U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

Form Approved Office of Management and Budget No. 1215-0188 Expires: 07-31-2004

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 INSTRUCTI	IONS CAREFULLY BEFORE PREPARI	ING THIS REPORT.			
For Official Use Only 1. FILE NUMBER 2. PERIO	OD COVERED MO DAY YEAR	3. (a) AMENDED — If this is an amended report correcting filed report, check here:	a previously		
5 4 2 - 6 8 9 From	0 1 0 1 2 0 0 2	(b) TERMINAL — If your organization ceased to exist and terminal report, see Section XII of the instructions and	tithis is its		
E Throug	gh 1 2 3 1 2 0 0 2	(c) SUBSIDIARY — If this is a report for a subsidiary orga your union as defined in Section X of the instructions,	check here:		
	8. MAILING ADDRESS				
	First Name				
	MARK				
	Last Name				
	MCDONALD				
	P.O. Box Building and Room Num				
4. AFFILIATION OR ORGANIZATION NAME	PO BOX 20	0 0 1 5 7			
AFGE-AFL-CIO	Number and Street				
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBE					
o. Decician mora (2004), 20490, 3107	City				
7. UNIT NAME (if any)	DENVER				
COUNCIL 171					
	State ZIP Code + 4				
9. Are your organization's records kept at its mailing address? Yes No No No	X CO 80220	_			
56. ADDITIONAL INFORMATION					
Item Number					
			form ation contained		
Each of the undersigned, duly authorized officers of the above labor organization, declare in any accompanying documents) has been examined by the signatory and is, to the best	es, under the applicable perfailes of law, that is of the undersigned's knowledge and belief, tr	an or the information submitted in this report (including the in rue, correct, and complete. (See Section VI on penalties in ti	ne instructions.)		
57. PRES	SIDENT 58. SIGNED:		TREASURER		
016 010 7707 (If of	ther title,	303-676-8214	(If other title,		
Date Telephone Number	instructions.) Date	Telephone Number	see instructions.)		

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19. How many members did your During the Reporting Period Did Your Organization: organization have at the end of the 2 5 1 0 Yes No. reporting period? 10. Have a "subsidiary organization" as defined in X Section X of the instructions? 20. What is the maximum amount recoverable under your organization's 11 Create or participate in the adminstration of a fidelity bond for a loss caused by trust or other fund or organization, as defined any officer or employee of your in the instructions, which provides benefits for 5000 X members or their beneficiaries? organization? 21. During the reporting period, did your 12. Have a political action committee (PAC) organization have any changes in its fund? constitution and bylaws (other than Yes No. 13. Acquire or dispose of any goods or property in rates of dues and fees) or in practices/ any manner other than by purchase or sale? procedures listed in the instructions? (If the constitution and bylaws or practices/ procedures have changed. 14. Have an audit or review of its books and records by an outside accountant or by a parent body see the instructions.) auditor/representative? 22. What is the date of your organization's 2 0 0 5 15. Discover any loss or shortage of funds or next regular election of officers? other property? (Answer "Yes" even if there has been repayment 23. What are your organization's rates of dues and fees? or recovery.) (Enter a minimum and maximum if more 16. Have any officer who was paid \$10,000 or more than one rate applies for any line.) by your organization and also received \$10,000 or more as an officer or employee of another labor X Rates of Dues and Fees organization or of an employee benefit plan? (a) Regular Dues/Fees \$ -17. Pay any employee salary, allowances, and other (Month, Year, etc.) expenses which, together with any payments X from affiliates, totaled more than \$10,000? (b) Initiation Fees 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a (c) Transfer Fees business enterprise? (d) Work Permits (If the answer to any of the above questions is "Yes," provide details (Month, Year, etc.) in Item 56 as explained in the instructions for each item.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 4 2 - 6 8 9

	(A) Name (List all persons who held office during the reporting period e they received no salary or other disbursements. Use all capit	tal letters.)	Gross Salary (before taxes and	Allowances and Other	
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.,	Status (C)*	other deductions) (D)	Disbursements (E)	Total (F)
	DULL	KELLEY	0	3 8 9 6	3 8 9 6
1.	PRESIDENT	С			
2.	TOWNES	CONSTANCE	0	2 4 3 3	2 4 3 3
۷.	EXECUTIVE VICE PRES	С			
3.	ROACH	WILLIAM	0	1 5 2 6	1 5 2 6
3.	SECRETARY	С			
4.	MCDONALD	MARK	0	1 6 9 6	1 6 9 6
4.	TREASURER	С			
5.	DURINSKI	MARK	0	0	0
J.	REGIONAL VP NORTH	С			
6.	BURT	GEORGE	0	0	0
-	REGIONAL VP SOUTH	С			
7.	DAVIS	VICTOR	0	0	0
	REGIONAL VP CENTRAL	С			
8.	Totals from additional pages (if any)		0	1 4 3 1	1 4 3 1
9.	Totals of Lines 1 through 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	10982	10982
				10. Less Deductions	0
	The Total from Line 11 in		ltem 45	11. Net Disbursements	10982
* Co	de for Status (C): past officer - P; continuing officer - C; new	officer during the rep	orting period - N. (If any your o	officer was not elected at a regular elec organization's constitution and bylaws, ex	tion in accordance with plain in Item 56 .)

	Aniounts in Donais On	y - Do Not Enter C				
	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
, ,	25. Cash	2 1 5	7 7 5 2	32. Accounts Payable	0	0
A H	26. Loans Receivable	0	0	33. Loans Payable	0	0
ENT	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
STATEMENT A ETS AND LIABILITIES	28. Investments		0	35. Other Liabilities	0	0
STA ETS,	29. Fixed Assets		0	36. TOTAL LIABILITIES	0	0
ASSE	30. Other Assets	0	0			
	31. TOTAL ASSETS	2 1 5	7 7 5 2	37. NET ASSETS (Item 31 less Item 36)	2 1 5	7 7 5 2
	CASH RECEI	PTS	AMOUNT	CASH DISBURSI	EMENTS	AMOUNT
	38. Dues		0	45. To Officers (from Item 24	·)	10982
_ ω	39. Per Capita Tax		2 1 9 6 3	46. To Employees (less ded	uctions)	0
B RSEMENT	40. Fees, Fines, Assessmen	ts & Work Permits	0	47. Per Capita Tax		0
R SEN	41. Interest & Dividends		0	48. Office & Administrative E	Expense	3 4 4 3
STATEMENT IS AND DISBUR	42. Sale of Investments & Fi	xed Assets	0	49. Professional Fees		0
ATEN NO O	43. Other Receipts		0	50. Benefits		0
ST	44. TOTAL RECEIPTS		2 1 9 6 3	51. Contributions, Gifts & Gr	ants	0
ECEIPT			1	52. Purchase of Investments	& Fixed Assets	0
#	•	eported in Item 44	•	53. Loans Made		0
	or more, your organization must file Form LM-2			54. Other Disbursements		0
				55. TOTAL DISBURSEMEN	TS	1 4 4 2 5

ORGANIZATION NAME:
AFGE-AFL-CIO
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 5 4 2 - 6 8 9

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name	me (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	Allowances and Other			
Title	(Enter title of officer, such as PRESIDENT or TREA	SURER.)	(C) Status *	other deductions) (D)	Disbursements (E)	Total (F)	
SMITH		ROBI	ΙN	0	1 4 3 1	1 4 3 1	
REGIONAL	. VP MIDCENT		С				
COATES		CHARLE	ES	0	0	0	
REGIONAL	. VP WEST		С				

12/31/2002

ORGANIZATION NAME:
AFGE-AFL-CIO
ENDING DATE OF PERIOD COVERED:
12/31/2002

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Number 9	67660 East Irvington Place Denver, Colorado 80279
,	orooo Last II vington 1 lace Deriver, Colorado 00278

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AFGE-AFL-CIO

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