


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.

<p>For Official Use Only</p> 	<p>1. FILE NUMBER</p> <p style="font-size: 2em; text-align: center;">058-670</p>	<p>2. PERIOD COVERED</p> <table style="width:100%; text-align: center;"> <tr> <td>MO</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>From 10</td> <td>01</td> <td>2006</td> </tr> <tr> <td>Through 09</td> <td>30</td> <td>2001</td> </tr> </table>	MO	DAY	YEAR	From 10	01	2006	Through 09	30	2001	<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/></p> <p>(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/></p> <p>(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/></p>
MO	DAY	YEAR										
From 10	01	2006										
Through 09	30	2001										
<p style="text-align: center;">IMPORTANT</p> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>		<p>8. MAILING ADDRESS (Type or print in capital letters.)</p> <p>First Name HAROLD</p> <p>Last Name BARFIELD</p> <p>P.O. Box • Building and Room Number (if any) PO BOX 270</p> <p>Number and Street</p> <p>City HOLMDEL</p> <p>State ZIP Code + 4 NJ 07733 -</p>										
<p>4. AFFILIATION OR ORGANIZATION NAME COMMUNICATION WORKERS AFL-CIO</p>		<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>										
<p>5. DESIGNATION (Local, Lodge, etc.) LU 1062</p>		<p>6. DESIGNATION NUMBER</p>										
<p>7. UNIT NAME (if any)</p>												
<p>56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</p> <table style="width:100%;"> <tr> <td style="width:10%; text-align: center; vertical-align: top;">Item Number</td> <td style="vertical-align: top;"> <p style="font-size: 2em;">9</p> <p>970 Roberts Road Holmdel NJ 07733</p> </td> </tr> </table>				Item Number	<p style="font-size: 2em;">9</p> <p>970 Roberts Road Holmdel NJ 07733</p>							
Item Number	<p style="font-size: 2em;">9</p> <p>970 Roberts Road Holmdel NJ 07733</p>											
<p>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 XI on penalties in the instructions.)</p>												
<p>57. SIGNED: <u><i>Francis B. Blatty</i></u> Date: <u>1/10/02</u> Telephone Number: <u>(732) 332-5024</u></p>		<p>PRESIDENT (If other title, see instructions.)</p> <p>58. SIGNED: <u><i>Harold J. Barfield</i></u> Date: <u>1/03/02</u> Telephone Number: <u>(732) 944-2182</u></p>										
<p>TREASURER (If other title, see instructions.)</p>		<p>TREASURER (If other title, see instructions.)</p>										

During the Reporting Period Did Your Organization:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 type="checkbox"/> | <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 type="checkbox"/> | <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 type="checkbox"/> | <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? 400

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? \$ 100,000

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.)

22. What is the date of your organization's next regular election of officers? 11 MO 2002 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 1/4 % of base</u> per <u>month</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>0</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per _____ <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 058-670

(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. Last Name _____ First Name _____ Title _____ Status _____					
2. Last Name _____ First Name _____ Title _____ Status _____					
3. Last Name _____ First Name _____ Title _____ Status _____					
4. Last Name _____ First Name _____ Title _____ Status _____					
5. Last Name _____ First Name _____ Title _____ Status _____					
6. Last Name _____ First Name _____ Title _____ Status _____					
7. Last Name _____ First Name _____ Title _____ Status _____					
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8					
10. Less Deductions					
Enter the Total from Line 11 in Item 45 →			11. Net Disbursements		

*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: 058-670

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	32419	46827	32. Accounts Payable	0	3705
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	822	0
	29. Fixed Assets	5216	5216	36. TOTAL LIABILITIES	822	3705
	30. Other Assets	691	691			
	31. TOTAL ASSETS	38326	52734	37. NET ASSETS (Item 31 less Item 36)	37504	49029

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	104334	45. To Officers (from Item 24)	33597
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	0
	41. Interest & Dividends	842	48. Office & Administrative Expense	23205
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	4925
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	105176	51. Contributions, Gifts & Grants	0
<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	0
			53. Loans Made	0
			54. Other Disbursements	31924
			55. TOTAL DISBURSEMENTS	93651

ORGANIZATION NAME:
COMMUNICATION WORKERS AFL-CIO

FILE NUMBER: **058-670**

ENDING DATE OF PERIOD COVERED:
9-30-2001

PAGE **1** OF **1** 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 REILLY	First Name BRIAN	Status C	7282	2400	9682
Title PRESIDENT					
Last Name GRASSO	First Name JOHN	Status G	4197	1800	5997
Title VICE PRESIDENT					
Last Name VANAMAN	First Name JACQUEL	Status P	131	150	281
Title TREASURER					
Last Name BARFIELD	First Name HAROLD	Status C	8745	1800	10545
Title TREASURER					
Last Name BARFIELD	First Name HAROLD	Status C	0	0	0
Title SECRETARY					
Last Name VOSS	First Name RICKY	Status C	52	1800	1852
Title MEMBER @ LARGE					
Last Name MCGUIRE	First Name JENNIFE	Status C	493	1800	2293
Title CHIEF SHOP STEWARD					
Last Name GEHRKE	First Name GREG	Status C	1147	1800	2947
Title CHIEF SHOP STEWARD					
Totals			22047	11550	33597

COMMUNICATION WORKERS AFL-CIO
22-61008810
FILE #058-670
TAX YEAR 9/30/01

- Item #
35, 44, 55 Beg of Yr A timing difference occurred between withholding of funds from officers' salaries and disbursement of the funds. These items are deferred until paid. The timing difference at Sept 30, 2000 amounted to \$822 which will be disbursed in FYE 2001. Therefore, opening cash + cash receipts -- disbursements would be \$822 less than the cash balance of \$32,419 at September 30, 2000.
- 32, 44, 55 End of Yr Checks have been outstanding for a long period of time. These checks totaled \$3,705 and were added back into cash and will be held in accounts payable until the checks are presented for payment. Therefore, opening cash + cash receipts -- disbursements would be \$3,705 less than the cash balance of \$46,827 at September 30, 2001.
- The net difference in opening cash and cash receipts -- disbursements at September 30, 2001 is \$2,883.

