

# AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES 2024 SURETY BOND REPORT

**Section I. CASH** (Cash, savings, dues trust, health & welfare and other bank accounts. List CD's in Section II).

| <u>Bank</u>            | <u>Account Type</u> | <u>Account #</u> | <u>Balance as of 12/31/24</u> |
|------------------------|---------------------|------------------|-------------------------------|
|                        |                     |                  | \$ _____                      |
|                        |                     |                  |                               |
|                        |                     |                  |                               |
|                        |                     |                  |                               |
| <b>Section I Total</b> |                     |                  | \$ _____                      |

**Section II. INVESTMENTS** (CD's, Money Market and other monetary instruments. Do not include real estate).

| <u>Name</u>             | <u>Account Type</u> | <u>Account # or Serial #</u> | <u>Balance as of 12/31/24</u> |
|-------------------------|---------------------|------------------------------|-------------------------------|
|                         |                     |                              | \$ _____                      |
|                         |                     |                              |                               |
|                         |                     |                              |                               |
|                         |                     |                              |                               |
| <b>Section II Total</b> |                     |                              | \$ _____                      |

**Section III. RECEIPTS**

2024 Dues Received (only record amount handled by affiliate- see instructions) \$ \_\_\_\_\_

2025 Dues Adjustment (leave blank unless significant increase in Dues Received in 2025 is expected- see instructions) \_\_\_\_\_

Other 2024 Receipts (Specify below, e.g. insurance premiums, fundraisers, interest, initiation fees, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section III Total** \$ \_\_\_\_\_

**GRAND TOTAL (Sum of the Sections I, II, and III Totals)** \$ \_\_\_\_\_

**For Councils and Locals Only (see instructions):**

Does the union have any Private Sector Employers? YES \_\_\_ NO \_\_\_

If YES to the above, did the union file a Department of Labor Form LM last year? YES \_\_\_ NO \_\_\_

Prepared by: \_\_\_\_\_ State \_\_\_\_\_

Title: \_\_\_\_\_ Enter Affiliate # as applicable:

Personal and/or Union Email: \_\_\_\_\_ Council \_\_\_\_\_

Cell Phone\*: \_\_\_\_\_ Local \_\_\_\_\_

Affiliate Employer Identification Number (EIN): \_\_\_\_\_ Ret Chapter \_\_\_\_\_

Signature: \_\_\_\_\_ Ret Subchapter \_\_\_\_\_

\*By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political, and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences at <https://www.afscme.org/tcpa>

## GENERAL INSTRUCTIONS FOR COMPLETING SURETY BOND REPORT

The purpose of this report is to estimate the amount of funds that will be available to or “handled” by the affiliate during 2025. As a rule of thumb, this amount comprises cash and investments on hand at 12/31/24 plus an estimate of 2025’s receipts using the actual 2024 receipts. The estimated amount of funds handled will determine if an increase to the affiliate’s Surety Bond Coverage is necessary. Please include all financial activities and balances of the affiliate.

### FAILURE TO FILE THIS REPORT MAY RESULT IN INSUFFICIENT BOND COVERAGE.

#### Section I.

Record the cash balances using the reconciled balances as of December 31, 2024. Show the account numbers of all bank accounts.

If the affiliate has more than four (4) accounts, attach a separate list with the requested information for all of the accounts and the total. Indicate “Total- See Attached Detail” under the “Bank” column on the first line, provide the total on the same line under the “Balance as of 12/31/24” column, and carry the amount to the Section I Total.

#### Section II.

Record the balances as of December 31, 2024 on all certificates of deposit, money market accounts, and the market value of stocks, bonds, and other securities. Do not include real estate. Indicate the name of the financial institution in the space provided.

If the affiliate has more than four (4) investment line items, attach a separate list with the requested information for all of the line items and the total. Indicate “Total- See Attached Detail” under the “Name” column on the first line, provide the total on the same line under the “Balance as of 12/31/24” column, and carry the amount to the Section II Total.

#### Section III.

For the “2024 Dues Received” line item, dues and other receipts should be recorded using the actual amounts received (i.e. “handled”) by the affiliate during 2024. For example, Locals receiving a rebate of dues from a Council after the Council deducts other portions of the total dues should only record the Local’s rebate that is received.

The “2025 Dues Adjustment” line item is used to increase the 2025 estimate if using the 2024 Dues Received as a 2025 estimate would otherwise be insufficient. If for example there is a significant membership increase expected in 2025, an amount should be placed here that in total when added to the “2024 Dues Received” line item above will be an estimate of 2025 Dues receipts. Similarly, if the affiliate was only in operation for a portion of the year 2024 an additional amount should be included here that in total when added to the actual 2024 amount is an estimate of 2025.

Other 2024 non-dues related receipts should be also included in this section by category. Add all line items in Section III and indicate the sum in the Section III Total.

#### Grand Total

After completing all three sections, add the totals in Sections I, II, and III and record on the “Grand Total” line.

#### For Councils and Locals Only

Check the boxes as applicable. Private sector employers refer to any employer that is not a state, county, municipality, or agency thereof.

#### Lower Section

Please be sure that all of the requested information has been completed and that the report is signed by an officer. Affiliates completing this form electronically should type the signatory officer’s name in the signature line. The officer’s name will be treated as an electronic signature.

#### How to send

Electronic filings: Follow the instructions at [www.afscmetreasurer.org/forms](http://www.afscmetreasurer.org/forms)

Paper filings: AFSCME Attn: Auditing Department  
1625 L Street NW  
Washington, DC 20036-5687

#### Additional item to include

Attach a copy of the most recent financial statement presented to your executive board and/or membership. Electronic filings should include this item as an additional attachment.

**Due Date: FORWARD TO THE INTERNATIONAL HEADQUARTERS NO LATER THAN MARCH 1, 2025.**