




# 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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER <p style="font-size: 24pt; text-align: center;">090-332</p>	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002	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:
4. AFFILIATION OR ORGANIZATION NAME <b>TOMMY CAGLE (3) 090-332</b> <b>POSTAL WORKERS, AMERICAN, AFL-CIO 440</b> <b>SA MISSISSIPPI</b> <b>193 HODDY FARMS RD</b> <b>CLINTON, MS 39056 12/2002</b> 		8. MAILING ADDRESS (Type or print in capital letters.) First Name  Last Name  P.O. Box • Building and Room Number (if any)  Number and Street  City  State ZIP Code + 4	
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) <span style="float:right">Yes No</span>	
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number <p style="font-size: 24pt;">57</p>	<p style="font-size: 24pt;">PRESIDENT WAS OUT OF STATE</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.)			
57. SIGNED: <u>SL [Signature]</u> 3 130 12003 (401) 948-1395 Date Telephone Number	VICE PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Tommy J Cagle</u> 3 120 12003 (601) 924-1676 Date Telephone Number	TREASURER (If other title, see instructions.)

03-114-123/090332  
  
 \* 0 9 0 3 3 2 \*

*During the Reporting Period Did Your Organization:*

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

*(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? 1495
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? \$ 40000
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  
X  
*(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  
06 2003
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	\$ <u>0.35 to 7.74</u> per <u>Bi-weekly</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>0</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per <u>N/A</u> <i>(Month, Year, etc.)</i>

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 090 - 332

(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. <small>Last Name</small> RYAN <small>First Name</small> DERRICK	<small>Title</small> PRESIDENT <small>Status</small> C	3971	2371	6342
2. <small>Last Name</small> THIPPEN <small>First Name</small> SUNDRENIA	<small>Title</small> VICE PRESIDENT <small>Status</small> C	0	0	0
3. <small>Last Name</small> CAGLE <small>First Name</small> TOMMY	<small>Title</small> SECT/TREASURER <small>Status</small> C	2148	549	2697
4. <small>Last Name</small> COMPASSI <small>First Name</small> MARK	<small>Title</small> EDITOR <small>Status</small> C	2038	2196	4234
5. <small>Last Name</small> SMITH <small>First Name</small> DORIS	<small>Title</small> DIST 1 DIRECTOR <small>Status</small> C	11	639	650
6. <small>Last Name</small> RICE <small>First Name</small> EDWARD	<small>Title</small> DIST 2 DIRECTOR <small>Status</small> C	0	1886	1886
7. <small>Last Name</small> EAMES <small>First Name</small> GREG	<small>Title</small> DIST 3 DIRECTOR <small>Status</small> C	355	819	1174
8. Totals from additional pages (if any)		0	2270	2270
9. Totals of Lines 1 through 8		8523	10730	19253
			10. Less Deductions	1872
Enter the Total from Line 11 in ..... Item 45 ⇨			11. Net Disbursements	17381

\*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: 090-332

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash .....	71726	70670	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 .....	0	691
	29. Fixed Assets .....	3000	3000	36. TOTAL LIABILITIES .....	0	691
	30. Other Assets .....	0	0			
	31. TOTAL ASSETS .....	74726	73670	37. NET ASSETS (Item 31 less Item 36) .....	74726	72879

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	36567	45. To Officers (from Item 24) .....	17381
	39. Per Capita Tax .....	4487	46. To Employees (less deductions) .....	0
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	6
	41. Interest & Dividends .....	2072	48. Office & Administrative Expense .....	2020
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	0
	43. Other Receipts .....	291	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	43417	51. Contributions, Gifts & Grants .....	1952
			52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	23120
			55. TOTAL DISBURSEMENTS .....	44473

If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.

ORGANIZATION NAME:  
 ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 090-332

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**24. 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. Use all capital letters.)</small>		Status (C)	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>					
<small>Last Name</small> SHORT	<small>First Name</small> HOWARD		0	419	419
<small>Title</small> DIST 4 DIRECTOR	<small>Status</small> C				
<small>Last Name</small> BARKER	<small>First Name</small> ALPHONS		0	1851	1851
<small>Title</small> DIST 5 DIRECTOR	<small>Status</small> C				
<small>Last Name</small>	<small>First Name</small>				
<small>Title</small>	<small>Status</small>				
<small>Last Name</small>	<small>First Name</small>				
<small>Title</small>	<small>Status</small>				
<small>Last Name</small>	<small>First Name</small>				
<small>Title</small>	<small>Status</small>				
<small>Last Name</small>	<small>First Name</small>				
<small>Title</small>	<small>Status</small>				
<small>Last Name</small>	<small>First Name</small>				
<small>Title</small>	<small>Status</small>				
Totals			0	2270	2270

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			
		Totals			