

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

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.

<p>For Office Use Only</p> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;">             US DEPT OF LABOR              REC'D              DEC 14 2004              OLMS DIV         </div> <p style="text-align: center; font-weight: bold;">E</p>	<p>1. FILE NUMBER</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">             0 5 5 - 8 2 3         </div>	<p>2. PERIOD COVERED</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 0.8em;">MO</td> <td style="text-align: center; font-size: 0.8em;">DAY</td> <td style="text-align: center; font-size: 0.8em;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">From 1 0</td> <td style="border: 1px solid black; padding: 2px;">0 1</td> <td style="border: 1px solid black; padding: 2px;">2 0 0 3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Through 0 9</td> <td style="border: 1px solid black; padding: 2px;">3 0</td> <td style="border: 1px solid black; padding: 2px;">2 0 0 4</td> </tr> </table>	MO	DAY	YEAR	From 1 0	0 1	2 0 0 3	Through 0 9	3 0	2 0 0 4	<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>
MO	DAY	YEAR										
From 1 0	0 1	2 0 0 3										
Through 0 9	3 0	2 0 0 4										
<p>4. AFFILIATION OR ORGANIZATION NAME</p> <p style="font-size: 1.2em; font-weight: bold;">COMMUNICATIONS WORKERS AFL-CIO</p>		<p>8. MAILING ADDRESS</p> <p>First Name</p> <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">EDWARD</div> <p>Last Name</p> <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">CONNELLY</div> <p>P.O. Box - Building and Room Number (if any)</p> <div style="border: 1px solid black; height: 20px;"></div> <p>Number and Street</p> <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">1 F L O R G A T E R O A D</div> <p>City</p> <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">F A R M I N G D A L E</div> <p>State      ZIP Code + 4</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">N Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">1 1 7 3 5 - 2 0 0 8</div> </div>										
<p>5. DESIGNATION (Local, Lodge, etc.)</p> <p style="font-size: 1.2em;">LU</p>		<p>6. DESIGNATION NUMBER</p> <p style="font-size: 1.2em;">1 1 0 4</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><i>(If "No," provide address in Item 75.)</i></p>										

75. ADDITIONAL INFORMATION	
Item Number	

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 71 on penalties in the instructions.)

<p>76. SIGNED: <u>Robert P. Zifci</u>      PRESIDENT</p> <p style="font-size: 1.2em;">12/6/04      1-516-420-1104</p> <p style="font-size: 0.8em;">Date      Telephone Number</p>	<p>77. SIGNED: <u>Edward W Connelly</u>      TREASURER</p> <p style="font-size: 1.2em;">12/6/04      1-516-420-1104</p> <p style="font-size: 0.8em;">Date      Telephone Number</p>	<p>(If other title, see instructions.)</p> <p>(If other title, see instructions.)</p>
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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? .....  Yes  No  
*(Answer "Yes" even if there has been repayment or recovery.)*
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. Liquidate or reduce any liabilities without disbursement of cash? .....  Yes  No

*(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)*

18. How many members did your organization have at the end of the reporting period? 6 4 0 8
19. What is the date of your organization's next regular election of officers? MO 1 0 YEAR 2 0 0 5
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? \$ 2 0 0 0 0 0

21. 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	
(a) Regular Dues/Fees	\$ _____ 2% per BASE <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ _____ 10
(c) Transfer Fees	\$ _____ N/A
(d) Work Permits	\$ _____ N/A per N/A <i>(Month, Year, etc.)</i>

22. 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 or practices/procedures have changed, see the instructions.)*
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  Yes  No
24. Did your organization have any contingent liabilities at the end of the reporting period? .....  Yes  No

*(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)*

**STATEMENT A - ASSETS AND LIABILITIES**

FILE NUMBER: **0 5 5 - 8 2 3**

**Complete Schedules 1 Through 15 Before Completing Statement A**

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

	ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)
	Item	From SCH #		
<b>ASSETS</b>	25. Cash.....		5 2 3 0 0 4	6 6 1 4 0 1
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	2 4 5 3 2 8	2 4 5 3 2 8
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	3 1 9 2 3 1 0	3 5 0 3 3 3 8
	30. Fixed Assets.....	5	3 8 3 1 2	2 5 4 7 8
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		3 9 9 8 9 5 4	4 4 3 5 5 4 5
<b>LIABILITIES</b>	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
	Item	From SCH #		
	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
37. TOTAL LIABILITIES.....		0	0	
38. NET ASSETS (Item 32 less Item 37).....		3 9 9 8 9 5 4	4 4 3 5 5 4 5	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 5 5 - 8 2 3**

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			2 5 6 3 5 6 7	56. To Officers.....	9		9 5 2 3 8 8
40. Per Capita Tax.....			0	57. To Employees.....	10		1 8 0 0 5 5
41. Fees.....			0	58. Per Capita Tax.....			9 0 8 8 7
42. Fines.....			0	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments.....			0	60. Office & Administrative Expense....	13		2 2 0 6 6 3
44. Work Permits.....			0	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			0	62. Professional Fees.....			1 0 8 3 0 8
46. Interest.....			1 3 5 9 5 0	63. Benefits.....	11		6 7 6 6 7
47. Dividends.....			0	64. Contributions, Gifts & Grants.....	12		9 1 7 5
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			9 3 0 3 3
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			3 6 1 5 0 6
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		3 1 7 7 5 7
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf....			0	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		7 5 8 0 5	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		2 3 5 4 8 6
55. TOTAL RECEIPTS.....			2 7 7 5 3 2 2	74. TOTAL DISBURSEMENTS .....			2 6 3 6 9 2 5

Enter Amounts in Dollars Only -- Do Not Enter Cents

# SCHEDULE 1 - LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: LOCAL 1104 BLDG CORP Purpose: PURCHASE OF BUILDING Security: STOCK Terms: AS ABLE	2 4 5 3 2 8	0	0	0	2 4 5 3 2 8
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	2 4 5 3 2 8	0	0	0	2 4 5 3 2 8
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27					
Column (A) ..... with Explanation ..... Column (B)					

# SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 055 - 823

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	3 4 8 3 5 3 6
2. Total Book Value	3 5 0 3 3 3 8
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) AMERICAN EXPRESS FINANCIAL	3 2 8 2 5 6 1
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	3 5 0 3 3 3 8
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 31, Column (B)	

# SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 5 5 - 8 2 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	1 0 2 5 5 6	8 0 5 7 3	2 1 9 8 3	0
7. Other Fixed Assets	5 8 2 3	2 3 2 8	3 4 9 5	0
8. Totals of Lines 1 through 7	1 0 8 3 7 9	8 2 9 0 1	2 5 4 7 8	0
The total from Line 8, Column (D) is entered in.....				Item 30, Column (B)

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
7. Less Reinvestments				0
8. Net Sales				0
The total from Line 8 is entered in .....				Item 49

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: **0 5 5 - 8 2 3**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. EQUIPMENT	6 7 2 9	0	6 7 2 9
2. INVESTMENTS	3 1 1 0 2 8	3 1 1 0 2 8	3 1 1 0 2 8
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	3 1 7 7 5 7	3 1 1 0 2 8	3 1 7 7 5 7
7. Less Reinvestments			0
8. Net Purchases			3 1 7 7 5 7

The total from Line 8 is entered in ..... Item 68

# SCHEDULE 8 – LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0

The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34  
 Column (C) ..... with Explanation ..... Column (D)

# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: **0 5 5 - 8 2 3**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	LILJA ROBERT PRESIDENT	C	1 2 3 1 7 7	6 6 0 0	1 2 1 0 9	0	1 4 1 8 8 6
2.	CONNELLY EDWARD SECRE./TREAS.	C	1 1 9 5 3 3	6 6 0 0	7 7 0 7	0	1 3 3 8 4 0
3.	BLOOM GEORGE VICE PRESIDENT	C	1 1 9 1 5 8	6 6 0 0	1 7 4 5	0	1 2 7 5 0 3
4.	SIMS KATHLEEN EXEC VICE PRES	C	5 7 6 8 4	2 4 0 0	3 7 2 4 5	0	9 7 3 2 9
5.	YOUNG KIM EXEC VICE PRES	C	6 0 3 0 5	2 4 0 0	1 0 6 5 9	0	7 3 3 6 4
6.	BULA RAMI BUSINESS AGENT	C	1 0 8 0 0	0	3 2 7	0	1 1 1 2 7
7.	CAPONI SABATO BUSINESS AGENT	C	4 8 7 0 8	4 8 0 0	5 0 7 1	0	5 8 5 7 9
8. Totals from additional pages (if any)			5 0 0 5 5 1	2 6 4 0 0	7 4 3 8 6	0	6 0 1 3 3 7
9. Totals of Lines 1 through 8			1 0 3 9 9 1 6	5 5 8 0 0	1 4 9 2 4 9	0	1 2 4 4 9 6 5
10. Less Deductions						2 9 2 5 7 7	
The total from Line 11 is entered in ..... Item 56						11. Net Disbursements	
						9 5 2 3 8 8	

\*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 76.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: **0 5 5 - 8 2 3**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. CIRILLO PETER REP	3 1 4 9 6	0	3 3 5	0	3 1 8 3 1
2. LOCASTO PATRICIA SECRETARY	4 4 7 9 0	0	7	0	4 4 7 9 7
3. O'TOOLE MARY SECRETARY	5 2 6 1 0	0	2 3 3 5	0	5 4 9 4 5
4. PARISI DANIEL REP	1 5 6 5 0	0	4 7	0	1 5 6 9 7
5. SELLERS TINA REP	2 1 1 0 5	0	2 2 2	0	2 1 3 2 7
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	5 4 8 4 7	0	2 5 5 4 0	0	8 0 3 8 7
8. Totals of Lines 1 through 7	2 2 0 4 9 8	0	2 8 4 8 6	0	2 4 8 9 8 4
			9. Less Deductions	6 8 9 2 9	
The total from Line 10 is entered in .....			10. Net Disbursements	1 8 0 0 5 5	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 5 5 - 8 2 3

Description (A)	To Whom Paid (B)	Amount (C)
1. SCHOLARSHIP AWARDS	MEMBERS	6 0 0 0
2. RETIREMENT AWARDS	MEMBERS	1 5 7 5 0
3. MEMBER ASSISTANCE	MEMBERS	1 6 0 0
4. PENSION	OFFICERS & OFFICE	2 3 3 0 0
5. Total from additional pages (if any)		2 1 0 1 7
6. Total of Lines 1 through 5		6 7 6 6 7
The total from Line 6 is entered in .....		Item 63

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. BILL CLARK FLOOD HELP	1 0 0
2. CCMAC	5 0 0
3. AABR FOUNDATION	5 0 0
4. BEN CRAIG	1 0 0 0
5. CWA LOCAL 4546	2 0 0
6. HAGEDORN LITTLE VILLAGE SCHOOL	2 0 0
7. Total from additional pages (if any)	6 6 7 5
8. Total of Lines 1 through 7	9 1 7 5
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	5 2 9 0 1
2. TELEPHONE & BEEPERS	3 5 8 6 4
3. POSTAGE	2 2 4 8 1
4. PRINTING	3 5 2 3 9
5. COMPUTER EXPENSES	5 8 1 6 9
6. OFFICE CLEANING	3 9 0 0
7. Total from additional pages (if any)	1 2 1 0 9
8. Total of Lines 1 through 7	2 2 0 6 6 3
The total from Line 8 is entered in ..... Item 60	

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. SPECIAL EVENTS	2 0 3 4 4
2. PUBLIC RELATIONS INCOME	1 7 4 4
3. VOIDED CHECKS- PRIOR YEAR	2 4 5 7
4. 401 k - REIMBURSEMENTS	5 1 2 6 0
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 5 8 0 5
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. POLITICAL CONTRIBUTIONS	6 4 3 5
2. DUES REFUNDS	1 9 3 9 2
3. PUBLIC RELATIONS	5 3 5 3 4
4. SOCIAL & SPECIAL EVENTS	2 7 8 0 9
5. PER CAPITA	1 3 6 3 0
6. SUNDRY	3 4 6 4
7. MEETING EXPENSES	3 6 4 9 5
8. INSURANCE	2 6 1 3 8
9. LICENSES AND PERMITS	2 0 6 6
10. TRAVEL AND MEALS	4 2 2 8 1
11. REIMBURSED EXPENSES	4 2 4 2
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 3 5 4 8 6
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
**COMMUNICATIONS WORKERS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**09/30/2004**

FILE NUMBER: **0 5 5 - 8 2 3**

**SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</i>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>						
KHAN MONAZIR BUSINESS AGENT	C	1 5 1 1 2	0	3 6 6 5	0	1 8 7 7 7
STANFORD CATHERINE BUSINESS AGENT	C	3 2 0 1 1	0	1 5 7 4 4	0	4 7 7 5 5
PEREYRA STELLA BUSINESS AGENT	C	5 9 0 7 3	4 8 0 0	3 7 3	0	6 4 2 4 6
PLAGUE JEREMY BUSINESS AGENT	C	2 5 8 5 5	0	3 6 1 8	0	2 9 4 7 3
BAGEN MARY BUSINESS AGENT	C	3 9 9 8 7	2 4 0 0	3 7 7 0	0	4 6 1 5 7
MAGNUSON GEORGE BUSINESS AGENT	C	5 4 0 3 6	4 8 0 0	1 0 7 8	0	5 9 9 1 4
KLUCZYNSKI EVELYN BUSINESS AGENT	C	3 0 2 1 7	2 4 0 0	1 9 7 9	0	3 4 5 9 6
OLDENBURG SCOTT BUSINESS AGENT	C	9 3 0 0	0	3 3 6 2	0	1 2 6 6 2

ORGANIZATION NAME:  
**COMMUNICATIONS WORKERS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**09/30/2004**

FILE NUMBER: **055 - 823**

**SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
LAYMAN	DAVID	C	3 4 8 8 0	0	1 2 3 2	0	3 6 1 1 2
BUSINESS AGENT							
PRUDEN	HERNAN	C	1 3 2 0 0	0	4 2 7 0	0	1 7 4 7 0
BUSINESS AGENT							
KOHLBERG	RAYMOND	C	5 1 5 2 3	4 8 0 0	4 1 9 1	0	6 0 5 1 4
BUSINESS AGENT							
PEARSON	CHAD	C	4 7 4 1 0	0	2 1 1 3 2	0	6 8 5 4 2
ORGANIZER/B. A.							
BENEDETTO	THOMAS	C	4 9 3 5 4	4 8 0 0	5 2 7 3	0	5 9 4 2 7
BUSINESS AGENT							
CUMMINGS	DENISE	C	3 6 1 9 3	2 4 0 0	4 4 6 1	0	4 3 0 5 4
BUSINESS AGENT							
WITHERS	MICHELLE	C	1 2 0 0	0	0	0	1 2 0 0
BUSINESS AGENT							
MUIR	LEAH	P	1 2 0 0	0	2 3 8	0	1 4 3 8
BUSINESS AGENT							



ORGANIZATION NAME:  
**COMMUNICATIONS WORKERS AFL-CIO**

FILE NUMBER: **0 5 5 - 8 2 3**

ENDING DATE OF PERIOD COVERED:  
**09/30/2004**

**SCHEDULE 12 – CONTRIBUTIONS, GIFTS & GRANTS (continued)**

Description (A)	Amount (B)
HEALTH CARE STRIKE FUND	2 5 0
LI FEDERATION OF LABOR	5 0 0
LI PROGRESSIVE COALITION	2 5 0
MARCH OF DIMES	2 0 0 0
N AMITYVILLE FIRE CO	1 0 0
NATIONAL WWII MEMORIAL	1 0 0
NEW HAMPSHIRE SPCA	7 5
NYABA	2 5 0
NYCOSH	6 0 0
MUSCULAR DYSTROPHY	1 5 0
SALVATION ARMY	2 0 0
SOLIDARITY COMMITTEE	1 5 0
TOMLINSON/DELBERT FUND	1 0 0
VIETNAM VETS CHAPTER 82	2 0 0
LICADD	7 5 0
AMERICAN CANCER SOCIETY	1 0 0
AMERICAN LUNG ASSOCIATION	5 0 0
BETHPAGE FIFRE DEPARTMENT	1 0 0





ORGANIZATION NAME:  
**COMMUNICATIONS WORKERS AFL-CIO**

FILE NUMBER: **0 5 5 - 8 2 3**

ENDING DATE OF PERIOD COVERED:  
**09/30/2004**

### **75. ADDITIONAL INFORMATION**

Item Number	
11	1104 COMMUNICATION WORKERS OF AMERICA SAVINGS PLAN AND TRUST 11-1982067

ORGANIZATION NAME:  
**COMMUNICATIONS WORKERS AFL-CIO**

FILE NUMBER: **0 5 5 - 8 2 3**

ENDING DATE OF PERIOD COVERED:  
**09/30/2004**

**75. ADDITIONAL INFORMATION(continued)**

Item Number	
14	REVIEW PERFORMED BY OUTSIDE ACCOUNTANTS - MILLER LEVINE & COMPANY

ORGANIZATION NAME:  
**COMMUNICATIONS WORKERS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**09/30/2004**

FILE NUMBER: **0 5 5 - 8 2 3**

## TRUSTEE SIGNATURES

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.)

Trustee Sign: \_\_\_\_\_ TRUSTEE

Trustee Sign: \_\_\_\_\_ TRUSTEE

\_\_\_\_\_ Date

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ Date

\_\_\_\_\_ Telephone Number