



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 STATE BOARD OF MEDIATION  
 P.O. Box 2071 Jefferson City, MO 65102-2071

For Official Use Only

## SBM-LM-1 LABOR ORGANIZATION INFORMATION REPORT

This report is mandatory under RSMo. 105.535, as amended.  
 Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by RSMo. 105.555 (2018).

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

<b>Identification Items</b> <i>(To be completed by all filers)</i>			
1. File Number: <b>10309</b>	2. What is your organization's fiscal year ending date? 06-30-2018		
3. Is this the first Form SBM-LM-1 your organization has filed with Missouri? <input checked="" type="checkbox"/> Yes, this is an INITIAL FORM SBM-LM-1 <span style="margin-left: 200px;"><input type="checkbox"/> No, this is an AMENDED FORM SBM-LM-1</span> <i>(Complete Items 2 through 20)</i> <span style="margin-left: 200px;"><i>(Complete Items 1 through 9, 16, 18, 19, and 20)</i></span>			
4. Affiliation or Organization Name NorthCallaway R-1 CTA		5. Designation <i>(Local, Lodge, etc.)</i> Local Associatio	
6. Designation Number Prefix                      Number                      Suffix na		7. Unit Name <i>(if any)</i> na	
8. Mailing Address:  Name Jenneth Workman Title: President P.O. Box, Bldg., and Room No. <i>(if any)</i> : Hatton-McCredie Elementary Street: 4171 County Rd 240 City: Kingdom City State:                                      ZIP Code + 4: MO    65262		9. Any other address where records are necessary to verify this report are kept:  Name: Gail McCray Title:  P.O. Box, Bldg., and Room No. <i>(if any)</i> : PO Box 458 Street: 407 South 6th str City: Columbia State:                                      ZIP Code + 4: MO    65205	

### Signatures

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 the section on penalties in the instructions.)*

19. Signed <i>/s/ Jenneth Workman</i> President <span style="float: right;"><i>(if other title, see instructions)</i></span>	20. Signed <i>/s/ Sharon Oberley</i> Building Rep <span style="float: right;"><i>(if other title, see instructions)</i></span>
On <u>11-20-2018</u> Phone Number <u>573-642-4333</u>	On <u>11-20-2018</u> Phone Number <u>573-642-4333</u>

Name of Labor Organization: NorthCallaway R-1 CTA	File Number:
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**Identification Items (To be completed by all filers)**

10. Where is your organization chartered to operate? City: Kingdom City County: Callaway State: MO	11. When is your organization's next regular election of officers? Month: April Year: 2019
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12. Is your organization:

A Local, Lodge, Branch, etc.

An Intermediate Body (a conference, general committee, joint board, system board, joint council, district, etc.)

A National or International

13. List the names and titles of all your organization's officers:

Name: Jenneth Workman	Title: President
Amy Craghead	Vice President
Corrie Reyes	Treasurer
Theresa Oberlag	Building Rep
Jessica Crawford	Building Rep
Amy Bell	MSTA Membership

14. What are your organization's rate of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

		Per (month, year, etc.)	Minimum	Maximum
a. Regular Dues/Fees	\$	year	5	25
b. Working Dues	\$	year	5	25
c. Initiation Fees	\$			
d. Transfer Fees	\$			
e. Work Permits	\$			

15. A copy of your organization's current constitution and bylaws must be filed with this report. Under certain circumstances, your parent national or international organization may file copies on your behalf (see the instructions for this item). Is your parent national or international submitting copies on your behalf?

Yes  No

If your organization is filing any governing documents with this report, list them below:

North Callaway R-1 CTA By-law

Name of Labor Organization: NorthCallaway R-1 CTA	File Number:
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16. Enter in Column 1 the page number and section or paragraph number of your organization's constitution and bylaws where the listed practice or procedure is described. Or, if not described in the constitution and bylaws, check the box in Column 2 and provide a description of the practice or procedure in Item 17 or on an attached page.

Practice or Procedure	Page, Section, and/or Paragraph Number of Constitution and Bylaws	Described in Item 17
a. Qualifications for or restrictions on membership	Page 1 Article II Section A	<input type="checkbox"/>
b. Levying assessments	Page 1, Article III Section A	<input type="checkbox"/>
c. Participating in insurance or other benefit plans	Page 1, Article, II Section C	<input type="checkbox"/>
d. Authorizing disbursement of labor organization funds	Page 5, Article IX Section C	<input type="checkbox"/>
e. Auditing financial transactions of the labor organization	Page 4, Article VI Section A	<input type="checkbox"/>
f. Calling regular and special meetings	Page 1 and 2, Article IV, Section A	<input type="checkbox"/>
g.1. Selecting officers and stewards and selecting any representatives to other bodies composed of labor organizations' representatives	Page 3, Article V Section C	<input type="checkbox"/>
g.2. Invoking procedures by which a member may protest a defect in the election of officers (including not only all procedures for initiating an election protest but also all procedures for subsequently appealing an adverse decision, for example, procedures for appeals to superior or parent bodies, if any)	Page 2, Article IV Section A	<input type="checkbox"/>
h. Disciplining or removing officers or agents for breaches of their trust	Page 4, Article V Section T	<input type="checkbox"/>
i. Imposing fines and suspending or expelling members including the grounds for such action and any provision made for notice, hearing, judgment on the evidence, and appeal procedures	Page 1, Article II Section E	<input type="checkbox"/>
j. Authorizing bargaining demands	Page 4, Article VII Section A	<input type="checkbox"/>
k. Ratifying contract terms	Page 4, Article VII Section A	<input type="checkbox"/>
l. Issuing work permits	Page 1, Article III Section D	<input type="checkbox"/>

17. Additional Information *(To be completed by all filers, as necessary)*

Name of Labor Organization: NorthCallaway R-I CTA	File Number:
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<b>18. Subunit Information</b> <i>(To be completed by all filers)</i>	Are additional pages needed for Sub Unit Information <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Subunit:	SBM Case Number:
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Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
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