


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 PL. 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: <input type="checkbox"/>
	501-998	MO DAY YEAR From 01 01 2000 Through 12 31 2000	(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"/> (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"/>

IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name
MARK

Last Name
MCDONALD

P.O. Box • Building and Room Number (if any)
PO BOX 200157

Number and Street

City
DENVER

State ZIP Code + 4
CO 80220-0157

4. AFFILIATION OR ORGANIZATION NAME
AMERICAN FEDERATION of Government Employees

5. DESIGNATION (Local, Lodge, etc.)
LOCAL

6. DESIGNATION NUMBER
2040

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?
 (If "No," provide address in Item 56.)
 Yes No

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

Item Number 9
 DFAS-DE/TDCD
 6760 E Irvington Place
 Denver, CO 80279

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: Maureen A. Hines PRESIDENT (If other title, see instructions.)
 Date: 02 12 31 01 Telephone Number: (303) 369-6794

58. SIGNED: Mark S. M. [Signature] TREASURER (If other title, see instructions.)
 Date: 02 10 8 10 1 Telephone Number: (303) 1676-4304

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? 383
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? \$ 45000
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.) X
22. What is the date of your organization's next regular election of officers? MO YEAR
10 2001
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	\$ 14.05 per B: Weekly <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ 0
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per _____ <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 501-998

(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)*			
Last Name 1. HICKS	First Name MARIKYN Status C		7500	7500
Title PRESIDENT				
Last Name 2. McDONALD	First Name MARK Status C		1524	1524
Title TREASURER				
Last Name 3. WILLIAMSON-BROWNCHEERYL	First Name Status C		5899	5899
Title SECRETARY				
Last Name 4. TERRONES	First Name FRANCIS Status N		3844	3844
Title EXECUTIVE VICE PRES				
Last Name 5. COLE SR	First Name TERRY Status N		3643	3643
Title UNIT A VICE PRES				
Last Name 6. TRINIDAD	First Name ROBERTO Status C		3081	3081
Title UNIT B VICE PRES				
Last Name 7. WELLS	First Name MARIAN Status C		300	300
Title TRUSTEE #1				
8. Totals from additional pages (if any)			1322	1322
9. Totals of Lines 1 through 8				
10. Less Deductions				0
Enter the Total from Line 11 in		Item 45 ⇨	11. Net Disbursements 27113	

*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: -

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	41528	28813	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).....	41528	28813
	31. TOTAL ASSETS.....	41528	28813			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	122549	45. To Officers (from Item 24)	27113
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	45784
	41. Interest & Dividends	1163	48. Office & Administrative Expense	27850
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	7308
	43. Other Receipts	1520	50. Benefits	28751
	44. TOTAL RECEIPTS	125232	51. Contributions, Gifts & Grants	612
<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	129
			54. Other Disbursements	
			55. TOTAL DISBURSEMENTS	137947

ORGANIZATION NAME:
AFGE 2040

ENDING DATE OF PERIOD COVERED:
12-3100

FILE NUMBER: **501-998**

PAGE **1** OF **1** 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>					
Last Name CRAIG	First Name CHARLIE	Status Q		20	20
Title TRUSTEE #2					
Last Name MALLORY-BENNETT	First Name MARSHA	Status N		1302	1302
Title TRUSTEE #3					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Last Name	First Name	Status			
Title					
Totals				1322	1322

ORGANIZATION NAME: APGE 2040

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 501-998

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			
Last Name	First Name				
Title		Status			
		Totals			