



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: 24pt; text-align: center;">058-670</p>	2. PERIOD COVERED MO DAY YEAR From 10012001 Through 09302002	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:		
HAROLD BARFIELD (3) 058-670 COMMUNICATIONS WORKERS AFL-CIO 130 LU 1062 PO BOX 270 HOLMDEL, NJ 07733 		8. MAILING ADDRESS (Type or print in capital letters.) First Name <p style="font-size: 24pt; text-align: center;">HAROLD</p> Last Name <p style="font-size: 24pt; text-align: center;">BARFIELD</p> P.O. Box • Building and Room Number (if any) <p style="font-size: 24pt; text-align: center;">PO BOX 270</p> Number and Street City <p style="font-size: 24pt; text-align: center;">HOLMDEL</p> State ZIP Code + 4 <p style="font-size: 24pt; text-align: center;">NJ 07733-</p>			
4. AFFILIATION OR ORGANIZATION NAME <p style="font-size: 24pt; text-align: center;">COMMUNICATIONS WORKERS AFL-CIO</p>					
5. DESIGNATION (Local, Lodge, etc.) <p style="font-size: 24pt; text-align: center;">LU 1062</p>		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.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center; vertical-align: top;">Item Number</td> <td style="vertical-align: top;"> <p style="font-size: 24pt; text-align: center;">9</p> <p style="font-size: 24pt; text-align: center;">970 ROBERTS RD HOLMDEL, NJ 07733</p> </td> </tr> </table>				Item Number	<p style="font-size: 24pt; text-align: center;">9</p> <p style="font-size: 24pt; text-align: center;">970 ROBERTS RD HOLMDEL, NJ 07733</p>
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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>Brian P. Reelley</u> <p style="font-size: 24pt; text-align: center;">3 128103</p> Date		PRESIDENT (If other title, see instructions.) <p style="font-size: 24pt; text-align: center;">(732) 332-5024</p> Telephone Number			
58. SIGNED: <u>[Signature]</u> <p style="font-size: 24pt; text-align: center;">3 128103</p> Date		TREASURER (If other title, see instructions.) <p style="font-size: 24pt; text-align: center;">(732) 949-1571</p> Telephone Number			

03-113-193/058670



* 0 5 8 6 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? | 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? 350
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? \$ 100000
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 |
| | X |
- (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 11 YEAR 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>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>		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. REILLY Title PRESIDENT	First Name BRIAN Status C	7284	2400	9684
2. GRASSO Title VICE PRESIDENT	First Name JOHN Status C	4881	1800	6681
3. BARFIELD Title SEC/TREAS	First Name HAROLD Status C	8506	1800	10306
4. VOSS Title MEMBER @ LARGE	First Name RICKY Status C	1384	1800	3184
5. MCGUIRE Title CHIEF SHOP STEWARD	First Name JENNIFE Status P	0	1050	1050
6. GEHRKE Title CHIEF SHOP STEWARD	First Name GREG Status C	860	1950	2810
7. BRUDNICKI Title CHIEF SHOP STEWARD	First Name DIANE Status N	890	600	1490
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		23805	11400	35205
		10. Less Deductions		
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 35205		

*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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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	46827	67998	32. Accounts Payable	3705	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	0	0
	29. Fixed Assets	5216	5216	36. TOTAL LIABILITIES	3705	3705
	30. Other Assets	691	691			
	31. TOTAL ASSETS	52734	73905	37. NET ASSETS (Item 31 less Item 36)	49029	70200

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	109215	45. To Officers (from Item 24)	35205
	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	682	48. Office & Administrative Expense	12776
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	4700
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	109897	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	36045
			55. TOTAL DISBURSEMENTS	88726

ORGANIZATION NAME:
COMMUNICATION WORKERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
9-30-2002

FILE NUMBER: **058-670**

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24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

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Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
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			

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PAGE ___ OF ___ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

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Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
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			