

# 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 PL. 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  002-676	2. PERIOD COVERED MO DAY YEAR From 10012002 Through 09302003	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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**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  
RICHARD

Last Name  
EVANS

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

Number and Street

595 SOMERSET ST

City

NORTH PLAINFIELD

State ZIP Code + 4

NJ 07060-4908

4. AFFILIATION OR ORGANIZATION NAME AFL-CIO	
5. DESIGNATION (Local, Lodge, etc.) LOCAL	6. DESIGNATION NUMBER 1060
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 checked="" type="checkbox"/> No	

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

Item Number	

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>Noyles &amp; Baur</u> 01/09/04 (908) 582-2843 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Richard J Evans</u> 01/09/04 (908) 561-8806 Date Telephone Number	TREASURER (If other title, see instructions.)
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*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? 140
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? \$ 50000
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 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>NA</u> per _____ <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>NA</u>
(c) Transfer Fees	\$ <u>NA</u>
(d) Work Permits	\$ <u>NA</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: 002-676

(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 1. COSTIGAN	First Name JAMES	Status P	0	0	0
Title PRESIDENT					
Last Name 2. BURKHARDT	First Name ROBERT	Status	0	0	0
Title VICE PRESIDENT					
Last Name 3. LAMORTICELLA	First Name ANTHONY	Status P	0	0	0
Title TREASURER					
Last Name 4. DICKEY	First Name SHARON	Status C	0	0	0
Title REC SEC					
Last Name 5. DZIEDEC	First Name JOHN	Status C	0	0	0
Title GRIEV CHAIRMAN					
Last Name 6. EVANS	First Name RICHARD	Status N	0	0	0
Title					
Last Name 7. BROWN	First Name DOUGLAS	Status N	0	0	0
Title PRESIDENT					
8. Totals from additional pages (if any)					0
9. Totals of Lines 1 through 8					0
10. Less Deductions					0
Enter the Total from Line 11 in ..... Item 45 ⇨					0
11. Net Disbursements					0

\*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: 002-676

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	15808	9956	32. Accounts Payable .....		
	26. Loans Receivable .....			33. Loans Payable .....		
	27. U.S. Treasury Securities .....			34. Mortgages Payable .....		
	28. Investments .....			35. Other Liabilities .....	1925	3575
	29. Fixed Assets .....	139236	134828	36. TOTAL LIABILITIES .....	1925	3575
	30. Other Assets .....					
	31. TOTAL ASSETS .....	155044	144784	37. NET ASSETS (Item 31 less Item 36) .....	153119	141209

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....		45. To Officers (from Item 24) .....	
	39. Per Capita Tax .....		46. To Employees (less deductions) .....	
	40. Fees, Fines, Assessments & Work Permits .....		47. Per Capita Tax .....	
	41. Interest & Dividends .....	166	48. Office & Administrative Expense .....	2204
	42. Sale of Investments & Fixed Assets .....		49. Professional Fees .....	900
	43. Other Receipts .....	24525	50. Benefits .....	
	44. TOTAL RECEIPTS .....	24691	51. Contributions, Gifts & Grants .....	
<p><b>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</b></p>			52. Purchase of Investments & Fixed Assets .....	
			53. Loans Made .....	
			54. Other Disbursements .....	21498
			55. TOTAL DISBURSEMENTS .....	24602

ORGANIZATION NAME:  
**COMMUNICATIONS WORKERS OF AMERICA**  
 ENDING DATE OF PERIOD COVERED:  
**10-01-02 TO 09-30-03**

FILE NUMBER: **002-676**

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>		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)			
Last Name	First Name			
MCEWAN	SUSAN	0	0	0
EXEC VP	Status N			
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		0	0	0

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

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

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(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			