

FORM LM-1 LABOR ORGANIZATION INFORMATION REPORT

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. SUBMIT THIS REPORT IN DUPLICATE.

IDENTIFICATION ITEMS (To be completed by all filers)

<p>1. Is this the first Form LM-1 your organization has filed?</p> <p><input checked="" type="checkbox"/> Yes, this is an INITIAL FORM LM-1. (Complete Items 1 through 21 except Item 2.)</p> <p><input type="checkbox"/> No, this is an AMENDED FORM LM-1. (Complete Items 1 through 9, 18, 20 and 21.)</p>		<p>2. FILE NUMBER</p>							
		<p>3. What is your organization's fiscal year ending date?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">MONTH</td> <td style="width: 20%; text-align: center;">DAY</td> <td style="width: 20%; text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">September</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2001</td> </tr> </table>		MONTH	DAY	YEAR	September	30	2001
		MONTH	DAY	YEAR					
September	30	2001							
<p>4. AFFILIATION OR ORGANIZATION NAME Communication Workers of America AFL-CIO, CLC</p>									
<p>5. DESIGNATION (Local, Lodge, etc.) Local</p>	<p>6. DESIGNATION NUMBER 13999</p>	<p>7. UNIT NAME (if any)</p>							
<p>8. MAILING ADDRESS (In care of) Name and Title of Person <u>John T. Waters, President</u></p> <p>Number and Street <u>120 Sisters Drive</u></p> <p>Building and Room Number (if any) <u>East Building, Suite 225</u></p> <p>City <u>Wilmington</u> State <u>DE</u> ZIP Code <u>19808-1225</u></p>			<p>9. Are your organization's records kept at its mailing address?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><i>(If "No," provide address in Item 18.)</i></p>						

INFORMATION ITEMS (To be completed by initial filers only)

<p>10. Where is your organization chartered to operate?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">CITY</td> <td style="width: 33%; text-align: center;">COUNTY</td> <td style="width: 33%; text-align: center;">STATE</td> </tr> <tr> <td style="text-align: center;">Wilmington</td> <td style="text-align: center;">New Castle</td> <td style="text-align: center;">DE</td> </tr> </table>			CITY	COUNTY	STATE	Wilmington	New Castle	DE	<p>11. When is your organization's next regular election of officers?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">MONTH</td> <td style="width: 50%; text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">June</td> <td style="text-align: center;">2003</td> </tr> </table>			MONTH	YEAR	June	2003								
CITY	COUNTY	STATE																					
Wilmington	New Castle	DE																					
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<p>12. Are any of your organization's members:</p> <p><input checked="" type="checkbox"/> Private Industry Employees</p> <p><input type="checkbox"/> U.S. Postal Service Employees</p> <p><input type="checkbox"/> Federal Government Employees</p> <p><i>(Check as many boxes as are applicable.)</i></p>	<p>13. Is your organization:</p> <p><input checked="" type="checkbox"/> A Local, Lodge, Branch, etc.</p> <p><input type="checkbox"/> An Intermediate Body (a conference, general committee, joint board, system board, joint council, district, etc.)</p> <p><input type="checkbox"/> A National or International</p>	<p>14. What are your organization's expected annual receipts (dues, fees, etc.):</p> <p><input type="checkbox"/> Less than \$10,000</p> <p><input checked="" type="checkbox"/> \$10,000-\$199,999</p> <p><input type="checkbox"/> \$200,000 or more</p>																					
<p>15. List the names and titles of all your organization's officers:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 25%;">TITLE</th> <th style="width: 25%;">NAME</th> <th style="width: 25%;">TITLE</th> </tr> </thead> <tbody> <tr> <td>John T. Waters</td> <td>President</td> <td>Patricia O'Neal</td> <td>Treasurer</td> </tr> <tr> <td>Toni Shea</td> <td>Executive Vice President</td> <td></td> <td></td> </tr> <tr> <td>Richard Strange</td> <td>Vice President</td> <td></td> <td></td> </tr> <tr> <td>Terry Collins</td> <td>Secretary</td> <td></td> <td></td> </tr> </tbody> </table>				NAME	TITLE	NAME	TITLE	John T. Waters	President	Patricia O'Neal	Treasurer	Toni Shea	Executive Vice President			Richard Strange	Vice President			Terry Collins	Secretary		
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John T. Waters	President	Patricia O'Neal	Treasurer																				
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<p>16. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: center;">Rates of Dues and Fees</th> </tr> </thead> <tbody> <tr> <td>(a) Regular Dues/Fees</td> <td>\$ 2.25 Hours per Month <small>(month, year, etc.)</small></td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ 2.50</td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ n/a</td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ n/a per <small>(month, year, etc.)</small></td> </tr> </tbody> </table>		Rates of Dues and Fees		(a) Regular Dues/Fees	\$ 2.25 Hours per Month <small>(month, year, etc.)</small>	(b) Initiation Fees	\$ 2.50	(c) Transfer Fees	\$ n/a	(d) Work Permits	\$ n/a per <small>(month, year, etc.)</small>	<p>17. Two copies of your organization's current constitution and bylaws must be filed with this report. Under certain circumstances, your parent national or international may file copies on your behalf (see the instructions for this item). Is your parent national or international submitting copies on your behalf? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your organization is filing any governing documents with this report, list them below.</p>											
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PRACTICES AND PROCEDURES

(To be completed by all filers except Federal employee labor organizations subject solely to Title VII of the Civil Service Reform Act or Chapter 10 of the Foreign Service Act)

18. Enter in Column (1) the page number and section or paragraph number of your organization's constitution and bylaws where the listed practice or procedure is described. Or, if not described in the constitution and bylaws, check the box in Column (2) and provide a description of the practice or procedure in item 19 or on an attached page.

PRACTICE OR PROCEDURE	(1) PAGE, SECTION, AND/OR PARAGRAPH NUMBER OF CONSTITUTION AND BYLAWS	(2) DESCRIBED IN ITEM 19
(a) Qualifications for or restrictions on membership	<u>Article V, Page 1</u>	(a) <input type="checkbox"/>
(b) Levying assessments	<u>Article VI, Page 3</u>	(b) <input type="checkbox"/>
(c) Participating in insurance or other benefit plans	<u>Article VI, Page 4</u>	(c) <input type="checkbox"/>
(d) Authorizing disbursement of labor organization funds	<u>Article XII, Page 8</u>	(d) <input type="checkbox"/>
(e) Auditing financial transactions of the labor organization	<u>Article XII, Page 9</u>	(e) <input type="checkbox"/>
(f) Calling regular and special meetings	<u>Article VIII, Page 4</u>	(f) <input type="checkbox"/>
(g) (1) Selecting officers and stewards and any representatives to other bodies composed of labor organizations' representatives	<u>Article XV, Page 13</u>	(g)(1) <input type="checkbox"/>
(2) Invoking procedures by which a member may protest a defect in the election of officers (including not only all procedures for initiating an election protest but also all procedures for subsequently appealing an adverse decision, for example, procedures for appeals to superior or parent bodies, if any)	<u>Article XX, Page 18</u>	(g)(2) <input type="checkbox"/>
(h) Disciplining or removing officers or agents for breaches of their trust	<u>Article XX, Page 19</u>	(h) <input type="checkbox"/>
(i) Imposing fines and suspending or expelling members including the grounds for such action and any provision made for notice, hearing, judgment on the evidence, and appeal procedures	<u>Article VI, Page 3</u>	(i) <input type="checkbox"/>
(j) Authorizing bargaining demands	<u>Article XVII, Page 16</u>	(j) <input type="checkbox"/>
(k) Ratifying contract terms	<u>Article XVII, Page 16</u>	(k) <input type="checkbox"/>
(l) Authorizing strikes	<u>Article XVIII, Page 17</u>	(l) <input type="checkbox"/>
(m) Issuing work permits	<u>n/a</u>	(m) <input type="checkbox"/>

ADDITIONAL INFORMATION

(To be completed by all filers, as necessary)

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

Item Number	
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SIGNATURES

(To be completed by all filers)

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.)*

20. SIGNED: _____	PRESIDENT	21. SIGNED: _____	SECRETARY
<u>6/30/01</u>	<i>(If other title, see instructions)</i>	<u>6/30/01</u>	<i>(If other title, see instructions)</i>
<u>(302) 564-1339</u>		<u>(302) 564-1339</u>	
Date	Telephone Number	Date	Telephone Number