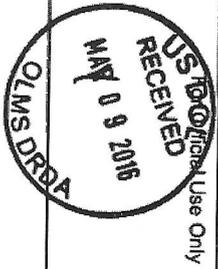


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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
543-1086

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:
(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:

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

First Name: GRNSTHAL
Last Name: DOHERN
P.O. Box • Building and Room Number (if any): PO BOX 2506
Number and Street: 450 Prairie Ave
City: CALUMET CITY IL 60409
State: IL ZIP Code **4: 60409-2125

4. AFFILIATION OR ORGANIZATION NAME
Committee for Fair and Equal Representation

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

7. UNIT NAME (if any)

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

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

Item Number

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: [Signature] PRESIDENT (if other title, see instructions.)
Date: 5-2-2016 Telephone Number: 773-562-8714

58. SIGNED: [Signature] TREASURER (if other title, see instructions.)
Date: 05-02-2016 Telephone Number: 773-562-6227

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?
- 12. Have a political action committee (PAC) fund?
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?
- 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)
- 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?
- 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?
- 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

(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? 480
- 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? \$ 500000

- 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 01 YEAR 2011

- 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	\$ 60.63	per 25ms	48.86	60.63
(b) Initiation Fees	\$ 50.00	per 1 time	50.00	50.00
(c) Transfer Fees	\$	per		
(d) Work Permits	\$	per		

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 543 - 086

STATEMENT A ASSETS AND LIABILITIES					
ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	101114	14987	32. Accounts Payable.....	13455	00000
26. Loans Receivable.....		00000	33. Loans Payable.....	0	0
27. U.S. Treasury Securities		00000	34. Mortgages Payable.....	0	0
28. Investments.....		00000	35. Other Liabilities.....	13455	0
29. Fixed Assets.....	111190	00000	36. TOTAL LIABILITIES..		
30. Other Assets.....	11076	14987	37. NET ASSETS (Item 31 less Item 36)...	12379	14987
31. TOTAL ASSETS.....					

STATEMENT B RECEIPTS AND DISBURSEMENTS			
CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
38. Dues	230830	45. To Officers (from Item 24)	131958
39. Per Capita Tax		46. To Employees (less deductions)	0
40. Fees, Fines, Assessments & Work Permits...		47. Per Capita Tax	0
41. Interest & Dividends		48. Office & Administrative Expense.....	35331
42. Sale of Investments & Fixed Assets.....		49. Professional Fees.....	0
43. Other Receipts	11078	50. Benefits.....	0
44. TOTAL RECEIPTS.....	241908	51. Contributions, Gifts & Grants.....	0
		52. Purchase of Investments & Fixed Assets.....	0
		53. Loans Made.....	49518
		54. Other Disbursements.....	0
		55. TOTAL DISBURSEMENTS.....	216807

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.

COMMITTEE FOR FAIR AND EQUAL REPRESENTATION

File 543-686

2015**ATTACHMENT TO LM-3****06-1824413****DETAIL - STMT B, LN 49****AMOUNT**

ARBITRATION	12,203
LEGAL	21,278
ACCOUNTING	1,850
TOTAL PROFESSION FEES, TO STMT B LINE 49	35,331

DETAIL - STMT B, LINE 54

PAYROLL TAXES	14,522
OFFICE EXPENSE	9,233
RENT	11,750
LOCAL TRAVEL	3,874
INSURANCE	1,753
BANK FEES	230
ARBITRATION FEES	688
OUTSIDE SERVICES	2,198
OTHER EXPENSE	5,270

TOTAL OTHER EXPENSE, STMT B LINE 54**49,518**

