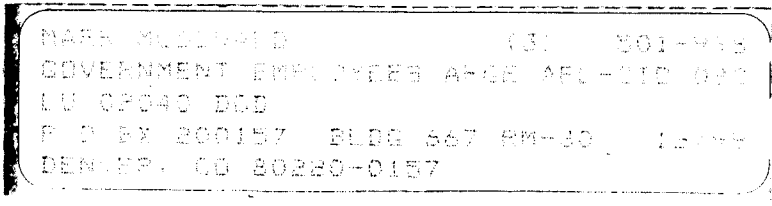


# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

**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><b>IMPORTANT</b></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>1. FILE NUMBER <b>501-998</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">2. PERIOD COVERED</th> <th style="text-align: center;">MO</th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">YR</th> </tr> <tr> <td>From</td> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> <td style="text-align: center;">99</td> </tr> <tr> <td>Through</td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">99</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	99	Through	12	31	99
2. PERIOD COVERED	MO	DAY	YR												
From	01	01	99												
Through	12	31	99												

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

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? <span style="border: 1px solid black; padding: 2px 10px;"><b>437</b></span></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? <span style="border: 1px solid black; padding: 2px 10px;"><b>\$ 17,500</b></span></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? <span style="border: 1px solid black; padding: 2px 10px;"><b>10 2001</b></span> <small>Month Year</small></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;"> <thead> <tr> <th colspan="2" style="text-align: center;">Rates of Dues and Fees</th> </tr> </thead> <tbody> <tr> <td>(a) Regular Dues/Fees</td> <td>\$ <u>12.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small></td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ <u>0</u></td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ <u>0</u></td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ <u>0</u> per _____ <small>(month, year, etc.)</small></td> </tr> </tbody> </table>	Rates of Dues and Fees		(a) Regular Dues/Fees	\$ <u>12.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small>	(b) Initiation Fees	\$ <u>0</u>	(c) Transfer Fees	\$ <u>0</u>	(d) Work Permits	\$ <u>0</u> per _____ <small>(month, year, etc.)</small>
Rates of Dues and Fees											
(a) Regular Dues/Fees	\$ <u>12.55</u> per <u>Biweekly</u> <small>(month, year, etc.)</small>										
(b) Initiation Fees	\$ <u>0</u>										
(c) Transfer Fees	\$ <u>0</u>										
(d) Work Permits	\$ <u>0</u> per _____ <small>(month, year, etc.)</small>										

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>Maureen A. Hicks</u> PRESIDENT <i>(If other title, see instructions)</i> <b>2/1/00 (303) 676-5410</b> <small>Date Telephone Number</small></p>	<p>58. SIGNED: <u>Mark McDonald</u> TREASURER <i>(If other title, see instructions)</i> <b>28 Jan 00 (303) 676-6780</b> <small>Date Telephone Number</small></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) <i>Marilyn A. Hicks</i>	<i>President</i>	<i>C</i>	<i>0</i>	<i>4435</i>	<i>4435</i>
(b) <i>Cheryl W. Williamson-Brown</i>	<i>Secretary</i>	<i>C</i>	<i>0</i>	<i>1682</i>	<i>1682</i>
(c) <i>William Guidry</i>	<i>Unit A Vice P.</i>	<i>P</i>	<i>0</i>	<i>1067</i>	<i>1067</i>
(d) <i>Roberto Trinidad</i>	<i>Unit B Vice P.</i>	<i>C</i>	<i>0</i>	<i>380</i>	<i>380</i>
(e) <i>Mark McDonald</i>	<i>Treasurer</i>	<i>C</i>	<i>0</i>	<i>3150</i>	<i>3150</i>
(f) <i>Marian Wells</i>	<i>Trustee #1</i>	<i>C</i>	<i>0</i>	<i>300</i>	<i>300</i>
(g) Totals from additional pages (if any)				<i>137</i>	<i>137</i>
(h) Totals of Lines (a) through (g)				<i>11148</i>	<i>11148</i>
				(i) Less Deductions	<i>0</i>
Enter the Total from Line (j) in Item 45				(j) Net Disbursements	<i>11148</i>

**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		<i>26875</i>	<i>41528</i>	32. Accounts Payable		<i>0</i>	<i>0</i>
26. Loans Receivable		<i>0</i>	<i>0</i>	33. Loans Payable		<i>0</i>	<i>0</i>
27. U.S. Treasury Securities		<i>0</i>	<i>0</i>	34. Mortgages Payable		<i>0</i>	<i>0</i>
28. Investments		<i>0</i>	<i>0</i>	35. Other Liabilities		<i>0</i>	<i>0</i>
29. Fixed Assets		<i>0</i>	<i>0</i>	36. TOTAL LIABILITIES		<i>0</i>	<i>0</i>
30. Other Assets		<i>0</i>	<i>0</i>	37. NET ASSETS (Item 31 less Item 36)			
31. TOTAL ASSETS		<i>26875</i>	<i>41528</i>			<i>26875</i>	<i>41528</i>

**STATEMENT B — RECEIPTS AND DISBURSEMENTS**

CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT
38. Dues		<i>113186</i>	45. To Officers (from Item 24)		<i>11148</i>
39. Per Capita Tax		<i>0</i>	46. To Employees (less deductions)		<i>0</i>
40. Fees, Fines, Assessments & Work Permits		<i>0</i>	47. Per Capita Tax		<i>41224</i>
41. Interest & Dividends		<i>1189</i>	48. Office & Administrative Expense		<i>13049</i>
42. Sale of Investments & Fixed Assets		<i>0</i>	49. Professional Fees		<i>6976</i>
43. Other Receipts		<i>220</i>	50. Benefits		<i>26801</i>
44. TOTAL RECEIPTS		<i>114595</i>	51. Contributions, Gifts & Grants		<i>744</i>
<div style="border: 1px solid black; padding: 5px;">                     If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.                 </div>			52. Purchase of Investments & Fixed Assets		<i>0</i>
			53. Loans Made		<i>0</i>
			54. Other Disbursements		<i>0</i>
			55. TOTAL DISBURSEMENTS		<i>99942</i>

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

Item Number	

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) Charlie Craig	Trustee	C	0	59	59
(b) Ronald Baker	Trustee	P	0	75	75
(c) Robert Martin	Pres. Vice P	P	0	0	0
(d)					
(e)					
(f)					
(g) Totals from additional pages (if any)					
(h) Totals of Lines (a) through (g)					
					134
					(i) Less Deductions
Enter the Total from Line (j) in Item 45					(j) Net Disbursements

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			32. Accounts Payable		
26. Loans Receivable			33. Loans Payable		
27. U.S. Treasury Securities			34. Mortgages Payable		
28. Investments			35. Other Liabilities		
29. Fixed Assets			36. TOTAL LIABILITIES		
30. Other Assets			37. NET ASSETS (Item 31 less Item 36)		
31. TOTAL ASSETS					

STATEMENT B — RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
38. Dues		45. To Officers (from Item 24)	
39. Per Capita Tax		46. To Employees (less deductions)	
40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	
41. Interest & Dividends		48. Office & Administrative Expense	
42. Sale of Investments & Fixed Assets		49. Professional Fees	
43. Other Receipts		50. Benefits	
44. TOTAL RECEIPTS		51. Contributions, Gifts & Grants	
<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	
		53. Loans Made	
		54. Other Disbursements	
		55. TOTAL DISBURSEMENTS	

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

Cash Flow Report  
1/ 1/99 Through 12/31/99

QDATA-Bank, Cash, CC Accounts  
1/28'00

Category Description	1/ 1/99- 12/31/99
<b>INFLOWS</b>	
<b>INCOME:</b>	
Dues Deductions	113,185.55 - (38)
Interest on Savings	1,189.40 - (41)
<b>TOTAL INCOME</b>	114,374.95
Inflows - Other	220.00 - (43)
<b>TOTAL INFLOWS</b>	114,594.95 - (44)
<b>OUTFLOWS</b>	
<b>ADMINISTRATION COSTS:</b>	
Bank Charges	100.20
Caucus Expenses:	
Caucus Fees	160.00
Caucus Perdiem	100.00
Total Caucus Expenses	260.00
Election Expenses	126.39
Executive Board Expenses:	
EBoard \$250.00 Per Month	746.67
EBoard Expenses	102.78
Total Executive Board Expenses	849.45
Holiday Party Expenses	250.43
Mailing Expenses	678.16
Member Meeting Expenses	100.00
Miscellaneous Expenses	1,497.94
Office Expenses	918.00
Officers Bond Fee	151.00
<b>TOTAL ADMINISTRATION COSTS</b>	4,931.57
<b>CHARITABLE DONATIONS:</b>	
Cash Contributions	125.00
Combined Federal Campaign	100.00
Flowers to Members	489.50
Gifts - Bible	29.53
<b>TOTAL CHARITABLE DONATIONS</b>	744.03 - (51)
<b>DENTAL PLAN EXPENSES:</b>	
Dental Contractor Fees	5,200.00
Dental Premiums	21,600.90
<b>TOTAL DENTAL PLAN EXPENSES</b>	26,800.90 - (50)
<b>EDUCATIONAL PUBLICITY:</b>	
Any other Educational	652.45
Monthly Newsletters	464.38
<b>TOTAL EDUCATIONAL PUBLICITY</b>	1,116.83
<b>NEGOTIATION EXPENSES:</b>	

Cash Flow Report  
1/ 1/99 Through 12/31/99

QDATA-Bank, Cash, CC Accounts  
1/28'00

Category Description	1/ 1/99- 12/31/99	
Negotiation Fees/Misc	66.29	
Negotiation Host Costs	502.14	
<b>TOTAL NEGOTIATION EXPENSES</b>		568.43
<b>OFFICERS STIPENDS:</b>		
President	1,800.00	
Secretary	300.00	
Travel Stipend	4,225.00	
Trustee#1	300.00	
Trustee#3	75.00	
Unit B Vice Pres	275.00	
<b>TOTAL OFFICERS STIPENDS</b>		6,975.00
<b>ORGANIZING EXPENSES:</b>		
Misc expenses for organiz	1,047.04	
New Members Bonus	3,635.00	
Signers Bonus	665.00	
<b>TOTAL ORGANIZING EXPENSES</b>		5,347.04
<b>PROFESSIONAL SERVICES:</b>		
Minahan & Shapiro Fee	6,976.37	
<b>TOTAL PROFESSIONAL SERVICES</b>		6,976.37 - (49)
<b>TAXES:</b>		
AFGE Per Capita Tax	40,328.20	
DALF Per Capita Tax	372.00	
Legislative Per Capita Tx	524.00	
<b>TOTAL TAXES</b>		41,224.20 - (47)
<b>TRAINING EXPENSES:</b>		
Steward Training Expenses:		
Steward Fees & Misc	807.33	
Steward Perdiem	4,450.00	
<b>Total Steward Training Expenses</b>	5,257.33	
<b>TRAINING EXPENSES - Other</b>	0.00	
<b>TOTAL TRAINING EXPENSES</b>		5,257.33
Outflows - Other		0.00
<b>TOTAL OUTFLOWS</b>		99,941.70
<b>OVERALL TOTAL</b>		14,653.25

Account Balances YTD  
As of 12/31/99

QDATA-All Accounts  
1/28'00

Acct	12/31/99 Balance
<b>ASSETS</b>	
Cash and Bank Accounts	
Cash	0.00
CO NAT BANK CK	5,109.96
CO NAT CD	0.00
CO NAT DENTAL	0.00
Expense Receipt	0.00
SAFCU CD	12,970.85
SAFCU SAVINGS	23,447.27
Total Cash and Bank Accounts	41,528.08
Assets	
FinancialMotion	0.00
Total Assets	0.00
<b>TOTAL ASSETS</b>	<b>41,528.08</b>
<b>LIABILITIES</b>	<b>0.00</b>
<b>TOTAL NET WORTH</b>	<b>41,528.08</b>

316, 376, 256