


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	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	1002-676	MO DAY YEAR From 10 01 2003 Through 09 30 2004	(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:
RICHARD EVANS COMMUNICATIONS WORKERS AFL-CIO LU 1060 595 SOMERSET ST NORTH PLAINFIELD, NJ 07060-4908 9/2004		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: NJ ZIP Code + 4: 07060-4908	
4. AFFILIATION OR ORGANIZATION NAME		6. DESIGNATION NUMBER	
AFL-CIO		1060	
5. DESIGNATION (Local, Lodge, etc.)		7. UNIT NAME (if any)	
LOCAL			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	Description		
10	CWA LOCAL 1060 HOLDING CO - HOLDS TITLE TO LOCAL'S OFFICE BUILDING (FILES SEPARATE LM-3)		
17	RICHARD EVANS - SECRETARY TREASURER (23,603)		
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:	Douglas A. Burns Jr. 12/17/04 (908) 561-8806 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: Richard J. Evans 12/17/04 (908) 561-8806 Date Telephone Number
		TREASURER	(If other title, see instructions.)

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"/> | <input 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <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 type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | <input type="checkbox"/> | <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? 142

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
(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>VAR. ABLE</u> per <u>MONTH</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>5</u>
(c) Transfer Fees	\$ <u>NONE</u>
(d) Work Permits	\$ <u>NONE</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. BROWN	First Name DOUGLAS	Status C	1320	212	1532
Title PRESIDENT					
Last Name 2. MCBWAN	First Name SUSAN	Status C	1320	0	1320
Title VICE PRESIDENT					
Last Name 3. EVANS	First Name RICHARD	Status C	1320	384	1704
Title TREASURER					
Last Name 4. DZIEDZIC	First Name JOHN	Status C	1320	0	1320
Title GRIEV CHAIRMAN					
Last Name 5. DICKEY	First Name SHARON	Status C	540	0	540
Title REC SECRETARY					
Last Name 6. KASPERSON	First Name LARRY	Status C	270	0	270
Title CHIEF STEWARD					
Last Name 7.	First Name	Status			
Title					
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8			6090	596	6686
				10. Less Deductions	900
Enter the Total from Line 11 in			Item 45 ⇨	11. Net Disbursements	5786

*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: -

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	36,475	44,688	32. Accounts Payable	3,000	3,000
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments	89,301	77,300	35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES	3,000	3,000
	30. Other Assets	1,500	1,500	37. NET ASSETS (Item 31 less Item 36)	124,276	120,488
	31. TOTAL ASSETS	127,276	123,488			


STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	52,741	45. To Officers (from Item 24)	5,786
	39. Per Capita Tax		46. To Employees (less deductions)	23,978
	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	
	41. Interest & Dividends	128	48. Office & Administrative Expense	19,958
	42. Sale of Investments & Fixed Assets		49. Professional Fees	2,065
	43. Other Receipts		50. Benefits	
	44. TOTAL RECEIPTS	52,869	51. Contributions, Gifts & Grants	619
<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	4,251
			55. TOTAL DISBURSEMENTS	56,657

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER <p style="font-size: 1.5em;">002-676</p>	2. PERIOD COVERED MO DAY YEAR From 10 01 2003 Through 09 30 2004	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: <input checked="" type="checkbox"/>
<p>IMPORTANT</p> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <p style="font-size: 1.2em;">RICHARD</p> Last Name <p style="font-size: 1.2em;">EVANS</p> P.O. Box • Building and Room Number (if any) Number and Street <p style="font-size: 1.2em;">595 SOMERSET ST</p> City <p style="font-size: 1.2em;">NORTH PLAINFIELD</p> State ZIP Code + 4 <p style="font-size: 1.2em;">NJ 07060-4908</p>	
4. AFFILIATION OR ORGANIZATION NAME <p style="font-size: 1.2em;">AFL-CIO</p>		5. DESIGNATION (Local, Lodge, etc.) <p style="font-size: 1.2em;">LOCAL</p>	
6. DESIGNATION NUMBER <p style="font-size: 1.2em;">1060</p>		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	
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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>Joseph R. Smith</u> 12/17/04 (908) 561-8806 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Richard J. Evans</u> 12/17/04 (908) 561-8806 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- 10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes No
- 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? Yes No
- 12. Have a political action committee (PAC) fund? Yes No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No
- 15. Discover any loss or shortage of funds or other property? Yes No
(Answer "Yes" even if there has been repayment or recovery.)
- 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? Yes No
- 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes No
- 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes No

(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
(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. BROWN Title P	First Name DOUGLAS Status C		0	0	0
Last Name 2. McEWAN Title VICE	First Name SUSAN Status C		0	0	0
Last Name 3. EVANS Title TR	First Name RICHARD Status C		1324	0	1324
Last Name 4. DZIEDZIC Title GR	First Name JOHN Status C		0	0	0
Last Name 5. DICKEY Title RECORDING SECRETARY	First Name SHARON Status C		0	0	0
Last Name 6. KASPERSON Title CHIEF STEWARD	First Name LARRY Status C		0	0	0
Last Name 7. Title:	First Name Status				
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8					1324
			10. Less Deductions		100
Enter the Total from Line 11 in Item 45 →			11. Net Disbursements		1224

*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: —

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	9956	9954	32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments			35. Other Liabilities	3575	4039
	29. Fixed Assets	134828	130420	36. TOTAL LIABILITIES	3575	4039
	30. Other Assets			37. NET ASSETS (Item 31 less Item 36).....	141209	136335
	31. TOTAL ASSETS.....	144784	140374			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues		45. To Officers (from Item 24)	1224
	39. Per Capita Tax		46. To Employees (less deductions)	
	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	
	41. Interest & Dividends	107	48. Office & Administrative Expense	2937
	42. Sale of Investments & Fixed Assets		49. Professional Fees	200
	43. Other Receipts	29444	50. Benefits	
	44. TOTAL RECEIPTS	29551	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	18064
			55. TOTAL DISBURSEMENTS	22425