

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 INTOTAL 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> <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20px;">0</td><td style="width:20px;">9</td><td style="width:20px;">0</td><td style="width:20px;">9</td><td style="width:20px;">8</td><td style="width:20px;">7</td> </tr> </table>	0	9	0	9	8	7	<p>2. PERIOD COVERED</p> <table border="1" style="width:100%; text-align: center;"> <tr> <th style="width:10%;">MO</th> <th style="width:10%;">DAY</th> <th style="width:10%;">YEAR</th> </tr> <tr> <td>1</td><td>0</td><td>1</td> </tr> <tr> <td>1</td><td>0</td><td>1</td> </tr> <tr> <td>0</td><td>9</td><td>3</td> </tr> <tr> <td>0</td><td>9</td><td>0</td> </tr> </table>	MO	DAY	YEAR	1	0	1	1	0	1	0	9	3	0	9	0	<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 X of the instructions and check here: <input type="checkbox"/></p> <p>4. AFFILIATION OR ORGANIZATION NAME Communications Workers of America, AFL-CIO</p> <p>5. DESIGNATION (Local, Lodge, etc.) Local 2299</p> <p>6. DESIGNATION NUMBER 2299</p> <p>7. UNIT NAME (if any)</p>
0	9	0	9	8	7																		
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<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 2 2 9 9</p> <p>P.O. Box • Building and Room Number (if any)</p> <p>Number and Street: 2 2 9 9 T h o m a s J e f f e r s o n R o a d</p> <p>City: F a i r f a x</p> <p>State: V A ZIP Code + 4: 2 2 2 9 9 - 2 2 9 9</p>																							
<p>19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)</p> <p>Item Number</p>																							
<p>20. SIGNED: 10 / 31 / 2000 (703) 434 - 2299 Date Telephone Number</p> <p>21. SIGNED: PRESIDENT (if other title, see instructions.) 10 / 30 / 2000 (703) 434 - 2299 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.)

