


# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT


**FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS**

440

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 	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	0 9 0 — 3 3 2	MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	

TOMMY CAGLE (3) 090-332 POSTAL WORKERS, AMERICAN, AFL-CIO 440 SA MISSISSIPPI 193 HOBBY FARMS RD CLINTON, MS 39056 12/2000  		8. MAILING ADDRESS (Type or print in capital letters.) First Name: T o m m y Last Name: C a g l e P.O. Box • Building and Room Number (if any): 1 9 3 H o b b y F a r m s R d Number and Street: City: C l i n t o n State: M S ZIP Code + 4: 3 9 0 5 6
4. AFFILIATION OR ORGANIZATION NAME		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"/>
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER	
7. UNIT NAME (if any)		

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

Item Number	
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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.)

57. SIGNED: <u>Denise J. Ryan</u> 03 / 29 / 2001 ( 662 ) 388- 2750 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Tommy J. Cagle</u> 03 / 24 / 2001 ( 601 ) 924- 1676 Date Telephone Number	TREASURER (If other title, see instructions.)
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*During the Reporting Period Did Your Organization:*

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? .....              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i>  |                          |                                     |
| 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? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)*

19. How many members did your organization have at the end of the reporting period? 1 6 0 0

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? \$ 4 0 0 0 0

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? Yes No  
   
*(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*

22. What is the date of your organization's next regular election of officers? MO YEAR  
0 5 2 0 0 1

23. 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	\$ 0.38 to 13.03 per bi-weekly <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 0
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per <i>(Month, Year, etc.)</i>

# 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 9 0 — 3 3 2

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. R Y A N	D E R R I C K	3 1 6 0	1 9 5 1	5 1 1 1
Title P R E S I D E N T	Status C			
2. M I X O N	H E N R Y		3 9 4	3 9 4
Title V I C E P R E S I D E N T	Status C			
3. C A G L E	T O M M Y	1 8 7 7	6 1 0	2 4 8 7
Title S E C R E T A R Y / T R E A S U R E R	Status C			
4. C A M P A S S I	M A R K	1 7 6 3	1 9 5 9	3 7 2 2
Title E D I T O R	Status C			
5. S M I T H	D O R I S	3 6	8 1 4	8 5 0
Title D I S T R I C T 1 D I R E C T O R	Status C			
6. R I C E	E D W A R D		1 3 2 4	1 3 2 4
Title D I S T R I C T 2 D I R E C T O R	Status C			
7. E A N E S	G R E G	5 1 5	7 6 3	1 2 7 8
Title D I S T R I C T 3 D I R E C T O R	Status C			
8. Totals from additional pages (if any)		385	1,522	1,907
9. Totals of Lines 1 through 8		7,736	9,337	17,073
		10. Less Deductions		1 9 0 6
Enter the Total from Line 11 in ..... Item 45 →		11. Net Disbursements		1 5 1 6 7

\*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.)

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

FILE NUMBER: 0 9 0 — 3 3 2

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash .....	7 5 8 9 9	7 5 4 5 5	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 .....	0	0	35. Other Liabilities .....	5 1 5	0
	29. Fixed Assets .....	3 0 0 0	3 0 0 0	36. TOTAL LIABILITIES .....	5 1 5	
	30. Other Assets .....	0	0			
	31. TOTAL ASSETS .....	7 8 8 9 9	7 8 4 5 5	37. NET ASSETS (Item 31 less Item 36).....	7 8 3 8 4	7 8 4 5 5

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues .....	3 5 4 8 6	45. To Officers (from Item 24) .....	1 5 1 6 7
	39. Per Capita Tax .....	3 3 0 3	46. To Employees (less deductions) .....	6 3 7
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	2 0
	41. Interest & Dividends .....	3 7 0 8	48. Office & Administrative Expense .....	1 1 7 9 0
	42. Sale of Investments & Fixed Assets .....		49. Professional Fees .....	0
	43. Other Receipts .....	2 6 9 1	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	4 5 1 8 8	51. Contributions, Gifts & Grants .....	1 8 0 6
<p><b>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</b></p>			52. Purchase of Investments & Fixed Assets .....	2 4 8 2
			53. Loans Made .....	0
			54. Other Disbursements .....	1 3 7 3 0
			55. TOTAL DISBURSEMENTS .....	4 5 6 3 2

ORGANIZATION NAME:  
 ENDING DATE OF PERIOD COVERED:  
 12/31/2000

FILE NUMBER: 0 9 0 - 3 3 2

PAGE 1 OF 1 ADDITIONAL PAGES

**24. 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. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name: S H O R T      First Name: H O W A R D Title: D I S T R I C T 4 D I R E C T O R      Status: C		3 8 5	8 2 0	1 2 0 5
Last Name: M O R R I S      First Name: B O Title: D I S T R I C T 5 D I R E C T O R      Status: C		0	7 0 2	7 0 2
Last Name: _____      First Name: _____ Title: _____      Status: _____				
Last Name: _____      First Name: _____ Title: _____      Status: _____				
Last Name: _____      First Name: _____ Title: _____      Status: _____				
Last Name: _____      First Name: _____ Title: _____      Status: _____				
Last Name: _____      First Name: _____ Title: _____      Status: _____				
Last Name: _____      First Name: _____ Title: _____      Status: _____				
Last Name: _____      First Name: _____ Title: _____      Status: _____				
<b>Totals</b>		3 8 5	1 5 2 2	1 9 0 7

ORGANIZATION NAME: \_\_\_\_\_  
 ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_  
 PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## 24. 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. Use all capital letters.)</i>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>					
Last Name _____ First Name _____					
Title _____	Status _____				
Last Name _____ First Name _____					
Title _____	Status _____				
Last Name _____ First Name _____					
Title _____	Status _____				
Last Name _____ First Name _____					
Title _____	Status _____				
Last Name _____ First Name _____					
Title _____	Status _____				
Last Name _____ First Name _____					
Title _____	Status _____				
<b>Totals</b>					