


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 Office Use Only  E	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">5 0 1 - 9 9 8</div>	2. PERIOD COVERED From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">0 1</td> <td style="text-align: center;">0 1</td> <td style="text-align: center;">2 0 0 1</td> </tr> <tr> <td style="text-align: center;">Through</td> <td style="text-align: center;">1 2</td> <td style="text-align: center;">3 1</td> </tr> <tr> <td></td> <td style="text-align: center;">2 0 0 1</td> <td></td> </tr> </table>	MO	DAY	YEAR	0 1	0 1	2 0 0 1	Through	1 2	3 1		2 0 0 1		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (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"/>
MO	DAY	YEAR													
0 1	0 1	2 0 0 1													
Through	1 2	3 1													
	2 0 0 1														
4. AFFILIATION OR ORGANIZATION NAME AMERICAN FEDERATION OF GOVERNMENT E		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px;">M A R K</div> Last Name <div style="border: 1px solid black; padding: 2px;">M C D O N A L D</div> P.O. Box • Building and Room Number (if any) <div style="border: 1px solid black; padding: 2px;">P O B O X 2 0 0 1 5 7</div> Number and Street <div style="border: 1px solid black; height: 20px;"></div> City <div style="border: 1px solid black; padding: 2px;">D E N V E R</div> State ZIP Code + 4 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">C O</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8 0 2 2 0</div> <div style="margin-right: 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>													
5. DESIGNATION (Local, Lodge, etc.) <div style="font-size: 1.2em; margin-left: 40px;">Local</div>		6. DESIGNATION NUMBER <div style="font-size: 1.2em; margin-left: 40px;">2040</div>													
7. UNIT NAME (if any)		9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If "No," provide address in Item 56.)													

56. ADDITIONAL INFORMATION	
Item Number 9.	6760 E Irvington Pl, Denver, Colorado, 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:  PRESIDENT (If other title, see instructions.) Date: <u>11 March 2002</u> Telephone Number: <u>303-676-7140</u>	58. SIGNED: <u>Please See Attached Letter</u> TREASURER (If other title, see instructions.) Date: _____ Telephone Number: _____
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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 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 3 2 2
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? \$ 1 7 5 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 or practices/procedures have changed, see the instructions.)
22. What is the date of your organization's next regular election of officers? MO 1 0 YEAR 2 0 0 4
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>14.05</u> per <u>BIWEEKLEY</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>0.00</u>
(c) Transfer Fees	\$ <u>0.00</u>
(d) Work Permits	\$ <u>0.00</u> per <u>none</u> <i>(Month, Year, etc.)</i>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 0 1 - 9 9 8

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1.	HICKS PRESIDENT	MARILYN P	0	3 4 2 1	3 4 2 1
2.	WILLIAMSON-BROWN SECRETARY	CHERYL C	0	1 3 4 1	1 3 4 1
3.	TERRONES EXECUTIVE VICE/TRUS	FRANCIS C	0	1 9 5 5	1 9 5 5
4.	WELLS TRUSTEE	MARIAN P	0	2 5 0	2 5 0
5.	MALLORY-BENNETT TRUSTEE	MARSHA P	0	6 4 3	6 4 3
6.	ROBERTO UNIT B VICE PRESIDE	TRINIDA C	0	2 0 3 3	2 0 3 3
7.	LOBATO TRUSTEE	STEPHEN N	0	9 0 3	9 0 3
8.	Totals from additional pages (if any)		0	2 1 8 1	2 1 8 1
9.	Totals of Lines 1 through 8		0	1 2 7 2 7	1 2 7 2 7
			10. Less Deductions		0
The Total from Line 11 inItem 45			11. Net Disbursements		1 2 7 2 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.)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 0 1 - 9 9 8

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	2 8 8 1 3	5 3 0 2 6	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)	2 8 8 1 3	5 3 0 2 6
31. TOTAL ASSETS	2 8 8 1 3	5 3 0 2 6				

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	1 2 5 8 8 0	45. To Officers (from Item 24)	1 2 7 2 7
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	5 0 5 9 4
	41. Interest & Dividends	1 2 6 4	48. Office & Administrative Expense	4 8 5 0
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	6 8 8 2
	43. Other Receipts	5 0 4 7	50. Benefits	2 3 9 9 6
44. TOTAL RECEIPTS	1 3 2 1 9 1	51. Contributions, Gifts & Grants	7 2 2	
<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	8 2 0 7	
		55. TOTAL DISBURSEMENTS	1 0 7 9 7 8	

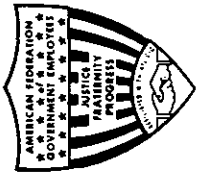
ORGANIZATION NAME:
AMERICAN FEDERATION OF GOVERNMENT E

FILE NUMBER: **5 0 1 - 9 9 8**

ENDING DATE OF PERIOD COVERED:
12/31/2001

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>		(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>					
COLE	TERRY		0	1 8 7	1 8 7
UNIT A VICE PRES	C				
HUNT	VICKIE		0	1 9 9 4	1 9 9 4
TREASURER	N				
MCDONALD	MARK		0	0	0
PRESIDENT/TREASURER	C				



American Federation of Government Employees Local 2040

Defense Finance Accounting Service * Air Reserve Personnel Center
P.O. Box 200157 Denver, Colorado 80220



11 March 2002

RE: Treasurer Signature

On 26 January 2002, our Treasurer Vickie Hunt retired and then resigned from office she had been elected to in October of 2002.

Subsequently AFGE Local 2040 was notified that the Regular Election of October 2002 would be re-run due to a protest. As a result we have not elected a Treasurer.

The Local's Constitution is explicit that an officer can not be appointed to fill a vacated position unless the remaining term is less than one year so no one has been appointed.

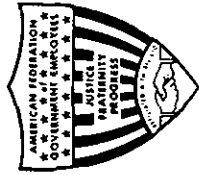
After discussing this situation with our District 11 representative it was agreed that the President would handle the Local's finances with review of the Executive Board until a Treasurer could be elected.

This is why there is not a Treasurer's signature on the IM-3.

Thank you,

Mark McDonald, President AFGE Local 2040

"To do for all that which none can do for oneself"



American Federation of Government Employees Local 2040

Defense Finance Accounting Service * Air Reserve Personnel Center
P.O. Box 200157 Denver, Colorado 80220

11 March 2002



RE: Results in Regular Election - October 16, 2002

The results of our Regular Election are:

President - Mark McDonald
Treasurer - Vickie Hunt (Has since retired and resigned)
Secretary - Cheryl Williamson-Brown
Unit A VP - Terry Cole
Unit B VP - Roberto Trinidad
Trustee - Francisco Terrones
Trustee - Stephen Lobato

Due to a Constitutional change which took effect 1 January 2002 (see attached constitution) the Executive VP and 1 Trustee position were deleted.

Thank you,

Mark McDonald, President AFGE Local 2040

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