

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved  
Office of Management and Budget  
No: 1245-0003  
Expires: 08-31-2016

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 Official Use Only <b>RESERVED</b> AUG 24 2015 OLM-REG-001	1. FILE NUMBER <b>543-686</b>	2. PERIOD COVERED MO DAY YEAR From <b>01/01/2014</b> Through <b>12/31/2014</b>	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"/>
	E		

4. AFFILIATION OR ORGANIZATION NAME <b>COMMITTEE FOR FAIR AND EQUAL</b>	6. DESIGNATION NUMBER	8. MAILING ADDRESS (Type or print in capital letters) First Name <b>CRYSTAL</b> Last Name <b>COBEN</b> P. O. Box - Building and Room Number (if any)
--	-----------------------	---

7. UNIT NAME (if any) <b>REPRESENTATION</b>	Number and Street <b>450 PRAIRIE AVE STE:106</b> City <b>CALUMET CITY</b> State <b>IL</b>	ZIP Code + 4 <b>60409-2125</b>
--	--	-----------------------------------

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

56. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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 XI on penalties in the instructions.)

57. SIGNED:  <b>P. Coben</b> Date <b>8-15-2015</b> Telephone Number <b>773-5628714</b>	PRESIDENT (If other title, see instructions.)	58. SIGNED:  <b>Crystal Coben</b> Date <b>8/15/2015</b> Telephone Number <b>773-501-6227</b>	TREASURER (If other title, see instructions.)
---	--	---	--



During the Reporting Period Did Your Organization:

- 10. Have a 'subsidiary organization' as defined in Section X of the instructions? Yes  No
- 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  No
- 12. Have a political action committee (PAC) fund? Yes  No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes  No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes  No
- 15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) Yes  No
- 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  No
- 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes  No
- 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes  No

19. How many members did the labor organization have at the end of the reporting period? 482

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? \$50,000

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? (If the constitution and bylaws or practices/procedures have changed, see the instructions.) Yes  No

22. What is the date of the labor organization's next regular election of officers? 12/2016

23. What are the labor 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	52.43	per 2.5hours	49.94	55.12
(b) Initiation Fees	50	per Member	50	50
(c) Transfer Fees		per		
(d) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.







Enter Amounts in Dollars Only - Do Not Enter Cents

STATEMENT A ASSETS AND LIABILITIES							
Item	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash		\$8,608	-\$10,114	32. Accounts Payable		\$0	\$13,455
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	\$13,455
30. Other Assets		\$15,385	\$11,190	37. NET ASSETS (Item 31 Less Item 36)		\$23,993	-\$12,379
31. TOTAL ASSETS		\$23,993	\$1,076				

STATEMENT B RECEIPT AND DISBURSEMENTS					
Item	CASH RECEIPTS	AMOUNT	Item	CASH DISBURSEMENTS	AMOUNT
38. Dues		\$212,444	45. To Officers (from Item 24)		\$122,017
39. Per Capita Tax		\$0	46. To Employees (less deductions)		\$0
40. Fees, Fines, Assessments & Work Permits		\$0	47. Per Capita Tax		\$0
41. Interest & Dividends		\$0	48. Office & Administrative Expense		\$0
42. Sale of Investments & Fixed Assets		\$0	49. Professional Fees		\$33,595
43. Other Receipts		\$0	50. Benefits		\$0
44. TOTAL RECEIPTS		\$212,444	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		\$75,554
			55. TOTAL DISBURSEMENTS		\$231,166



24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS  Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 543-686

(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.)		(B) Name	(Enter title of officer, such as PRESIDENT or TREASURER)	(C) Status *	Gross Salary (before taxes and other deductions)	(D)	Allowances and Other Disbursements	(E)	TOTAL	(F)
1.	Last Name	First Name	Initial	JENNINGS	ANTHONY	Status	\$6,614				\$6,614	
	Title		Status		SECRETARY	N						
2.	Last Name	First Name	Initial	Holland	Donald	Status	\$9,904				\$9,904	
	Title		Status		President	P						
3.	Last Name	First Name	Initial	Ragucci	Nicholas	Status	\$0				\$0	
	Title		Status		Vice President	P						
4.	Last Name	First Name	Initial	Fleck	Christopher	Status	\$13,867				\$13,867	
	Title		Status		IN Vice President	C						
5.	Last Name	First Name	Initial	Gilbert	Reginald	Status	\$6,429				\$6,429	
	Title		Status		Recording Secretary	P						
6.	Last Name	First Name	Initial	Desmond	Michael	Status	\$1,300				\$1,300	
	Title		Status		Treasurer	P						



56. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: 543-686

