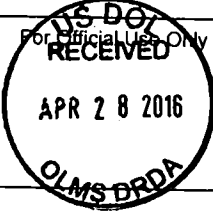


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 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.

	1. FILE NUMBER 071-937	2. PERIOD COVERED From MO DAY YEAR 01 01 2015 Through 12 31 2015	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"/>
AMERICAN POSTAL WORKERS UNION 2606 RAEFORD ROAD SUITE #11 FAYETTEVILLE, NC 28303		8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME American Postal Workers Union AFL-CIO		6. DESIGNATION NUMBER 984	
5. DESIGNATION (Local, Lodge, etc.) LOCAL		7. UNIT NAME (if any) American Postal Workers Union	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

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

Item Number	16. Union President (Anthony Q. McKinon) received \$28,800.00 54. Copier Maint. + Lease Payments; Property Ins.; TRAVEL Expenses; Local/Long Distance Phone + Internet Services; Cell Phone; Food Expense for monthly meetings; Registration Fees; membership Dues; Flower Expense
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other 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: <u>Tony A. McKinon</u> 1 28 2016 (910) 624 - 1153 Date Telephone Number	58. SIGNED: <u>Terri A. Hoone</u> 1 22 2016 (910) 426 - 1401 Date Telephone Number
PRESIDENT (If other title, see instructions.)	TREASURER (If other title, see instructions.)

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?.....
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input 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 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? [][][][] 300

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? \$ [][][] 25000

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.)

22. What is the date of your organization's next regular election of officers? MO YEAR
[][] [20][16]

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				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	\$ 48.78	per Mo.		
(b) Initiation Fees	\$	per		
(c) Transfer Fees	\$	per		
(d) Work Permits	\$	per		

ORGANIZATION NAME: American Postal Workers Union AFL-CIO
 ENDING DATE OF PERIOD COVERED: 12-31-2015

FILE NUMBER: 071-937

PAGE 1 OF 2 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>	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>	Status (C)		
Last Name: <u>McKinnon</u> First Name: <u>Anthony</u> MI: <u>0</u> Title: <u>PRESIDENT</u> Status: <u>C</u>	<u>28800</u>	<u>0</u>	<u>28800</u>
Last Name: <u>Savoy</u> First Name: <u>Mavis</u> MI: <u></u> Title: <u>Vice-President</u> Status: <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name: <u>Horne</u> First Name: <u>TERRI</u> MI: <u>L</u> Title: <u>SECRETARY/TREASURER</u> Status: <u>C</u>	<u>2184</u>	<u>0</u>	<u>2184</u>
Last Name: <u>Bumbrey</u> First Name: <u>MARY</u> MI: <u></u> Title: <u>INDUSTRIAL RELATIONS</u> Status: <u>C</u>	<u>436</u>	<u>0</u>	<u>436</u>
Last Name: <u>Quiz</u> First Name: <u>Antonio</u> MI: <u></u> Title: <u>OWCP</u> Status: <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name: <u>FORD</u> First Name: <u>LILLIE</u> MI: <u></u> Title: <u>RESEARCH & EDUCATION</u> Status: <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name: <u>Vines</u> First Name: <u>Randy</u> MI: <u></u> Title: <u>CLERK CRAFT DIRECTOR</u> Status: <u>C</u>	<u></u>	<u></u>	<u></u>
Last Name: <u>White</u> First Name: <u>JAMES</u> MI: <u></u> Title: <u>AREA OFFICES</u> Status: <u>C</u>	<u>218</u>	<u>0</u>	<u>218</u>
Totals	<u>31638.00</u>	<u>0</u>	<u>31638.00</u>

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER: 071-937

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	23,416	61,938	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 LIABILITITES	\$0	\$0
	30. Other Assets	0	0			
31. TOTAL ASSETS	23,416	61,938	37. NET ASSETS (Item 31 less Item 36)	23,416	61,938	

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	122,924	45. To Officers (from Item 24)	31,639
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	201
	41. Interest & Dividends	0	48. Office & Administrative Expense	18,908
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	0
	43. Other Receipts	33	50. Benefits	0
	44. TOTAL RECEIPTS	122,957	51. Contributions, Gifts & Grants	0
	If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	0
53. Loans Made			0	
54. Other Disbursements			10,271	
55. TOTAL DISBURSEMENTS			61,019	

ORGANIZATION NAME:
American Postal Workers Union Local AFL-CIO
 ENDING DATE OF PERIOD COVERED:
12-31-2015

FILE NUMBER: **071-937**

PAGE **2** OF **2** ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(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)			
Last Name	First Name	MI				
CHILDRESS	Rhonda			0	0	0
Title MVS Director			Status C			
Totals				31,638.00	0	31,638.00