


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY 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.

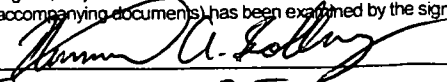
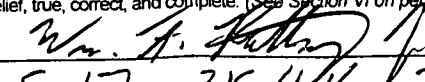
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER 059-400	2. PERIOD COVERED MO DAY YEAR From 10 01 2015 Through 09 30 2016	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/>
	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		
COMMUNICATIONS WORKERS AFL-CIO #81300 PO BOX 512 SOLVAY, NY 13209			
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 9.	William F Rattray Jr - Treasurer 122 Maple Dr Camillus, NY 13031
--------------------------	---

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.)

57. SIGNED:  11 5 17 (315) 420-2834 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED:  11 5 17 (315) 420-3448 Date Telephone Number	TREASURER (If other title, see instructions.)
--	--	--	--

During the Reporting Period Did Your Organization:

- During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	<input type="checkbox"/>	<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 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? (Answer "Yes" even if there has been repayment or recovery.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 type="checkbox"/>	<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 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? [][][][][][]77
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 YEAR
[][]10 [][]2011
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					
Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	\$	per	WK	6.59	15.29
(b) Initiation Fees	\$ 25.	per			
(c) Transfer Fees	\$ 0	per			
(d) Work Permits	\$ 0	per			

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 059-400

(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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: GOLLEY First Name: RICH MI: Title: PRESIDENT Status: C			4493	0	4493
2. Last Name: RIZZO First Name: JOHN MI: Title: VICE PRESIDENT Status: C			3285	0	3285
3. Last Name: RATTRAY First Name: WILLIAM MI: Title: TREASURER Status: C			4236	0	4236
4. Last Name: BRYERTON First Name: ROB MI: Title: REC SECRETARY Status: C			2953	0	2953
5. Last Name: DAMIUL First Name: KEVIN MI: Title: CHIEF STEWARD Status: C			3253	0	3253
6. Last Name: First Name: MI: Title: Status:			0	0	0
7. Last Name: First Name: MI: Title: Status:			0	0	0
8. Totals from additional pages (if any)			0	0	0
9. Totals of Lines 1 through 8			18,220	0	18,220
Enter the total from Line 11 in Item 45 ⇨			10. Less Deductions 1686		
			11. Net Disbursements 16534		

*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: 059 - 400

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	62926	55293	32. Accounts Payable.....	0	0
	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.....	0	0	36. TOTAL LIABILITIES..	0	0
	30. Other Assets.....	0	0	37. NET ASSETS (Item 31 less Item 36)...	62926	55293
	31. TOTAL ASSETS.....	62926	55293			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	21685	45. To Officers (from Item 24)	16534
	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	106	48. Office & Administrative Expense.....	3809
	42. Sale of Investments & Fixed Assets.....	0	49. Professional Fees.....	1695
	43. Other Receipts	0	50. Benefits.....	0
	44. TOTAL RECEIPTS.....	21791	51. Contributions, Gifts & Grants.....	5700
			52. Purchase of Investments & Fixed Assets....	0
			53. Loans Made.....	0
			54. Other Disbursements.....	1686
			55. TOTAL DISBURSEMENTS.....	29424

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.