

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

No: 1245-0003

Expires: 08-31-2016

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.

For Official Use Only <b>E</b>	1. FILE NUMBER  529-253	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"/>

4. AFFILIATION OR ORGANIZATION NAME COMMUNICATIONS WORKERS AFL-CIO	8. MAILING ADDRESS (Type or print in capital letters) First Name JENNIFER Last Name KELLY
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION	P.O. Box - Building and Room Number (if any) PO BOX 6
6. DESIGNATION NUMBER 88612	Number and Street
7. UNIT NAME (if any)	City COUDERSPORT
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"/>	State PA ZIP Code + 4 16915

56. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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: <u>[Signature]</u> 12-29-16 Date 814 544 9920 Telephone Number	PRESIDENT  (If other title, see instructions.)	58. SIGNED: <u>[Signature]</u> 12/29/16 Date 814-203-0592 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? (Answer "Yes" even if there has been repayment or recovery.)

Yes  No

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

19. How many members did the labor organization have at the end of the reporting period?

161

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?

\$15,000

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? (If the constitution and bylaws or practices/procedures have changed, see the instructions.)

Yes  No

22. What is the date of the labor organization's next regular election of officers?

10/2017

23. What are the labor 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	N/A	per	MONTH	33.91	57.53
(b) Initiation Fees	5.00	per	PERSON	N/A	N/A
(c) Transfer Fees	N/A	per	N/A	N/A	N/A
(d) Work Permits	N/A	per	N/A	N/A	N/A

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 529-253

(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.)				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
(B) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *						
7.	Last Name WATERMAN	First Name CHRIS	Initial	\$0	\$0	\$0
	Title NEG. COMMITTEE		Status C			
8.	Last Name BELL	First Name JIM	Initial	\$0	\$93	\$93
	Title NEG. COMMITTEE		Status C			
9.	Last Name KELLY, JR	First Name STEVE	Initial	\$0	\$122	\$122
	Title NEG. COMMITTEE		Status C			
10.	Last Name KELLY, SR	First Name STEVE	Initial	\$0	\$0	\$0
	Title SERGEANT-AT-ARMS		Status C			
11.	Last Name VOLMER	First Name AARON	Initial	\$0	\$2,400	\$2,400
	Title CHIEF STEWARD		Status C			
12.	Last Name DIANA	First Name REYNOLDS	Initial	\$0	\$1,800	\$1,800
	Title RECORDING SECRETARY		Status C			
Total				\$0	\$9,474	\$9,474
					Less Deductions	\$0
The Total from Net Disbursements will be entered in Item 45					Net Disbursements	\$9,474

\* Code for (C) Status: past officer - P; continuing officer - C; new officer during the reporting period - N

(If the officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on Page 1.)

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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		\$41,248	\$18,809	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		\$90,107	\$91,279	35. Other Liabilities		\$0	\$0
	29. Fixed Assets		\$0	\$0	36. TOTAL LIABILITIES		\$0	\$0
	30. Other Assets		\$0	\$0				
31. TOTAL ASSETS		\$131,355	\$110,088	37. NET ASSETS (Item 31 Less Item 36)		\$131,355	\$110,088	

STATEMENT B RECEIPT AND DISBURSEMENTS	CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT
	Item			Item		
	38. Dues		\$63,655	45. To Officers (from Item 24)		\$9,474
	39. Per Capita Tax		\$0	46. To Employees (less deductions)		\$0
	40. Fees, Fines, Assesments & Work Permits		\$0	47. Per Capita Tax		\$29,099
	41. Interest & Dividends		\$1,182	48. Office & Administrative Expense		\$3,060
	42. Sale of Investments & Fixed Assets		\$0	49. Professional Fees		\$1,605
	43. Other Receipts		\$2,388	50. Benefits		\$0
	44. TOTAL RECEIPTS		\$67,225	51. Contributions, Gifts & Grants		\$26,659
If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form			52. Purchase of Investments & Fixed Assets		\$0	
			53. Loans Made		\$0	
			54. Other Disbursements		\$18,595	
			55. TOTAL DISBURSEMENTS		\$88,492	

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(B) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *						
1.	Last Name KAZISKA	First Name FRANK	Initial	\$0	\$3,204	\$3,204
	Title PRESIDENT		Status C			
2.	Last Name DUGAN	First Name RICHARD	Initial	\$0	\$0	\$0
	Title VICE PRESIDENT		Status C			
3.	Last Name KELLY	First Name JENNIFER	Initial	\$0	\$1,855	\$1,855
	Title FINANCIAL SECRETARY		Status C			
4.	Last Name MAIURO	First Name JIM	Initial	\$0	\$0	\$0
	Title TRUSTEE		Status C			
5.	Last Name MILLER	First Name JON	Initial	\$0	\$0	\$0
	Title TRUSTEE		Status C			
6.	Last Name WISE	First Name BLAINE	Initial	\$0	\$0	\$0
	Title TRUSTEE		Status C			

**56. ADDITIONAL INFORMATION SUMMARY**

Address of Record: HASKINS ACCOUNTING SERVICES  
807 S MAIN ST  
COUDERSPORT, PA 16915

Cash Reconciliation: THE \$1172 WAS INTEREST RECEIVED ON INVESTMENTS DURING THE PERIOD REPORTED. THEREFOR IT IS INCLUDED IN THE INCREASED INVESTMENTS VALUE REPORTED ON LINE 28b OF THE REPORT.