

**REPORT OF CURRENT STATUS:
LABOR ORGANIZATION INFORMATION SUPPLEMENT
FORM LM-1A**

Labor-Management Reporting and Disclosure Act of 1959, as amended
and
Title VII of the Civil Service Reform Act

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, and civil penalties as provided by 29 U.S.C., sec. 209.

APR 12 1989

CONSTITUTION/BYLAWS
RECEIVED

READ INSTRUCTIONS CAREFULLY BEFORE PREPARING REPORT. SUBMIT THIS REPORT IN DUPLICATE.

1. NAME OF LABOR ORGANIZATION (as shown on charter, constitution, etc.) LICENSED PRACTICAL NURSES ASSN. OF PA.		2. LAST DAY OF REPORT PERIOD Month Day Year 12 31 88		3. FILE NUMBER 000-330
4. AFFILIATION NONE		8. MAILING ADDRESS (for official mail to the organization): (In care of) NAME OF PERSON SHIRLEY FRYCKLUND, LPN		
5. DESIGNATION (local, lodge, etc.) N/A	6. DESIGNATION NUMBER N/A	NUMBER AND STREET 13 N. PROGRESS AVE., SUITE 216		
7. CITY, COUNTY AND STATE WHERE CHARTERED TO OPERATE: City County State		BLDG. AND ROOM NUMBER, IF ANY		
PITTSBURGH	ALLEGHENY	PA.	CITY HARRISBURG,	STATE PA. ZIP CODE 17109
9. TWO COPIES OF YOUR LABOR ORGANIZATION'S CURRENT CONSTITUTION AND BYLAWS MUST BE FILED WITH THIS REPORT. UNDER CERTAIN CIRCUMSTANCES (SEE INSTRUCTIONS FOR THIS ITEM) YOUR PARENT NATIONAL OR INTERNATIONAL MAY FILE COPIES ON YOUR BEHALF. Is your parent national or international submitting copies on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No List below each document filed with this report. N/A				

FEDERAL-EMPLOYEE LABOR ORGANIZATIONS SUBJECT SOLELY TO TITLE VII OF THE CIVIL SERVICE REFORM ACT ARE NOT REQUIRED TO COMPLETE ITEM 10.

10. THE FOLLOWING QUESTIONS MUST BE ANSWERED WITH RESPECT TO THE CONSTITUTION AND BYLAWS BEING SUBMITTED FOR THIS REPORT.
DO THE CONSTITUTION AND BYLAWS CONTAIN PROVISIONS EXPLAINING IN DETAIL THE PROCEDURES FOLLOWED OR THE REQUIREMENTS FOR THE FOLLOWING? (If your answer to any of the items below is "No," submit in duplicate a statement that either (1) explains in detail the union custom, practice, or procedure, or (2) states that there is no union custom, practice, or procedure governing such matters. Submit such detailed statements in Item 11 or on separate sheets attached to this form. For each statement, identify the item below to which the statement refers by using one of the letters (A) through (M). For each separate sheet submitted, place your union's name and file number on the upper right corner of the sheet.)

	YES	NO		YES	NO
(A) Qualifications for or restrictions on membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(H) Discipline or removal of officers or agents for breaches of their trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(B) Levying of assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(I) Imposition of fines, suspensions, and expulsions of members including the grounds for such actions and provisions made for notice, hearings, judgment on the evidence, and appeal procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(C) Participation in insurance or other benefit plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(J) Authorization for bargaining demands	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(D) Authorization for disbursement of labor organization funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(K) Ratification of contract terms	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(E) Audit of labor organization financial transactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(L) Authorization for strikes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(F) The calling of regular and special meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(M) Issuance of work permits	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(G) (1) The selection of officers and stewards and of any representative to other bodies composed of labor organizations' representatives	<input type="checkbox"/>	<input type="checkbox"/>			
(2) All procedures which a member must follow to 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; e.g., procedures for appeals to superior or parent bodies, if any)	<input type="checkbox"/>	<input type="checkbox"/>			

11. ADDITIONAL INFORMATION

ITEM NUMBER	<i>Amended By-laws attached.</i>
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(If more space is needed, attach additional sheets with further statements, properly identified.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law,* that all of the information submitted herewith (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.

12. SIGNED: <u>Shirley Frycklund</u> PRESIDENT (If other title, cross out and write in correct title above. Explain in Item 11.) at: <u>INDIANA</u> <u>PA.</u> on: <u>4/05/89</u> City State Date <u>412 465-4775</u> Telephone No. (include area code)	13. SIGNED: <u>Vivian Stouffer</u> TREASURER (If other title, cross out and write in correct title above. Explain in Item 11.) at: <u>HARRISBURG,</u> <u>PA.</u> on: <u>4/05/89</u> City State Date <u>717 737-5527</u> Telephone No. (include area code)
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