

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.

For Official Use Only 	1. FILE NUMBER 541-705	2. PERIOD COVERED MO DAY YEAR From 11 1 2006 Through 12 31 2006	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 X of the instructions and check here: <input type="checkbox"/> (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"/>
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ALAN GRUBER COMMUTER RAIL EMPLOYEES, IND LDIV 113 8 GRIFFEN RD BREWSTER, NY 10509-3032 	3 541-705-138 12/2006	8. MAILING ADDRESS (Type or print in capital letters) First Name Last Name P.O. Box - Building and Room Number (if any) Number and Street City State ZIP Code + 4
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 56.)	

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number 54	INCLUDES: \$ 215. dues refund \$ 8462. railroad retirement taxes (RT-1) \$ 4114. withholding tax payments (941)
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Each of the undersigned, duly authorized officers of the above labor organization declares, under penalty of perjury and other applicable provisions 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><i>Shawn Muldowney</i></u> Date: <u>03/29/07</u> Telephone Number: <u>(914) 948-5276</u>	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u><i>Alan Gruber</i></u> Date: <u>MAR 1 29 2007</u> Telephone Number: <u>(915) 279-7887</u>	TREASURER (If other title, see instructions.)
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24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only—Do Not Enter Cents

FILE NUMBER: **541-705**

(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>	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>	Status (C)*		
1. Last Name: FAMEY First Name: JAMES Title: GENERAL CHAIRMAN Status: <input checked="" type="checkbox"/>	18716	0	18716
2. Last Name: MALDONADO First Name: GERRY Title: PRESIDENT Status: <input checked="" type="checkbox"/>	0	0	0
3. Last Name: WYNNE First Name: THOMAS Title: VICE PRESIDENT Status: <input checked="" type="checkbox"/>	0	0	0
4. Last Name: GRUBER First Name: ALAN Title: SECRETARY TREASURER Status: <input checked="" type="checkbox"/>	5254	0	5254
5. Last Name: _____ First Name: _____ Title: _____ Status: <input type="checkbox"/>	0	0	0
6. Last Name: _____ First Name: _____ Title: _____ Status: <input type="checkbox"/>	0	0	0
7. Last Name: _____ First Name: _____ Title: _____ Status: <input type="checkbox"/>	0	0	0
8. Totals from additional pages (if any)	—	—	—
9. Totals of Lines 1 through 8	23970	0	23970
Enter the Total from Line 11 in _____ Item 45 →			10. Less Deductions 6748
			11. Net Disbursements 17222

*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.)

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FILE NUMBER: 541-705

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	110261	17724	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	3484	2787	36. TOTAL LIABILITIES	0	0
	30. Other Assets	0	0			
	31. TOTAL ASSETS	13745	20511	37. NET ASSETS (Item 31 less Item 36)	13745	20511

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	64636	45. To Officers (from Item 24)	117227
	39. Per Capita Tax	0	46. To Employees (less deductions)	702
	40. Fees, Fines, Assessments & Work Permits	200	47. Per Capita Tax	19380
	41. Interest & Dividends	0	48. Office & Administrative Expense	6652
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	0
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	64836	51. Contributions, Gifts & Grants	7613
<p>If total receipts reported in Item 44 are \$250,000 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	12791
			55. TOTAL DISBURSEMENTS	57360