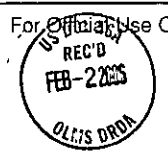


# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

**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.

<p>For Official Use Only</p> 	<p>1. FILE NUMBER</p> <p style="font-size: 2em;">058-670</p>	<p>2. PERIOD COVERED</p> <p style="text-align: center;">MO DAY YEAR</p> <p>From 10 01 2004</p> <p>Through 09 30 2005</p>	<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:</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:</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:</p>
<p>HAROLD BARFIELD 3 058-670                  COMMUNICATIONS WORKERS AFL-CIO 130                  LU 1062                  PO BOX 270                  HOLMDEL NJ 07733-0270</p> <p style="text-align: right;">age 9/2005 ank.</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</p> <p>Last Name</p> <p>P.O. Box • Building and Room Number (if any)</p> <p>Number and Street</p> <p>City</p> <p>State ZIP Code + 4</p>	
<p>4. AFFILIATION OR ORGANIZATION NAME</p>			
<p>5. DESIGNATION (Local, Lodge, etc.)</p>		<p>6. DESIGNATION NUMBER</p>	
<p>7. UNIT NAME (if any)</p>			
<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)</p> <p style="text-align: right;">Yes No <input checked="" type="checkbox"/></p>			

<p>56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</p>	
<p>Item Number</p> <p style="font-size: 2em;">9</p>	<p style="font-size: 1.5em;">970 Roberts Road                  Holmdel, NJ 07733</p>

<p>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.)</p>			
<p>57. SIGNED: <u>[Signature]</u></p> <p style="font-size: 1.5em;">11/17/06 (732) 332-5024</p> <p style="text-align: center;">Date Telephone Number</p>	<p>SECRET</p> <p>(If ... e, see instructions.)</p>	<p>58. SIGNED: <u>[Signature]</u></p> <p style="font-size: 1.5em;">11/17/06 (732) 949-1571</p> <p style="text-align: center;">Date Telephone Number</p>	<p>TREASURER</p> <p>(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 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? \$ 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                                  |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> |     | <input checked="" type="checkbox"/> |
22. What is the date of your organization's next regular election of officers? MO 11 YEAR 2005
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</u> <sup>9</sup> / <sub>10</sub> of gross <u>month</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: 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>				
<small>Last Name</small>	<small>First Name</small>			
1. REILLY Title PRESIDENT	BRIAN Status C	4890	4834	
2. GRASSO Title VICE PRESIDENT	JOHN Status e	3600	3930	
3. BARFIELD Title SEC/TREASURER	HAROLD Status C	4200	1,346	
4. GEHRKE Title CHIEF STOP STEWARD	GREG Status C	3412	538	
5. BRUDNICKI Title CHIEF STOP STEWARD	DEBORAH Status C	3600	77	
6. SAUCKIE Title MEMBER	ALEXANDER Status N	—	783	
7. CURRY Title MEMBER	GREG Status N	300-		
8. Totals from additional pages (if any)			1579	
9. Totals of Lines 1 through 8		29002	21597	
10. Less Deductions				
Enter the Total from Line 11 in ..... Item 45 →			11. Net Disbursements	41599

(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 .....	66718	59646	32. Accounts Payable .....	3705	3705
	26. Loans Receivable .....			33. Loans Payable .....		
	27. U.S. Treasury Securities .....			34. Mortgages Payable .....		
	28. Investments .....			35. Other Liabilities .....		
	29. Fixed Assets .....	5216	5216	36. TOTAL LIABILITIES .....		
	30. Other Assets .....	691	691			
	31. TOTAL ASSETS .....	72625	63553	37. NET ASSETS (Item 31 less Item 36) .....	68920	59848

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues .....	73528	45. To Officers (from Item 24) .....	41599
	39. Per Capita Tax .....		46. To Employees (less deductions) .....	
	40. Fees, Fines, Assessments & Work Permits .....		47. Per Capita Tax .....	
	41. Interest & Dividends .....	1022	48. Office & Administrative Expense .....	7686
	42. Sale of Investments & Fixed Assets .....		49. Professional Fees .....	2100
	43. Other Receipts .....		50. Benefits .....	
	44. TOTAL RECEIPTS .....	74550	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 .....	32237
			55. TOTAL DISBURSEMENTS .....	83622

ORGANIZATION NAME: Communication Workers LU 1062

ENDING DATE OF PERIOD COVERED: 9/30/2005

FILE NUMBER: 058-670

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**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 <u>GAGLIANO</u>	First Name <u>RICHARD</u>	Status <u>C</u>		<u>104</u>	<u>104</u>
Title <u>MEMBER</u>					
Last Name <u>DALEY</u>	First Name <u>WAYNE</u>	Status <u>C</u>		<u>84</u>	<u>84</u>
Title <u>MEMBER</u>					
Last Name <u>GAGLIANO</u>	First Name <u>MICHAEL</u>	Status <u>C</u>		<u>104</u>	<u>104</u>
Title <u>MEMBER</u>					
Last Name <u>DONOHUE</u>	First Name <u>KEITH</u>	Status <u>C</u>		<u>81</u>	<u>81</u>
Title <u>MEMBER</u>					
Last Name <u>MOUNT</u>	First Name <u>LORIE</u>	Status <u>C</u>		<u>41</u>	<u>41</u>
Title <u>MEMBER</u>					
Last Name <u>FICARRA</u>	First Name <u>TED</u>	Status <u>C</u>		<u>27</u>	<u>27</u>
Title <u>MEMBER</u>					
Last Name <u>DIEBOLD</u>	First Name <u>KEITH</u>	Status <u>C</u>		<u>198</u>	<u>198</u>
Title <u>MEMBER</u>					
Last Name <u>HORTON</u>	First Name <u>LICOLN</u>	Status <u>C</u>		<u>27</u>	<u>27</u>
Title <u>MEMBER</u>					
		Totals		<u>666</u>	<u>666</u>

ORGANIZATION NAME: COMMUNICATIONS WORKERS 41062

FILE NUMBER: 058-670

ENDING DATE OF PERIOD COVERED: 9/30/2005

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**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 <u>KUBIS</u>	First Name <u>MICHAEL</u>	Status <u>C</u>		<u>28</u>	<u>28</u>
Title <u>MEMBER</u>					
Last Name <u>COLONNA</u>	First Name <u>LARRY</u>	Status <u>C</u>		<u>27</u>	<u>27</u>
Title <u>MEMBER</u>					
Last Name <u>MORRIS</u>	First Name <u>THOMAS</u>	Status <u>C</u>		<u>27</u>	<u>27</u>
Title <u>MEMBER</u>					
Last Name <u>MARRA</u>	First Name <u>GIOVANN</u>	Status <u>C</u>		<u>27</u>	<u>27</u>
Title <u>MEMBER</u>					
Last Name <u>CARUSO</u>	First Name <u>DAVID</u>	Status <u>C</u>		<u>23</u>	<u>23</u>
Title <u>MEMBER</u>					
Last Name <u>GLYNN</u>	First Name <u>WILLIAM</u>	Status <u>C</u>		<u>81</u>	<u>81</u>
Title <u>MEMBER</u>					
Last Name <u>ALLOCCO</u>	First Name <u>CHARLES</u>	Status <u>C</u>		<u>56</u>	<u>56</u>
Title <u>MEMBER</u>					
Last Name <u>HOROWITZ</u>	First Name <u>STANLEY</u>	Status <u>C</u>		<u>471</u>	<u>471</u>
Title <u>MEMBER</u>					
Totals				<u>1406</u>	<u>1406</u>

ORGANIZATION NAME: Communications Workers LU 1062

FILE NUMBER: 058-670

ENDING DATE OF PERIOD COVERED:

PAGE 4 OF 4 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 <u>VETRAND</u>	First Name <u>CARREY</u>	Status <u>C</u>		37	37
Title <u>MEMBER</u>					
Last Name <u>POLITES</u>	First Name <u>MARY</u>	Status <u>C</u>		136	136
Title <u>MEMBER</u>					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Totals				1579	1579

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 058-670

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>		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>	Status (C)			
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				