

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

058-670

2. PERIOD COVERED

MO DAY YEAR

From 10 01 2002

Through 09 30 2003

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:

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

HAROLD

Last Name

BARFIELD

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

PO BOX 270

Number and Street

City

HOLDMDEL

State

ZIP Code + 4

NJ 07733 -

4. AFFILIATION OR ORGANIZATION NAME

COMMUNICATION WORKERS AFL-CIO

5. DESIGNATION (Local, Lodge, etc.)

LU 1062

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

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

Item Number

9

970 ROBERTS ROAD
 HDLMDEL, NJ 07733

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:

Maureen P. Healy

PRESIDENT

(If other title, see instructions.)

58. SIGNED:

Harold J. Barfield

TREASURER

(If other title, see instructions.)

6 '25' 04 (732) 332-5024

Date

Telephone Number

6 '22' 04 (732) 949-1511

Date

Telephone Number

04-257-013/058670

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?
<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? 310
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
(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
11 2004
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 (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. REILLY Last Name Title PRESIDENT	BRIAN First Name Status C	5870	3200	9070
2. GRASSO Last Name Title VICE PRESIDENT	JOHN First Name Status C	5440	2400	7840
3. BARFIELD Last Name Title SEC/TREAS	HAROLD First Name Status C	7926	2750	10676
4. VOSS Last Name Title MEMBER @ LARGE	RICKY First Name Status C	1287	2250	3537
5. MCGUIRE Last Name Title CHIEF SHOP STEWARD	JENNIFER First Name Status P	Ø	Ø	Ø
6. GEHRKE Last Name Title CHIEF SHOP STEWARD	GREG First Name Status P	1965	600	2565
7. BRUDNICKI Last Name Title CHIEF SHOP STEWARD	DIANE First Name Status C	3470	2400	5870
8. Totals from additional pages (if any)		129	1650	1779
9. Totals of Lines 1 through 8		26087	15250	41337
		10. Less Deductions		
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 41337		

*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	67 998	74 427	32. Accounts Payable	3 705	3 705
	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	5 216	5 216	36. TOTAL LIABILITIES	3 705	3 705
	30. Other Assets	6 91	6 91	37. NET ASSETS (Item 31 less Item 36).....	7 020 0	7 6 629
	31. TOTAL ASSETS.....	73 905	80 334			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	94 365	45. To Officers (from Item 24)	41 337
	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	303	48. Office & Administrative Expense	30 174
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	3 035
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	94 668	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	13 693
			55. TOTAL DISBURSEMENTS	88 239

ORGANIZATION NAME:
COMMUNICATION WORKERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
9-30-2003

FILE NUMBER: **058-610**

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 FAIRFAX	First Name MARK	N	179	1650	1779
Title CHIEF SHOP STEWARD					
Last Name	First Name				
Title					
Last Name	First Name				
Title					
Last Name	First Name				
Title					
Last Name	First Name				
Title					
Last Name	First Name				
Title					
		Totals	179	1650	1779

ORGANIZATION NAME: _____
 ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>					
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			