

U.S. Department of Labor
 Employment Standards
 Administration
 Office of Labor-
 Management Standards
 Washington, DC 20210

**FORM LM-2 LABOR ORGANIZATION ANNUAL
 REPORT**

**MUST BE USED BY LABOR ORGANIZATIONS
 WITH \$250,000 OR MORE IN TOTAL ANNUAL
 RECEIPTS AND LABOR ORGANIZATIONS IN
 TRUSTEESHIP**

Form Approved
 Office of Management
 and Budget
 No. 1215-0188
 Expires: 09-11-2011

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 542-514	2. PERIOD COVERED From 1/1/2009 Through 12/31/2009	3. (a) AMENDED - Is this an amended report: No (b) HARDSHIP - Filed under the hardship procedures: No (c) TERMINAL - This is a terminal report: No
	4. AFFILIATION OR ORGANIZATION NAME TEAMSTERS		8. MAILING ADDRESS (Type or print in capital letters) First Name ERIN Last Name BOWMAN P.O Box - Building and Room Number SUITE 212 Number and Street 75 CAVALIER BLVD. City FLORENCE State KY ZIP Code + 4 41042-3963
	5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION	6. DESIGNATION NBR 513	
7. UNIT NAME (if any)		9. Are your organization's records kept at its mailing address? Yes	

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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct and complete (See Section V on penalties in the instructions.)

26. SIGNED: Connie S Slayback	PRESIDENT	27. SIGNED: Erin L Bowman	TREASURER
Date: Mar 22, 2010	Contact Info: 8592832070	Date: Mar 22, 2010	Contact Info: 8592832070

Form LM-2 (Revised 2003)