


# 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.

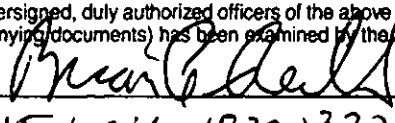
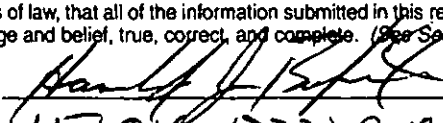
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <b>058-670</b>	2. PERIOD COVERED MO DAY YEAR From <b>10 01 2003</b> Through <b>09 30 2004</b>	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:
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BRIAN REILLY 3 540330 COMMUNICATIONS WORKERS AFL-CIO 110 LU 3263 MANUFACTURING PRESIDENT'S COUNCIL PO BOX 270 HOLMDEL, NJ 07733-0270 9/2004		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	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number <b>9</b>	<b>970 Roberts Road Holmdel, NJ 07733</b>

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: 	PRESIDENT (If other title, see instructions.)	58. SIGNED: 	TREASURER (If other title, see instructions.)
<b>12 15 04</b> Date	<b>(732) 332-5024</b> Telephone Number	<b>12 15 04</b> Date	<b>(732) 949-1511</b> Telephone Number

*During the Reporting Period Did Your Organization:*

- |  |     |                                     |
|--|-----|-------------------------------------|
|  | Yes | No                                  |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | <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 checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  |     | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | <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 checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....  |     | <input checked="" type="checkbox"/> |
| <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? ..... |     | <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 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 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? 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.)*
22. What is the date of your organization's next regular election of officers? MO 11 YEAR 2007
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>					
Last Name	First Name				
1. REILLY	BRIAN	C	4907	5417	10324
Title	PRESIDENT				
2. GRASSO	JOHN	C	3600	4862	8462
Title	VICE PRESIDENT				
3. BARFIELD	HAROLD	C	4200	5579	9779
Title	SEC/TREASURER				
4. VOSS	RICK	C	300		300
Title	MEMBER				
5. GEHRKE	GREG	C	1350	358	1708
Title	CHIEF SHOP STEWARD				
6. BRUDNICKI	DEBORAH	C	3600	3414	7014
Title	CHIEF SHOP STEWARD				
7. FAIRFAX	MARK	C	2400		2400
Title	CHIEF SHOP STEWARD				
8. Totals from additional pages (if any)			-	720	720
9. Totals of Lines 1 through 8			20357	20350	40707
10. Less Deductions					
Enter the Total from Line 11 in ..... Item 45 ⇨					40707
11. Net Disbursements					40707

\*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 .....	74,427	66,718	32. Accounts Payable .....	3,705	3,705
	26. Loans Receivable .....			33. Loans Payable .....		
	27. U.S. Treasury Securities .....			34. Mortgages Payable .....		
	28. Investments .....			35. Other Liabilities .....		
	29. Fixed Assets .....	5,216	5,216	36. TOTAL LIABILITIES .....		
	30. Other Assets .....	691	691			
	31. TOTAL ASSETS .....	80,334	72,625	37. NET ASSETS (Item 31 less Item 36) .....	76,629	68,920

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues .....	89,870	45. To Officers (from Item 24) .....	40,707
	39. Per Capita Tax .....		46. To Employees (less deductions) .....	
	40. Fees, Fines, Assessments & Work Permits .....		47. Per Capita Tax .....	
	41. Interest & Dividends .....	337	48. Office & Administrative Expense .....	16,958
	42. Sale of Investments & Fixed Assets .....		49. Professional Fees .....	2,650
	43. Other Receipts .....		50. Benefits .....	
	44. TOTAL RECEIPTS .....	90,207	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 .....	37,601
			55. TOTAL DISBURSEMENTS .....	97,916

ORGANIZATION NAME: Communication Workers AFL-CIO  
 ENDING DATE OF PERIOD COVERED: 9-30-04

FILE NUMBER: 050-670

PAGE 1 OF 1 ADDITIONAL PAGES

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(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.)		Status (C)	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.)					
Last Name SAUICKIE	First Name ALEXANDER	Status <input checked="" type="checkbox"/>		352	352
Title MEMBER					
Last Name VETRANO	First Name CARNEY	Status <input checked="" type="checkbox"/>		203	203
Title MEMBER					
Last Name FRED	First Name MARY	Status <input checked="" type="checkbox"/>		41	41
Title MEMBER					
Last Name POLITES	First Name MARY	Status <input checked="" type="checkbox"/>		43	43
Title MEMBER					
Last Name COLUCCI	First Name PAUL	Status <input checked="" type="checkbox"/>		81	81
Title MEMBER					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Totals				720-	720.-

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			