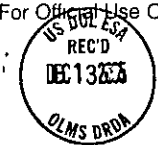


# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

**FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 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.

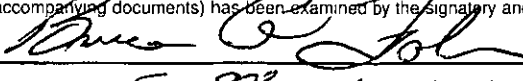
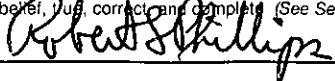
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only 	1 FILE NUMBER —	2 PERIOD COVERED MO DAY YEAR From 10 01 2004 Through 09 30 2005	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
	8 MAILING ADDRESS (Type or print in capital letters) First Name  Last Name  PO 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 No <input checked="" type="checkbox"/>

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

Item Number 9	LUCENT TECHNOLOGIES 67 WHIPPANY ROAD WHIPPANY N.J. 07981 C/O CWA LOCAL 1061
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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 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  12 17 05 (973) 386-2885 Date Telephone Number	PRESIDENT (If other title, see instructions)	58 SIGNED  12 17 05 (973) 386-2885 Date Telephone Number	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?  |     | 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? 111
- 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  
01 2009
- 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>24 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>		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>					
1	<small>Last Name</small> FABIAN <small>First Name</small> BRUCE <small>Title</small> PRES <small>Status</small> C		9877		9877
2	<small>Last Name</small> CLARK <small>First Name</small> THOMAS <small>Title</small> EXEC VP <small>Status</small> C		2347		2347
3	<small>Last Name</small> PHILLIPS <small>First Name</small> ROBERT <small>Title</small> TREAS <small>Status</small> C		3180		3180
4	<small>Last Name</small> HIRSCHBERG <small>First Name</small> DIETER <small>Title</small> VP <small>Status</small> C		2261		2261
5	<small>Last Name</small> ALFONE <small>First Name</small> KENNETH <small>Title</small> SECT <small>Status</small> C		3359		3359
6	<small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>				
7	<small>Last Name</small> <small>First Name</small> <small>Title</small> <small>Status</small>				
8	Totals from additional pages (if any)				
9	Totals of Lines 1 through 8				21,024
			10 Less Deductions		
Enter the Total from Line 11 in			Item 45 →	11 Net Disbursements	21024

\*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		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	54552	47634	32 Accounts Payable	1649	988
	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	1649	
	30 Other Assets			37 NET ASSETS <i>(Item 31 less Item 36)</i>	53781	47524
	31 TOTAL ASSETS	55430	48512			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38 Dues	39461	45 To Officers <i>(from Item 24)</i>	21024
	39 Per Capita Tax		46 To Employees <i>(less deductions)</i>	1752
	40 Fees, Fines, Assessments & Work Permits		47 Per Capita Tax	
	41 Interest & Dividends	265	48 Office & Administrative Expense	2273
	42 Sale of Investments & Fixed Assets		49 Professional Fees	
	43 Other Receipts		50 Benefits	
	44 TOTAL RECEIPTS	39726	51 Contributions, Gifts & Grants	
<p>If total receipts reported in Item 44 are \$250,000 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	20933
			55 TOTAL DISBURSEMENTS	45982