

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. SUBMIT THIS REPORT IN DUPLICATE.															
<p>IMPORTANT</p> <p>If a label is here, peel off the top copy and place it in the same box on the second copy of the form.</p> <p>If label information is correct, leave Items 4 through 8 blank.</p> <p>If label information is incorrect, complete Items 4 through 8.</p>	<p>MARK MCDONALD (3) 501-998 GOVERNMENT EMPLOYEES AFGE AFL-CIO 08C LU 02040 DDD P O BOX 200157 BLDG 402 LOWRY 12/96 DENVER, CO 80220-0157</p>	<p>1. FILE NUMBER 501-998</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2. PERIOD COVERED</td> <td style="width: 15%;">MO</td> <td style="width: 15%;">DAY</td> <td style="width: 15%;">YR</td> </tr> <tr> <td>From</td> <td>01</td> <td>01</td> <td>96</td> </tr> <tr> <td>Through</td> <td>12</td> <td>31</td> <td>96</td> </tr> </table> <p>3. 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>		2. PERIOD COVERED	MO	DAY	YR	From	01	01	96	Through	12	31	96
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From	01	01	96												
Through	12	31	96												

4. AFFILIATION OR ORGANIZATION NAME American Federation of Government Employees		8. MAILING ADDRESS <i>(In care of) NAME AND TITLE OF PERSON</i> Mark McDonald	
5. DESIGNATION <i>(Local, Lodge, etc.)</i> Local	6. DESIGNATION NUMBER 2040	NUMBER AND STREET P.O. Box 200157	
7. UNIT NAME <i>(if any)</i>		BUILDING AND ROOM NUMBER <i>(if any)</i> Bld 667 Rm 30	
9. Are your organization's records kept at its mailing address? <i>(If "No," provide address in Item 56.)</i>		CITY Denver	STATE Colorado
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		ZIP CODE 80220-0157	

DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:

<p>10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>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 <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>12. Have a political action committee (PAC) fund? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>15. Discover any loss or shortage of funds or other property? <i>(Answer "Yes" even if there has been repayment or recovery.)</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>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 <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)

<p>19. How many members did your organization have at the end of the reporting period? 382</p> <p>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? \$17500</p> <p>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 <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i></p>	<p>22. What is the date of your organization's next regular election of officers? 10 / 98 Month Year</p> <p>23. What are your organization's rates of dues and fees? <i>(Enter a minimum and maximum if more than one rate applies for any line.)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Rates of Dues and Fees</th> </tr> <tr> <td>(a) Regular Dues/Fees</td> <td>\$ 11.55 per Biweekly (month/year, etc.)</td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ 0</td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ 0</td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ 0 per _____ (month/year, etc.)</td> </tr> </table>	Rates of Dues and Fees		(a) Regular Dues/Fees	\$ 11.55 per Biweekly (month/year, etc.)	(b) Initiation Fees	\$ 0	(c) Transfer Fees	\$ 0	(d) Work Permits	\$ 0 per _____ (month/year, etc.)
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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.)*

<p>57. SIGNED: <u><i>Thompson A. Hicks</i></u> PRESIDENT <i>(If other title, see instructions)</i> 3-5-97 (303) 360-0898 Date Telephone Number</p>	<p>58. SIGNED: <u><i>Mark S. McDonald</i></u> TREASURER <i>(If other title, see instructions)</i> 27 Feb 97 (303) 676-6780 Date Telephone Number</p>
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24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.) (A)	Title (B)	Status N - New P - Past C - Continuing (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(a) Marilyn A. Hicks	President	C	0	1320	1320
(b) William Frick	Exec Vice	C	0	0	0
(c) William Guidry	Vice Pres. A	C	0	0	0
(d) Roberto Trinidad	Vice Pres. B	C	0	0	0
(e) Cheryl Brown	Secretary	C	0	0	0
(f) Mark McDonald	Treasurer	C	0	250	250
(g) Totals from additional pages (if any)			0	0	0
(h) Totals of Lines (a) through (g)			0	1570	1570
			(i) Less Deductions		0
Enter the Total from Line (j) in Item 45			(j) Net Disbursements		1570

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)
25. Cash	19437	29274	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	0
29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	0
30. Other Assets	0	0	37. NET ASSETS (Item 31 less Item 36)	19437	29274
31. TOTAL ASSETS	19437	29274			

STATEMENT B — RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
38. Dues	91023	45. To Officers (from Item 24)	1570
39. Per Capita Tax	0	46. To Employees (less deductions)	0
40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	38948
41. Interest & Dividends	724	48. Office & Administrative Expense	5911
42. Sale of Investments & Fixed Assets	0	49. Professional Fees	5770
43. Other Receipts	1246	50. Benefits	22548
44. TOTAL RECEIPTS	92993	51. Contributions, Gifts & Grants	809
<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	7600
		55. TOTAL DISBURSEMENTS	83156

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

Item Number	Name	Title	Status	Gross Salary	Allowances	Total
24	Marian Wells	Trustee	C	0	0	0
24	Marsha Bennett	Trustee	P	0	0	0
24	Helen Striblings	Trustee	N	0	0	0