

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.

<p>For Official Use Only</p> <p>1. FILE NUMBER</p> <p>1 9 0 - 1 2 3</p>	<p>2. PERIOD COVERED</p> <p>MO. DAY YEAR</p> <p>From 1 0 0 1 1 9 9 9</p> <p>Through 0 9 3 0 2 0 0 0</p>	<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/></p> <p>(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"/></p> <p>(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 type="checkbox"/></p>
<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>		
<p>8. MAILING ADDRESS (Type or print in capital letters.)</p> <p>First Name: C W A</p> <p>Last Name: L o c a l 3 1 9 9</p> <p>P.O. Box • Building and Room Number (if any): P o b o x 3 1 9 9</p> <p>Number and Street: 1 8 0 4 C e n t e r S t r e e t</p> <p>CITY: A s h l a n d</p> <p>State: F L ZIP Code + 4: 3 2 8 9 9 - 3 1 9 9</p>		
<p>4. AFFILIATION OR ORGANIZATION NAME Communications Workers of America, AFL-CIO</p> <p>5. DESIGNATION (Local, Lodge, etc.) Local 3199</p> <p>6. DESIGNATION NUMBER 3199</p> <p>7. UNIT NAME (if any)</p>		
<p>9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</p> <p>Item Number 14 Audit performed by Murphy & Associates LLP Croft Building, Suite 15 Gorden, Florida 32599 (407) 744-1234</p>		
<p>57. SIGNED: 11 / 01 / 2000 (407) 447 - 3199</p> <p>Date Telephone Number</p> <p>58. SIGNED: 11 / 02 / 2000 (407) 447 - 3199</p> <p>Date Telephone Number</p> <p>TREASURER (if other title, see instructions.)</p>		

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.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 190-123

Item	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	43600	67100		32. Accounts Payable	0	0
26. Loans Receivable				33. Loans Payable	0	0
27. U.S. Treasury Securities				34. Mortgages Payable	0	0
28. Investments	17000	17000		35. Other Liabilities	0	0
29. Fixed Assets	1400	1400		36. TOTAL LIABILITIES	0	0
30. Other Assets						
31. TOTAL ASSETS	62000	85500		37. NET ASSETS (Item 31 less Item 36)	62000	85500

**STATEMENT A
ASSETS AND LIABILITIES**

Item	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
38. Dues		94796	45. To Officers (from Item 24)	36725
39. Per Capita Tax			46. To Employees (less deductions)	0
40. Fees, Fines, Assessments & Work Permits			47. Per Capita Tax	0
41. Interest & Dividends		1204	48. Office & Administrative Expense	15000
42. Sale of Investments & Fixed Assets			49. Professional Fees	2400
43. Other Receipts		2500	50. Benefits	0
44. TOTAL RECEIPTS		98500	51. Contributions, Gifts & Grants	600
<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	0
			53. Loans Made	0
			54. Other Disbursements	20275
			55. TOTAL DISBURSEMENTS	75000

**STATEMENT B
RECEIPTS AND DISBURSEMENTS**

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER 1 9 0 1 2 3

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>	(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
	Last Name	First Name				
1. Keith, June	Keith	June	C	21,800	1,200	23,000
2. Nash, Paul	Nash	Paul	C	12,700	800	13,500
3. Brener, Terry	Brener	Terry	C	16,200	800	17,000
4. Boyle, Susan	Boyle	Susan	C	8,500	1,500	10,000
5. Molloy, Fred	Molloy	Fred	C	4,500	1,500	6,000
6. Collins, Carol	Collins	Carol	C	4,500	1,500	6,000
7. Thompson, David	Thompson	David	C	6,500	1,500	8,000
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8				53,100	3,400	56,500
					10. Less Deductions	1,977.5
Enter the Total from Line 11 in Item 45					11. Net Disbursements	3,672.5

*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.)*

