


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

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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 022-676	2. PERIOD COVERED MO DAY YEAR From 10 01 2000 Through 09 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (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:
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IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name
JAMES

Last Name
COSTIGAN

P.O. Box • Building and Room Number (if any)

Number and Street
595 SOMERSET ST

City
NORTH PLAINFIELD

State ZIP Code + 4
NJ 07060-

4. AFFILIATION OR ORGANIZATION NAME
AFL - CIO

5. DESIGNATION (Local, Lodge, etc.)
LOCAL

6. DESIGNATION NUMBER
1060

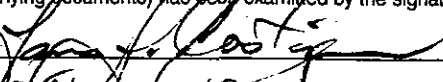
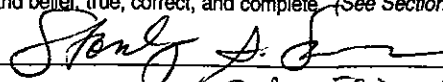
7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?
 (If "No," provide address in Item 56.)
 Yes No

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

Item Number	Description
10	CWA LOCAL 1060 HOLDINGS CORP - HOLDERS TITLE TO LOCAL'S OFFICE BUILDING (FILES SEPARATE LM-3)
17	VIRGINIA FAZIO - SECRETARY CLERK (*21,301)

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:  Date: 2/12/02 Telephone Number: (908) 585-2843	PRESIDENT (If other title, see instructions.)	58. SIGNED:  Date: 2/12/02 Telephone Number: (908) 582-4947	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

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

(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
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? \$ 50000
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
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
22. What is the date of your organization's next regular election of officers? MO YEAR
11 2002
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> MO </u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u> 5 </u>
(c) Transfer Fees	\$ <u> NONE </u>
(d) Work Permits	\$ <u> NONE </u> per <u> </u> <i>(Month, Year, etc.)</i>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 002-676

(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. <small>Last Name</small> COSTIGAN <small>First Name</small> JAMES <small>Title</small> PRESIDENT <small>Status</small> C		4427	224	4651
2. <small>Last Name</small> BULKHARDT <small>First Name</small> ROBERT <small>Title</small> VICE PRES <small>Status</small> C		4835	0	4835
3. <small>Last Name</small> SARNA <small>First Name</small> STANLEY <small>Title</small> SEC-TREAS <small>Status</small> C		3744	200	3944
4. <small>Last Name</small> DICKY <small>First Name</small> SHARON <small>Title</small> REC SEC <small>Status</small> C		1057	0	1057
5. <small>Last Name</small> DZIEDZIC <small>First Name</small> JOHN <small>Title</small> GRIEV CHAIRMAN <small>Status</small> N		734	0	734
6. <small>Last Name</small> CROMWELL <small>First Name</small> LEWIS <small>Title</small> STEWARD <small>Status</small> N		694	0	694
7. <small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>				
8. Totals from additional pages (if any)		0	0	0
9. Totals of Lines 1 through 8		15,491	424	15,915
		10. Less Deductions		3893
Enter the Total from Line 11 in Item 45 =>		11. Net Disbursements		12022

*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: 002-676

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	79035	70976	32. Accounts Payable	2959	2143
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments	109408	102408	35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES	2959	2143
	30. Other Assets	1500	1500	37. NET ASSETS (Item 31 less Item 36).....	186984	172741
	31. TOTAL ASSETS.....	189943	174884			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	113740	45. To Officers (from Item 24)	12022
	39. Per Capita Tax		46. To Employees (less deductions)	29327
	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	1157
	41. Interest & Dividends	1863	48. Office & Administrative Expense	48970
	42. Sale of Investments & Fixed Assets		49. Professional Fees	6453
	43. Other Receipts		50. Benefits	3172
	44. TOTAL RECEIPTS	115603	51. Contributions, Gifts & Grants	6106
	<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	22639
			55. TOTAL DISBURSEMENTS	129846