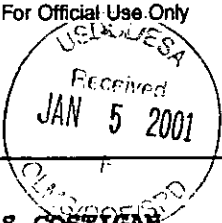



FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 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.


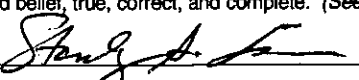
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	0 0 2 - 6 7 6	MO DAY YEAR From 1 0 0 1 1 9 9 9 Through 0 9 3 0 2 0 0 0	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
JAMES COSTIGAN (3) 002-676 COMMUNICATIONS WORKERS AFL-CIO 130 LU 1060 595 SOMERSET ST NORTH PLAINFIELD, NJ 07060 9/2000 		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? (If "No," provide address in Item 56.)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

Item Number	Description
10	CWA LOCAL 1060 HOLDING CORP. - HOLDS TITLE TO REAL ESTATE - FILES SEPARATE LM-3
17	VIRGINIA FAZIO - SECRETARY/CLERK - \$20,125

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 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 (If other title, see instructions.)	58. SIGNED: 	TREASURER (If other title, see instructions.)
12 26 00 (908) 561 8806	Date Telephone Number	12 22 00 (908) 561 - 8806	Date Telephone Number

During the Reporting Period Did Your Organization:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | X | |
| 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? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property? | | X |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 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? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | X | |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 309 ~~875~~
675
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? \$ 5 0 0 0 0
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?
- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| | Yes | No |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | X |
22. What is the date of your organization's next regular election of officers? MO YEAR
1 1 2 0 0 0
23. What are your 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	
(a) Regular Dues/Fees	\$ <u>VARIABLE</u> per <u>MONTH</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>5</u>
(c) Transfer Fees	\$ <u>NONE</u>
(d) Work Permits	\$ <u>NONE</u> per <u> </u> <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 0 2 1 - 6 7 6

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. Last Name: D I C K E Y Title: R E C. S E C.	First Name: S H A R O N Status: C	1 3 0 8	0	1 3 0 8
2. Last Name: G A L V A N Title: V I C E P R E S.	First Name: T H O M A S Status: C	1 4 4 0	0	1 4 4 0
3. Last Name: C O S T I G A N Title: P R E S I D E N T	First Name: J A M E S Status: C	8 3 0 3	0	8 3 0 3
4. Last Name: S A R N A Title: S E C R. / T R E A S.	First Name: S T A N L E Y Status: C	5 4 2 9	0	5 4 2 9
5. Last Name: B U R K H A R D T Title: V I C E P R E S.	First Name: R O B E R T Status: N	3 7 8 6	0	3 7 8 6
6. Last Name: C R O S L A N D Title: S T E W A R D	First Name: M I C H A E L Status: N	1 0 6 7	0	1 0 6 7
7. Last Name: _____ Title: _____	First Name: _____ Status: _____			
8. Totals from additional pages (if any)		5668	0	5668
9. Totals of Lines 1 through 8		27001	0	27001
10. Less Deductions				7 8 0 3
Enter the Total from Line 11 in Item 45 →		11. Net Disbursements 1 9 1 9 8		

*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.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 0 2 - 6 7 ' 6

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	6 1 7 0 3	7 9 0 3 5	32. Accounts Payable	2 1 2 2	2 9 5 9
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments	1 2 1 4 0 8	1 0 9 4 0 8	35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES	2 1 2 2	2 9 5 9
	30. Other Assets	1 5 0 0	1 5 0 0	37. NET ASSETS (Item 31 less Item 36).....	1 8 2 4 8 9	1 8 6 9 8 4
	31. TOTAL ASSETS.....	1 8 4 6 1 1	1 8 9 9 4 3			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	1 1 3 2 6 2	45. To Officers (from Item 24)	1 9 1 9 8
	39. Per Capita Tax		46. To Employees (less deductions)	1 7 8 3 4
	40. Fees, Fines, Assessments & Work Permits	3 3 6 8	47. Per Capita Tax	1 1 5 3
	41. Interest & Dividends	1 6 2 2	48. Office & Administrative Expense	4 6 1 6 6
	42. Sale of Investments & Fixed Assets		49. Professional Fees	5 1 0 5
	43. Other Receipts	1 2 0 0 0	50. Benefits	7 8 2 5
	44. TOTAL RECEIPTS	1 3 0 2 5 2	51. Contributions, Gifts & Grants	1 4 2 7
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	1 4 2 1 2
			55. TOTAL DISBURSEMENTS	1 1 2 9 2 0

ORGANIZATION NAME: _____
 ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____ - _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(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>		Status (C)	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>					
Last Name _____ First Name _____	_____	Status _____			
Title _____					
Last Name _____ First Name _____	_____	Status _____			
Title _____					
Last Name _____ First Name _____	_____	Status _____			
Title _____					
Last Name _____ First Name _____	_____	Status _____			
Title _____					
Last Name _____ First Name _____	_____	Status _____			
Title _____					
Last Name _____ First Name _____	_____	Status _____			
Title _____					
		Totals			

ORGANIZATION NAME:
COMMUNICATION WORKERS OF AMERICA-LOCAL 1060

FILE NUMBER: 0 0 2 - 6 7 6

ENDING DATE OF PERIOD COVERED:
 09/30/2000

PAGE 2 OF 2 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>					
Last Name R E I D E R	First Name T I M O T H Y		1 2 4 0	0	1 2 4 0
Title S T E W A R D		Status N			
Last Name L A M O R T I C E L L A	First Name A. J.		1 2 4 8	0	1 2 4 8
Title S T E W A R D		Status N			
Last Name M C C R A Y	First Name R O N A L D		3 1 2 0	0	3 1 2 0
Title C O M M.		Status N			
Last Name B A N K S	First Name M I C H A E L		6 0	0	6 0
Title S T E W A R D		Status N			
Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
Totals			5668	0	5668