



# 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 <p style="font-size: 1.5em; text-align: center;">011-770</p>	2. PERIOD COVERED MO DAY YEAR From 10 01 2001 Through 09 30 2002	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:		
ROBERT PHILLIPS (3) 011-770 COMMUNICATIONS WORKERS AFL-CIO 130 LU 1061 618 AVENUE E BAYONNE, NJ 07002  		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		6. DESIGNATION NUMBER			
5. DESIGNATION (Local, Lodge, etc.)		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		State ZIP Code + 4			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) <table border="1" style="width:100%; height: 100px;"> <tr> <td style="width:10%;">Item Number</td> <td></td> </tr> </table>				Item Number	
Item Number					
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: <u>James G. Johnson</u> 12/26/02 (973) 386-2885 Date Telephone Number		58. SIGNED: <u>Robert Phillips</u> 12/26/02 (973) 386-2885 Date Telephone Number			
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)			

03-020-013/011770  
 \* 0 1 1 7 7 0 \*

*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? .....<br><i>(Answer "Yes" even if there has been repayment or recovery.)</i>   |     | X  |
| 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?
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?      \$      50 000
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.)*      X
22. What is the date of your organization's next regular election of officers?      MO      YEAR
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>2 HRS PAY</u> per <u>MONTH</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <small>(Month, Year, etc.)</small>

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: -

(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)*			
Last Name 1. FABIAN	First Name BRUCE Status C	12922		12922
Title PRESIDENT				
Last Name 2. CLARK	First Name THOMAS Status C	2100		2100
Title EXEC VP				
Last Name 3. PHILLIPS	First Name ROBERT Status C	3180		3180
Title TREAS				
Last Name 4. WAGER	First Name WILLIAM Status C	2159		2159
Title SECY				
Last Name 5. CORDERO	First Name GEORGE Status C	3319		3319
Title EXEC VP				
Last Name 6.	First Name Status			
Title				
Last Name 7.	First Name Status			
Title				
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		23680		23680
10. Less Deductions				
Enter the Total from Line 11 in ..... Item 45 ⇨		11. Net Disbursements		23680

\*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: -

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	68293	65282	32. Accounts Payable .....	1788	1026
	26. Loans Receivable .....			33. Loans Payable .....		
	27. U.S. Treasury Securities .....			34. Mortgages Payable .....		
	28. Investments .....			35. Other Liabilities .....		
	29. Fixed Assets .....	878	878	36. TOTAL LIABILITIES .....	1788	1026
	30. Other Assets .....			37. NET ASSETS (Item 31 less Item 36).....	67383	65134
	31. TOTAL ASSETS.....	69171	66160			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	54867	45. To Officers (from Item 24) .....	23680
	39. Per Capita Tax .....		46. To Employees (less deductions) .....	1190
	40. Fees, Fines, Assessments & Work Permits .....		47. Per Capita Tax .....	
	41. Interest & Dividends .....	362	48. Office & Administrative Expense .....	1745
	42. Sale of Investments & Fixed Assets .....		49. Professional Fees .....	925
	43. Other Receipts .....		50. Benefits .....	
	44. TOTAL RECEIPTS .....	55229	51. Contributions, Gifts & Grants .....	
<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 .....	29937
			55. TOTAL DISBURSEMENTS .....	57477