements of Article II, Section 3 of the *NALC Constitution* have been met, the branches are duly merged effective November 5, 2014.

Accordingly, the charter of Branch 297, The Carnation City Branch, Ohio is appropriately amended to indicate that it represents employees employed at installations formerly represented by Branch 2618, Minerva, Ohio.

Sincerely,

Fredric V. Rolando,
President

FVR/jkb

cc: Jane E. Broendel, Secretary-Treasurer
Lew Drass, Vice President
Myra Warren, Director, Life Insurance
Brian Hellman, Director, Health Benefit Plan
Daniel E. Toth, National Business Agent, Region 11
Cynthia D. Fischer, Secretary, Ohio Association of Letter Carriers
George B. Horvath, Secretary, NALC Branch 2618
Membership Department

Timothy C. O'Malley
Executive Vice President

Lew Drass
Vice President

Jane E. Broendel
Secretary-Treasurer

Nicole Rhine
Asst. Secretary-Treasurer

Brian Rentroe
Director, City Delivery

Manuel L. Peralta Jr.
Director, Safety & Health

Myra Warren
Director, Life Insurance

Brian E. Hellman
Director, Health Insurance

Ron Watson
Director, Retired Members

Board of Trustees:

Larry Brown Jr.
Chairman

Randall L. Keller
Michael J. Gill

Affiliated with the AFL-CIO &
Union Network International

