U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH $200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

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

USDOL/ESA Received SEP 14 '01 P-2 OLMS/DOE/STD

US DOL ESA Rec'd OCT 24 2001 B OLMS DPDA

1. FILE NUMBER: 000-031

2. PERIOD COVERED

	MO	DAY	YEAR
From	5	1	2000
Through	4	30	2001

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:
(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

4. AFFILIATION OR ORGANIZATION NAME
HOTEL EMPLOYEES & RESTAURANT EMPLOYEES

5. DESIGNATION *(Local, Lodge, etc.)*
INTERNATIONAL UNION

6. DESIGNATION NUMBER
N/A

7. UNIT NAME *(if any)*
N/A

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 75.)* Yes X No

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

First Name: SHERRI

Last Name: CHIESA

P.O. Box • Building and Room Number *(if any)*:

Number and Street: 1219 28TH STREET, NW

City: WASHINGTON

State: DC ZIP Code + 4: 20007 -

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

Item Number	
72	THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES.
VARIOUS	SEE ATTACHED SCHEDULE

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the 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.)*

76. SIGNED: John W. Lerbeck — PRESIDENT *(If other title, see instructions.)*
Date: / / Telephone Number: (202)393-4373

77. SIGNED: Sherri Chiesa — TREASURER *(If other title, see instructions.)*
Date: / / Telephone Number: (202)393-4373

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	X	
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?	X	
12. Have a political action committee (PAC) fund?	X	
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X	
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*		X
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?	X	
17. Liquidate or reduce any liabilities without disbursement of cash?		X

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 5 3 4 3 7

19. What is the date of your organization's next regular election of officers? MO 7 YEAR 2 0 0 1

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? $ 5 0 0 0 0 0

21. 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
(a) Regular Dues/Fees	$ 10.18-10.38 per month *(Month, Year, etc.)*
(b) Initiation Fees	$ 11.50
(c) Transfer Fees	$ N/A
(d) Work Permits	$ N/A per *(Month, Year, etc.)*

	Yes	No
22. 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 have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*		X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?	X	
24. Did your organization have any contingent liabilities at the end of the reporting period?		X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 0 0 _0 3 1

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		7 2 8 0 5 7 2	9 1 7 0 1 2 6
	26. Accounts Receivable		3 8 7 1 0	2 9 1 1 8
	27. Loans Receivable	1	1 0 3 0 3 9 0 4	8 6 6 5 5 8 2
	28. U.S. Treasury Securities		0	0
	29. Investments	2	2 7 6 6 7	3 2 7 7 8
	30. Fixed Assets	5	7 2 9 1 0 0 0	7 9 3 4 6 4 4
	31. Other Assets	3	3 9 6 6 7 5 7	4 3 8 0 3 2 7
	32. TOTAL ASSETS		2 8 9 0 8 6 1 0	3 0 2 1 2 5 7 5

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8	0	2 5 0 0 0 0 0
	35. Mortgages Payable		0	2 9 7 8 0 7 6
	36. Other Liabilities	4	9 3 8 7 5 5 2	7 8 3 8 1 0 7
	37. TOTAL LIABILITIES		9 3 8 7 5 5 2	1 3 3 1 6 1 8 3
	38. NET ASSETS *(Item 32 less Item 37)*		1 9 5 2 1 0 5 8	1 6 8 9 6 3 9 2

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 000_031

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT
39. Dues		0
40. Per Capita Tax		3219363 7
41. Fees		2071913
42. Fines		0
43. Assessments		0
44. Work Permits		0
45. Sale of Supplies		2392
46. Interest		493428
47. Dividends		284189
48. Rents		135716
49. Sale of Investments & Fixed Assets	6	104819
50. Loans Obtained	8	3000000
51. Repayments of Loans Made	1	1605564
52. On Behalf of Affiliates for Transmittal to Them		0
53. From Members for Disbursement on Their Behalf		0
54. Other Receipts	14	3720896
55. TOTAL RECEIPTS		4361254

CASH DISBURSEMENTS Item	From SCH #	AMOUNT
56. To Officers	9	2038031
57. To Employees	10	7971802
58. Per Capita Tax		1596177
59. Fees, Fines, Assessments, etc.		0
60. Office & Administrative Expense	13	4013700
61. Educational & Publicity Expense		410755
62. Professional Fees		4821664
63. Benefits	11	2311779
64. Contributions, Gifts & Grants	12	567394
65. Supplies for Resale		8018
66. Direct Taxes		1093283
67. Withholding Taxes		3461856
68. Purchase of Investments & Fixed Assets	7	1542756
69. Loans Made	1	2200
70. Repayment of Loans Obtained	8	500000
71. To Affiliates of Funds Collected on Their Behalf		0
72. On Behalf of Individual Members		0
73. Other Disbursements	15	1138585
74. TOTAL DISBURSEMENTS		4172300 0

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 0 0 – 0 3 1

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded $250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: SEE ATTACHED SCHEDULE Purpose: Security: Terms of Repayment:					
2. Name: Purpose: Security: Terms of Repayment:					
3. Name: Purpose: Security: Terms of Repayment:					
4. Totals from additional pages *(if any)*					
5. Totals of loans not listed above	10303904	2200	1605564	34958	8665582
6. Totals of Lines 1 through 5	103 0 3 9 0 4	2 2 0 0	1 6 0 5 5 6 4	3 4 9 5 8	8 6 6 5 5 8 2
Enter the Totals from Line 6 in	Item 27 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

FILE NUMBER: 000_031

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	27778
2. Total Book Value	27778
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	5000
5. Total Book Value	5000
6. List each other investment which has a book value over $1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	5000
7. Total of Lines 2 and 5	32778
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	4380327
7. Total of Lines 1 through 6	4380327
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	7838107
7. Total of Lines 1 through 6	7838107
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 0 _ 0 3 1

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*):				
2. Totals from additional pages *(if any)*	488490		488490	N/A
3. Buildings *(give location)*:				
4. Totals from additional pages *(if any)*	5819315	3083444	2735871	N/A
5. Automobiles and Other Vehicles	17534	7598	9936	N/A
6. Office Furniture and Equipment	6472043	2010656	4461387	N/A
7. Other Fixed Assets	397486	158526	238960	N/A
8. Totals of Lines 1 through 7	13194868	5260224	7 9 3 4 6 4 4	N/A

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages *(if any)*	3210138	3210138	3459588	3459588
6. Totals of Lines 1 through 5	3210138	3210138	3459588	3459588
		7. Less Reinvestments		3354769
		8. Net Sales		1 0 4 8 1 9

Enter the Total from Line 8 in ..... Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: C 0 0 — 0 3 1

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages *(if any)*	4897525	4897525	4897525
6. Totals of Lines 1 through 5	4897525	4897525	4897525
	7. Less Reinvestments		3354769
	8. Net Purchases		1 5 4 2 7 5 6

Enter the Total from Line 8 in ..... Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages *(if any)*	0	3000000	500000	0	2500000
6. Totals of Lines 1 through 5	0	3 0 0 0 0 0 0	5 0 0 0 0 0	0	2 5 0 0 0 0 0

Enter the Totals from Line 6 in ..... Item 34 Column (C) ..... Item 50 ..... Item 70 ..... Item 75 with Explanation ..... Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 000_031

(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) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: WILHELM First Name: JOHN Title: GEN PRESIDENT	C	273120	0	50565	13717	337402
2. Last Name: HANSEN First Name: TED Title: GEN SEC'Y TREAS	C	237500	6850	7874	50	252274
3. Last Name: RICHARDSON First Name: RON Title: EXEC VICE PRES	C	237500	0	10299	9241	257040
4. Last Name: PAULSEN First Name: KENNETH Title: DIR OF ORGANIZ	C	201875	0	7273	749	209897
5. Last Name: PAULSEN First Name: KENNETH Title: DIR OF ORGANIZ	C	0	0	99999	0	99999
6. Last Name: CARLSON First Name: CAROL Title: VICE PRESIDENT	C	88200	0	32256	0	120456
7. Last Name: CHIESA First Name: SHERRI Title: VICE PRESIDENT	C	90600	0	24078	0	114678
8. Totals from additional pages *(if any)*		1506622	0	315789	8598	1831009
9. Totals of Lines 1 through 8		2635417	6850	548133	32355	3222755
				10. Less Deductions		1184724
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		2038031

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 000_031

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: ABATE First Name: EMIL Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	46583	2500	1937	0	51020
2. Last Name: AGRIESTI First Name: JO MARI Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	65000	2400	7750	0	75150
3. Last Name: ALEXANDER First Name: COURTNE Position: AREA COORD GAMNG Name of Affiliated Organization: N/A	15000	0	522	3131	18653
4. Last Name: ALLEN First Name: LEON Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	45417	2400	5612	0	53429
5. Last Name: ALTMAN First Name: ERIC Position: COORD W REG OF Name of Affiliated Organization: N/A	58875	2400	5393	0	66668
6. Totals from additional pages *(if any)*	8951753	209163	1527702	77296	10765914
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	116944	1300	14844	2544	135632
8. Totals of Lines 1 through 7	9299572	220163	1563760	82971	11166466
			9. Less Deductions		3194664
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		7971802

SCHEDULE 11 — BENEFITS

FILE NUMBER: 000_031

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages *(if any)*		2311779
6. Total of Lines 1 through 5		2311779

Enter the Total from Line 6 ..... Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	567394
8. Total of Lines 1 through 7	567394

Enter the Total from Line 8 in ..... Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	4013700
8. Total of Lines 1 through 7	4013700

Enter the Total from Line 8 in ..... Item 60

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	3720896
17. Total of Lines 1 through 16	3 7 2 0 8 9 6
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	11383585
17. Total of Lines 1 through 16	1 1 3 8 3 5 8 5
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

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PAGE 1 OF 4 ADDITIONAL PAGES

SCHEDULE 9 — 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.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: COUGHLAN First Name: PAT Title: VICE PRESIDENT	C	117083	0	27694	0	144777
Last Name: DURAZO First Name: MARIA Title: VICE PRESIDENT	C	47917	0	4197	0	52114
Last Name: DYSON First Name: JAMES Title: VICE PRESIDENT	P	49338	0	4769	0	54107
Last Name: EATCHEL First Name: JEF Title: VICE PRESIDENT	C	52083	0	16946	0	69029
Last Name: ELLIOT First Name: WALTER Title: VICE PRESIDENT	C	50000	0	1456	0	51456
Last Name: HAMMER First Name: WOLFGAN Title: VICE PRESIDENT	C	65000	0	18435	0	83435
Last Name: LANDERS First Name: CANDACE Title: VICE PRESIDENT	C	62000	0	2934	0	64934
Last Name: LOPEZ First Name: CARLOS Title: VICE PRESIDENT	N	46042	0	188	0	46230
Totals						

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

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SCHEDULE 9 — 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.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: LUEBBERT First Name: TIMOTHY Title: VICE PRESIDENT	Status: C	62500	0	13864	0	76364
Last Name: MALONEY First Name: TERRENC Title: VICE PRESIDENT	Status: P	47078	0	1190	0	48268
Last Name: MCLAUGHLIN First Name: JOE Title: VICE PRESIDENT	Status: C	66150	0	12403	0	78553
Last Name: MONROE First Name: ISAAC Title: VICE PRESIDENT	Status: N	53250	0	29314	0	82564
Last Name: PAPAGEORGE First Name: STEVE Title: VICE PRESIDENT	Status: C	50000	0	9594	0	59594
Last Name: RICHARDSON First Name: HOWARD Title: VICE PRESIDENT	Status: C	94000	0	43759	0	137759
Last Name: RUTLEDGE First Name: ANTHONY Title: VICE PRESIDENT	Status: C	57931	0	2208	0	60139
Last Name: RYKUNYK First Name: JERONA Title: VICE PRESIDENT	Status: C	50000	0	3730	0	53730
	Totals					

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 9 — 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.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name STAMOS First Name JAMES Title VICE PRESIDENT	C	100000	0	49293	0	149293
Last Name STORMER First Name RONALD Title VICE PRESIDENT	C	56000	0	9836	0	65836
Last Name TAMARIN First Name HENRY Title VICE PRESIDENT	C	117000	0	22024	8598	147622
Last Name TAYLOR First Name DONALD Title VICE PRESIDENT	C	60000	0	16121	0	76121
Last Name TOTZKE First Name HARVEY Title VICE PRESIDENT	C	50000	0	1139	0	51139
Last Name WARD First Name PETER Title VICE PRESIDENT	C	53250	0	2893	0	56143
Last Name WORHAUG First Name NICK Title VICE PRESIDENT	C	50000	0	20540	0	70540
Last Name BOARDMAN First Name JOHN Title VICE PRESIDENT	C	50000	0	1262	0	51262
	Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

SCHEDULE 9 — 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.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name / First Name Title	Status					
Last Name / First Name Title	Status					
Last Name / First Name Title	Status					
Last Name / First Name Title	Status					
Last Name / First Name Title	Status					
Last Name / First Name Title	Status					
Last Name / First Name Title	Status					
Last Name / First Name Title	Status					
	Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: ANDERSON First Name: DEBORAH Position: ASST DIR INT AFF Name of Affiliated Organization: N/A	52000	0	15697	0	67697
Last Name: ARNODO First Name: GLEN G. Position: NEV POL DIRECTOR Name of Affiliated Organization: N/A	15000	0	699	0	15699
Last Name: ARNOLD First Name: JIM Position: AD ASST GEN PRES Name of Affiliated Organization: N/A	45000	0	0	0	45000
Last Name: BAKER First Name: ROBERT Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	56000	6850	628	0	63478
Last Name: BALASH First Name: ANDY Position: REGION ORGANIZER Name of Affiliated Organization: N/A	35000	0	1020	0	36020
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BARRY First Name: PAUL Position: AD ASST EXEC VP Name of Affiliated Organization: N/A	50541	1550	5108	0	57199
Last Name: BARTHOLOWMEWKIM First Name: Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	41208	2400	19831	3326	66765
Last Name: BATEMAN First Name: DWAYNE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	14883	0	3958	0	18841
Last Name: BEAL First Name: BRADLEY Position: LEGAL AND POLIT Name of Affiliated Organization: N/A	61791	0	6454	0	68245
Last Name: BEATTY First Name: JOHN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	37417	2400	7200	0	47017
Totals					

*U.S. Government Printing Office: 2001— 478-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BITTERMAN First Name: BROOKS Position: SR RES ANALYST Name of Affiliated Organization: N/A	47983	0	3215	0	51198
Last Name: BLAISDELL First Name: VIRGINI Position: EDIT SERVICES Name of Affiliated Organization: N/A	30000	0	7424	36	37460
Last Name: BOHNER First Name: CHRISTO Position: SR RES ANALYST Name of Affiliated Organization: N/A	51125	1500	5249	0	57874
Last Name: BOUCHER First Name: BARBARA Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	46917	2400	6796	0	56113
Last Name: BOYD First Name: DONALD Position: REGION ORGANIZER Name of Affiliated Organization: N/A	15567	0	5990	0	21557
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BRAWLEY First Name: TORA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	10000	0	24	0	10024
Last Name: BRITTON First Name: MARTHA Position: EXEC SEC RESEAR Name of Affiliated Organization: N/A	41400	0	962	45	42407
Last Name: CANHAM-CLYNE First Name: JOHN Position: SR RES ANALYST Name of Affiliated Organization: N/A	47692	2400	2228	0	52320
Last Name: CALVER First Name: ANDREA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	14846	0	1997	0	16843
Last Name: CARDENAS First Name: RAUL Position: REGION ORGANIZER Name of Affiliated Organization: N/A	8612	0	4087	0	12699
Totals					

*U.S. Government Printing Office: 2001— 476-089

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: CARLSON First Name: GARY Position: REGION ORGANIZER Name of Affiliated Organization: N/A	25000	0	77	0	25077
Last Name: CARPINO First Name: JOYCE Position: SEC MW REG OFF Name of Affiliated Organization: N/A	57890	0	373	0	58263
Last Name: CARRERA First Name: CARMEN Position: LSG/SKY CHEF Name of Affiliated Organization: N/A	74819	0	202	19	75040
Last Name: CASE First Name: MELISSA Position: LEG DIR MT Name of Affiliated Organization: N/A	39375	0	17072	262	56709
Last Name: CASTELLANOS First Name: ARTURO Position: REG ORGANIZER Name of Affiliated Organization: N/A	28708	2400	15521	0	46629
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: CERVANTES First Name: JESUS Position: REG ORGANIZER Name of Affiliated Organization: N/A	30833	2500	8525	0	41858
Last Name: CHANDLER First Name: WILLIAM Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	52917	2400	13248	112	68677
Last Name: CHAVEZ First Name: ANGELIC Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	52750	0	22486	1863	77099
Last Name: CHEEK First Name: MARSHA Position: DIR AUDIT DEP Name of Affiliated Organization: N/A	85000	0	15235	0	100235
Last Name: CHRISTIAN First Name: MINOR Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	42550	2400	991	0	45941
Totals					

U.S. Government Printing Office: 2001 — 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 — 031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: CLAIR First Name: JOHN J Position: INT'L REPRESENT Name of Affiliated Organization: N/A	30000	0	1094	0	31094
Last Name: CLEVER First Name: RON Position: ADM AIDE GST Name of Affiliated Organization: N/A	71946	0	0	0	71946
Last Name: CLIFFORD First Name: PAUL Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	65237	600	6172	0	72009
Last Name: COLTRANE First Name: MARY Position: SOFTWARE SUPPORT Name of Affiliated Organization: N/A	49751	0	0	0	49751
Last Name: CONNOLLY First Name: VAL Position: ADMIN AIDE Name of Affiliated Organization: N/A	95000	0	27197	0	122197
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 031

PAGE 8 OF 44 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: COSBY First Name: LISA Position: ADM AIDE DIR ORG Name of Affiliated Organization: N/A	80406	0	0	0	80406
Last Name: CROSS First Name: KAREN Position: SEC RESEARCH DEP Name of Affiliated Organization: N/A	33794	0	8	0	33802
Last Name: CULLERTON First Name: JOHN Position: DIR OF INT AFFAI Name of Affiliated Organization: N/A	55000	5750	21023	475	82248
Last Name: DAUGHERTY First Name: PHILIP Position: ASST TO GEN PRES Name of Affiliated Organization: N/A	60833	2000	2457	460	65750
Last Name: DEHART First Name: MAYA HU Position: RESEARCH ANALYST Name of Affiliated Organization: N/A	28667	0	2421	22	31110
Totals					

*U.S. Government Printing Office: 2001— 476-050

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: DIAZ First Name: JERRY Position: REGION ORGANIZER Name of Affiliated Organization: N/A	23000	0	77	0	23077
Last Name: DICKINSON First Name: CARMEN Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	47625	0	12040	0	59665
Last Name: DOLECKI First Name: DAVID Position: ADM AIDE GST Name of Affiliated Organization: N/A	54056	0	0	0	54056
Last Name: DONNELLY First Name: MICHELL Position: REGION ORGANIZER Name of Affiliated Organization: N/A	38917	0	13954	0	52871
Last Name: DORMAN First Name: K. MICH Position: SYSTEM TECHN Name of Affiliated Organization: N/A	20751	0	5211	300	26262
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: DROUIN; First Name: WAYNE; Position: ADM AIDE GST; Name of Affiliated Organization: N/A	60290	0	0	0	60290
Last Name: DUPONT; First Name: JAMES; Position: INT'L ORGANIZER; Name of Affiliated Organization: N/A	63550	0	23622	1000	88172
Last Name: EASTON; First Name: WILLIAM; Position: INT'L ORGANIZER; Name of Affiliated Organization: N/A	47917	2400	13093	66	63476
Last Name: EIERMAN; First Name: MEGAN; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	27267	2400	9003	0	38670
Last Name: EL-MALAH; First Name: OMAR; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	11246	1100	4943	33	17322
Totals					

*U.S. Government Printing Office: 2001 — 478-050

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

PAGE 11 OF 44 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: EMELLE; First Name: GERALD; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	20450	0	31	0	20481
Last Name: ENCINO; First Name: JOSE; Position: INT'L ORGANIZER; Name of Affiliated Organization: N/A	35000	0	8036	0	43036
Last Name: ENGELS; First Name: MARGARE; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	23400	0	77	0	23477
Last Name: ESPINOZA; First Name: ARMANDO; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	3812	100	10227	0	14139
Last Name: FABIAN; First Name: GAIL; Position: INT'L ORGANIZER; Name of Affiliated Organization: N/A	50833	2400	3989	0	57222
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: FAITH First Name: RICHARD Position: BUILDING MANAGER Name of Affiliated Organization: N/A	80068	0	0	0	80068
Last Name: FAITH/CROSS First Name: NANCY Position: SEC EXEC V PRES Name of Affiliated Organization: N/A	32802	0	0	0	32802
Last Name: FASCIONE First Name: SECKY Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	38138	2013	25326	1985	67462
Last Name: FERNANDEZ First Name: ENRIQUE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	35000	0	5857	22	40879
Last Name: FLANERA First Name: LYNN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	47000	2400	3956	294	53650
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: FLORES; First Name: JAIME; Position: INT'L ORGANIZER; Name of Affiliated Organization: N/A	58292	0	31992	1620	91904
Last Name: FORAN; First Name: SARA; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	17354	0	3177	18	20549
Last Name: FOX; First Name: ANDREW; Position: SYS TECH TRAIN; Name of Affiliated Organization: N/A	38863	0	17287	0	56150
Last Name: FREEMAN; First Name: BRENDA; Position: SYS TECH EMP; Name of Affiliated Organization: N/A	22073	0	0	0	22073
Last Name: GALLO; First Name: SALVADO; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	25800	0	185	0	25985
Totals					

ORGANIZATION NAME: [illegible]

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: GAMBERG First Name: EDWARD Position: SR SYS TECHNICIA Name of Affiliated Organization: N/A	75750	0	27503	0	103253
Last Name: GAMBERG First Name: LINDA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	32750	6850	1240	3	40843
Last Name: GARCIA First Name: ARACELI Position: REGION ORGANIZER Name of Affiliated Organization: N/A	21000	0	1733	0	22733
Last Name: GARCIA First Name: MARICRU Position: REGION ORGANIZER Name of Affiliated Organization: N/A	21342	0	3484	40	24866
Last Name: GARDNER First Name: JEANNE Position: EXEC SEC D ORG Name of Affiliated Organization: N/A	62453	0	237	3	62693
Totals					

*U.S. Government Printing Office: 2001 — 478-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: GARRETT First Name: RUTH Position: SOFTWARE OPERAT Name of Affiliated Organization: N/A	44692	0	0	0	44692
Last Name: GEANEKOPLOS First Name: T Position: REGION ORGANIZER Name of Affiliated Organization: N/A	14992	0	5118	0	20110
Last Name: GERMAN First Name: MELVIN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	23656	1700	4027	0	29383
Last Name: GIACONA First Name: GEORGE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	31083	2400	9507	0	42990
Last Name: GLASER First Name: DAVID Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	50833	2400	2883	0	56116
Totals					

ORGANIZATION NAME: UTRE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: GOFF; First Name: EDWARD Position: REGION ORGANIZER Name of Affiliated Organization: N/A	11667	0	0	0	11667
Last Name: GOLDBERG; First Name: DAVID Position: INT'L AUDITOR Name of Affiliated Organization: N/A	75750	0	9067	0	84817
Last Name: GRANFIELD; First Name: BILL Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	68250	2400	2152	8706	81508
Last Name: GRIBBON; First Name: JOHN Position: POLITICAL REP Name of Affiliated Organization: N/A	100000	0	47444	0	147444
Last Name: HALVELAND; First Name: LESLIE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	12000	0	237	0	12237
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HAMILTON First Name: TINA Position: SEC'Y ORGANIZING Name of Affiliated Organization: N/A	22279	0	0	0	22279
Last Name: HAMMER First Name: THERESA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	33542	0	13680	0	47222
Last Name: HANSON First Name: SCOTT Position: REGION ORGANIZER Name of Affiliated Organization: N/A	29917	2500	12442	0	44859
Last Name: HARDEN First Name: CYNTHIA Position: BUDET ADMIN Name of Affiliated Organization: N/A	60541	0	0	0	60541
Last Name: HARRIS First Name: MECHELL Position: ADM ASST TO GP Name of Affiliated Organization: N/A	26667	300	0	275	27242
Totals					

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HARRIS First Name: MECHELL Position: EXEC SEC G PRES Name of Affiliated Organization: N/A	59229	0	0	0	59229
Last Name: HELT First Name: JACQUIE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	28625	2400	14261	0	45286
Last Name: HENDRICKS First Name: CHARLES Position: REGION ORGANIZER Name of Affiliated Organization: N/A	9750	1000	3056	0	13806
Last Name: HENLEY First Name: HILDA Position: DATA ENTRY GST Name of Affiliated Organization: N/A	28181	0	0	0	28181
Last Name: HERBEKIAN First Name: ROXIE Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	50583	2400	77	0	53060
Totals					

*U.S. Government Printing Office: 2001 — 476-060

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HEYMAN First Name: WARREN Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	60000	0	19352	22	79374
Last Name: HICKEY First Name: PATRICK Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	42500	2400	7103	0	52003
Last Name: HIDALGO First Name: YESENIO Position: REGION ORGANIZER Name of Affiliated Organization: N/A	19047	1900	2605	0	23552
Last Name: HOLDIMAN First Name: AMANDA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	11302	1200	4067	137	16706
Last Name: HOLMES First Name: MAYA Position: SR RE ANALYST Name of Affiliated Organization: N/A	41500	2400	7714	0	51614
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 031

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HUBER First Name: WEILING Position: REGION ORGANIZER Name of Affiliated Organization: N/A	33130	2500	2605	0	38235
Last Name: HUDGINS First Name: EUGENE Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	26368	0	18624	0	44992
Last Name: HUNTLEY First Name: DEANNA Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	48625	0	10475	0	59100
Last Name: ILG First Name: KENNETH Position: REGION ORGANIZER Name of Affiliated Organization: N/A	40000	0	14419	0	54419
Last Name: JACKSON First Name: KIM Position: SR RE ANALYST Name of Affiliated Organization: N/A	57033	2400	4977	0	64410
Totals					

*U.S. Government Printing Office: 2001 — 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: JANOWICZ First Name: STEVEN Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	59646	2400	7503	3155	72704
Last Name: JARAMILLO First Name: GLORIA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	20829	3000	5361	238	29428
Last Name: JOHNSTON First Name: WILLIAM Position: REGION ORGANIZER Name of Affiliated Organization: N/A	39417	2400	4470	0	46287
Last Name: JORDAN First Name: DEBRA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	41533	2400	9480	0	53413
Last Name: KEITH First Name: JESSICA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	16208	0	10173	55	26436
Totals					

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: KENT; First Name: KAREN; Position: INT'L ORGANIZER; Name of Affiliated Organization: N/A	49500	0	15737	163	65400
Last Name: KILEY; First Name: JAMES C; Position: INT'L REPRESENT; Name of Affiliated Organization: N/A	30000	0	2276	0	32276
Last Name: KLAINBAUM; First Name: DAVID; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	9500	0	1229	360	11089
Last Name: KLINE; First Name: KEVIN; Position: REGION ORGANIZER; Name of Affiliated Organization: N/A	15000	0	2013	0	17013
Last Name: KOFF; First Name: DAVID; Position: SR RE ANALYST; Name of Affiliated Organization: N/A	48108	2400	194	0	50702
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: KOSKOSKI First Name: JERRY Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	50650	2400	8251	0	61301
Last Name: KRAJCINOVIC First Name: IVANA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	26919	1700	10319	0	38938
Last Name: KRANZLER First Name: LISA Position: SEC'Y ORGANIZING Name of Affiliated Organization: N/A	44227	0	0	0	44227
Last Name: KWATRA First Name: NEL Position: RESEARCH ANALYST Name of Affiliated Organization: N/A	22708	1400	2143	0	26251
Last Name: LACAVA First Name: GINA Position: LEGAL POL DIR OH Name of Affiliated Organization: N/A	35000	2400	14777	0	52177
Totals					

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: LAMBORN First Name: PAT Position: CONSULTANT Name of Affiliated Organization: N/A	31567	0	6557	0	38124
Last Name: LANGFORD First Name: RENEE Position: ADM ASS TO EX VP Name of Affiliated Organization: N/A	63875	300	391	0	64566
Last Name: LAPIERRE First Name: LYNDA Position: SEC CAN REG OFF Name of Affiliated Organization: N/A	49637	0	0	0	49637
Last Name: LAVIN First Name: JACK Position: PUBLIC RELATIONS Name of Affiliated Organization: N/A	82508	0	11303	7682	101493
Last Name: LEARY First Name: MARTY Position: SR RES ANALYST Name of Affiliated Organization: N/A	57575	2400	4532	0	64507
Totals					

*U.S. Government Printing Office: 2001— 476-050

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: LECHOW First Name: KARL Position: ADM ASST TO GP Name of Affiliated Organization: N/A	75000	0	57167	194	132361
Last Name: LEOPOLD First Name: GARY Position: ADM ASST GST Name of Affiliated Organization: N/A	140000	0	1453	11002	152455
Last Name: LEWIS First Name: MICHAEL Position: P/T SR SYS TECH Name of Affiliated Organization: N/A	16667	0	8557	0	25224
Last Name: LEWIS First Name: WILLIAM Position: SYSTEM OFFICAL Name of Affiliated Organization: N/A	99108	0	16838	9749	125695
Last Name: LITTLETON First Name: DARAN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	22350	0	30436	0	52786
Totals					

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MACKENZIE First Name: SCOTT Position: POLITICAL REP Name of Affiliated Organization: N/A	47417	2400	2744	15	52576
Last Name: MAGOULAS First Name: CHRIS Position: SR RE ANALYST Name of Affiliated Organization: N/A	14000	700	1162	0	15862
Last Name: MANDREW First Name: RALPH Position: REGION ORGANIZER Name of Affiliated Organization: N/A	38833	0	8151	0	46984
Last Name: MARTIN First Name: JOHN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	25000	0	490	0	25490
Last Name: MARTIN First Name: LEVI Position: DATA ENTRY Name of Affiliated Organization: N/A	42250	0	0	0	42250
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MARTINEZ First Name: BILLY Position: REGION ORGANIZER Name of Affiliated Organization: N/A	31000	0	1205	0	32205
Last Name: MASSONI First Name: GARY Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	35000	0	77	0	35077
Last Name: MATA First Name: ROSALBA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	26467	2000	8810	48	37325
Last Name: MATTISON First Name: JEANNE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	17458	0	4389	1340	23187
Last Name: MAYNER First Name: JULIE A Position: SOFTWARE SUPPORT Name of Affiliated Organization: N/A	40363	0	739	0	41102
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MCCARTHY First Name: JOHN Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	38533	2400	77	0	41010
Last Name: MCGUIRE First Name: THERESA Position: SR RES ANALYST Name of Affiliated Organization: N/A	57450	2400	7741	3155	70746
Last Name: MCKINNEY First Name: ANNE Position: KITCHEN STAFF Name of Affiliated Organization: N/A	40380	0	14021	0	54401
Last Name: MCNATT First Name: KEVIN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	24375	0	204	0	24579
Last Name: MILLER First Name: EDWARD Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	55242	2400	2040	0	59682
Totals					

*U.S. Government Printing Office: 2001 — 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MILLER First Name: MORTY Position: ADM ASST TO GP Name of Affiliated Organization: N/A	108260	6300	38192	9512	162264
Last Name: MOHR First Name: MELISSA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	25050	3400	12965	420	41835
Last Name: MORTON First Name: DAVID Position: REGION ORGANIZER Name of Affiliated Organization: N/A	25000	0	9121	0	34121
Last Name: MOYE First Name: LAURA Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	53958	2700	16725	93	73476
Last Name: MURPHY First Name: JOHN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	28083	2400	5918	0	36401
Totals					

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MURPHY First Name: ROSE Position: RESEARCH ANALYST Name of Affiliated Organization: N/A	22533	2200	1634	0	26367
Last Name: NEGSTAD First Name: LARS Position: RESEARCH ANALYST Name of Affiliated Organization: N/A	40075	0	6300	0	46375
Last Name: NICKEL First Name: ALLYSON Position: EXEC SEC'Y GST Name of Affiliated Organization: N/A	53376	0	0	0	53376
Last Name: NICKLES First Name: MICHAEL Position: REGION ORGANIZER Name of Affiliated Organization: N/A	37625	0	12870	0	50495
Last Name: O'DONNELL First Name: KAREN R Position: POLITICAL COORD Name of Affiliated Organization: N/A	59811	0	270	0	60081
Totals					

U.S. Government Printing Office: 2001— 476-060

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000 031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: O'GARA First Name: REV JAM Position: CHAPLAIN HERE Name of Affiliated Organization: N/A	20000	0	0	0	20000
Last Name: PAPAGEORGE First Name: STEVENG Position: REGION ORGANIZER Name of Affiliated Organization: N/A	27833	2400	1115	0	31348
Last Name: PARSONS First Name: SANDRA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	11956	1400	4861	380	18597
Last Name: PASCUAL First Name: MANUEL Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	46958	2400	8262	0	57620
Last Name: PAULSEN First Name: STACY Position: ADM AIDE GP Name of Affiliated Organization: N/A	10000	0	10502	0	20502
Totals					

ORGANIZATION NAME: HERE

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: PEARLMAN First Name: JULIE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	10000	0	1474	0	11474
Last Name: PERRINE First Name: REBECCA Position: ADM ASST RESEARC Name of Affiliated Organization: N/A	29667	0	706	26	30399
Last Name: PERRY First Name: DAVID Position: INTL AUDITOR Name of Affiliated Organization: N/A	63250	0	13052	0	76302
Last Name: PETERS First Name: ALICE Position: EXEC SEC GST Name of Affiliated Organization: N/A	86993	0	0	0	86993
Last Name: RAIDER First Name: FAITH Position: RESEARCH ANALYST Name of Affiliated Organization: N/A	20375	1200	829	0	22404
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: RAMIREZ First Name: RUBY Position: REGION ORGANIZER Name of Affiliated Organization: N/A	8519	0	3509	22	12050
Last Name: REYES First Name: JOSE Position: KITCHEN STAFF Name of Affiliated Organization: N/A	33484	0	0	0	33484
Last Name: RICHARDS First Name: PAUL Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	59431	0	7642	0	67073
Last Name: RICHARDSON First Name: REBECCA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	29000	2400	9661	76	41137
Last Name: RIDLEY First Name: STEVEN Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	38183	2400	9621	0	50204
Totals					

ORGANIZATION NAME: UFCW

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: RODARTE / First Name: ROBERTA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	28639	2400	12233	0	43272
Last Name: RODRIQUEZ / First Name: NOEL Position: REGION ORGANIZER Name of Affiliated Organization: N/A	35750	2800	7765	0	46315
Last Name: ROSATI / First Name: LINDA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	28000	2400	7837	3	38240
Last Name: ROSTEN / First Name: KRISTIE Position: CLERK MW REG OFF Name of Affiliated Organization: N/A	36239	0	0	0	36239
Last Name: ROTHSTEIN / First Name: VIVIAN Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	65000	2400	0	0	67400
Totals					

U.S. Government Printing Office: 2001 — 476-060

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: RUBIN First Name: JUDY Position: SEC NEV OFF Name of Affiliated Organization: N/A	59803	600	312	12	60727
Last Name: RUIZ First Name: DAN Position: SYSTEM TECH Name of Affiliated Organization: N/A	69167	0	37060	0	106227
Last Name: RUIZ First Name: JOSE Position: REG ORGANIZER Name of Affiliated Organization: N/A	10464	800	3370	0	14634
Last Name: RUSSELIA First Name: RITA Position: LEG POL DIR PA Name of Affiliated Organization: N/A	24792	1700	4597	0	31089
Last Name: RUTLEDGE First Name: TIM Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	44042	2500	20523	0	67065
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SABO First Name: LINDA Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	17500	0	1699	3224	22423
Last Name: SANDERS First Name: DAVID Position: REGION ORGANIZER Name of Affiliated Organization: N/A	17000	0	0	0	17000
Last Name: SARDENBERG First Name: HENRIQU Position: SYSTEM TECH Name of Affiliated Organization: N/A	51041	0	10309	0	61350
Last Name: SAWYER First Name: RICK Position: ADM AIDE GP Name of Affiliated Organization: N/A	70000	800	15905	0	86705
Last Name: SCHNEIDER First Name: DANNA Position: REGION ORGANIZER Name of Affiliated Organization: N/A	38792	3200	7594	42	49628
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SCHNEIDER First Name: SCOTT Position: REGION ORGANIZER Name of Affiliated Organization: N/A	25755	0	3461	25	29241
Last Name: SCIMECA First Name: THERESA Position: ADM ASS'T Name of Affiliated Organization: N/A	71341	5750	8524	0	85615
Last Name: SILBER First Name: SCOTT Position: REGION ORGANIZER Name of Affiliated Organization: N/A	14353	1500	2910	0	18763
Last Name: SILBERT First Name: WILLIAM Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	29898	0	17412	0	47310
Last Name: SKURNIK First Name: JENNIFE Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	49537	1800	15354	0	66691
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SLAUGHTER First Name: GLENYCE Position: ADMAIDE GST Name of Affiliated Organization: N/A	59287	0	0	0	59287
Last Name: SMEDLEY First Name: MICHAEL Position: REGION ORGANIZER Name of Affiliated Organization: N/A	41125	0	30394	360	71879
Last Name: SMITH First Name: LYNNMAR Position: REGION ORGANIZER Name of Affiliated Organization: N/A	9600	0	5293	0	14893
Last Name: SNYDER First Name: MICHAEL Position: REGION ORGANIZER Name of Affiliated Organization: N/A	18000	0	20354	0	38354
Last Name: SNYDER First Name: THOMAS Position: ASST TO GEN PRES Name of Affiliated Organization: N/A	80000	2400	242	0	82642
Totals					

*U.S. Government Printing Office: 2001 — 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: STALNAKER First Name: LAURIE Position: REGION ORGANIZER Name of Affiliated Organization: N/A	12375	1100	0	0	13475
Last Name: STEPHENSON First Name: ARLENE Position: INTL AUDITOR Name of Affiliated Organization: N/A	69438	0	24698	0	94136
Last Name: STRIEB First Name: LEE Position: SR RES ANALYST Name of Affiliated Organization: N/A	71675	2400	11519	0	85594
Last Name: THOMPSON First Name: CORNELI Position: DATA ENTRY Name of Affiliated Organization: N/A	46608	0	0	0	46608
Last Name: THOMSON First Name: ELLEN A Position: RECRUITER Name of Affiliated Organization: N/A	23583	0	5308	0	28891
Totals					

ORGANIZATION NAME:

HERE

ENDING DATE OF PERIOD COVERED:

4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: VAL VERDE First Name: LYDIA Position: INTL AUDITOR Name of Affiliated Organization: N/A	63250	0	11697	0	74947
Last Name: VALERI First Name: CLEMENT Position: CONTRACT SPECIAL Name of Affiliated Organization: N/A	40375	0	448	4091	44914
Last Name: VAN STEYN First Name: VICKY Position: SOFTWARE RECEPT Name of Affiliated Organization: N/A	53567	0	0	0	53567
Last Name: WALKER First Name: MATTHEW Position: SR RE ANALYST Name of Affiliated Organization: N/A	112500	0	8509	135	121144
Last Name: WALKER First Name: WILFORD Position: KITCHEN STAFF Name of Affiliated Organization: N/A	19194	0	0	0	19194
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: WALSH First Name: BRENDAN Position: REGION ORGANIZER Name of Affiliated Organization: N/A	17800	700	0	0	18500
Last Name: WALSH First Name: THOMAS Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	48483	2400	77	0	50960
Last Name: WALSH First Name: WENDI Position: REGION ORGANIZER Name of Affiliated Organization: N/A	28750	2400	561	0	31711
Last Name: WARD First Name: JASON Position: RESEARCH ANALYST Name of Affiliated Organization: N/A	38291	2400	3033	0	43724
Last Name: WARNOCK First Name: JOAN Position: AD ASST W REG OF Name of Affiliated Organization: N/A	40542	0	3393	549	44484
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: WEEKS First Name: LOUIS Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	45250	2400	18	0	47668
Last Name: WILKES First Name: KARIN Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	47708	2400	2938	0	53046
Last Name: WILKES First Name: LONNIE Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	51917	2400	15836	0	70153
Last Name: WISE First Name: JOHN DA Position: RESEARCH ANALYST Name of Affiliated Organization: N/A	39625	3900	4067	0	47592
Last Name: WRIGHT First Name: JEFFERY Position: REGION ORGANIZER Name of Affiliated Organization: N/A	15986	1000	6222	0	23208
Totals					

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: YESELSON First Name: RICHARD Position: SR RES ANALYST Name of Affiliated Organization: N/A	58791	2400	5044	0	66235
Last Name: YINGLING First Name: CHERYL Position: SECRETARY GVP Name of Affiliated Organization: N/A	67051	0	0	0	67051
Last Name: YOUNG First Name: HARRY Position: INT'L ORGANIZER Name of Affiliated Organization: N/A	25000	0	16693	26	41719
Last Name: ZELSNACK First Name: CATHI Position: LEGISLATIVE AIDE Name of Affiliated Organization: N/A	77565	0	0	0	77565
Last Name: ZENICH First Name: FRANK Position: REGION ORGANIZER Name of Affiliated Organization: N/A	39000	0	10674	0	49674
Totals					

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED: 4-30-2001

FILE NUMBER: 000-031

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BOND First Name: BOBETTE Position: BENEFITS SPECIAL Name of Affiliated Organization: N/A	47917	0	0	0	47917
Last Name: RICHARDSON First Name: JEFF Position: INTL ORGANIZER Name of Affiliated Organization: N/A	41668	0	10739	0	52407
Last Name: First Name: Position: Name of Affiliated Organization:					0
Last Name: First Name: Position: Name of Affiliated Organization:					0
Last Name: First Name: Position: Name of Affiliated Organization:					0
Totals					

*U.S. Government Printing Office: 2001— 478-050

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
FORM LM-2
YEAR ENDED APRIL 30, 2001

File No. 000031
Schedule "A"

Line 75-Additional Information
Item Number

10 2801 M Street Holding Company, Inc., 1219 M Street Washington, DC 20007 created to hold title to property. The Corporation is a Tax Exempt Organization under Section 501(c)(2) of the Internal Revenue Code. The accounts of 2801 M Street Holding Company, Inc. are included in this report.

11(a) Officers and Employees of the Locals of Hotel Employees and Restaurant Employees International Union Pension Plan, 711 N. Commons Drive, Aurora, Illinois 60540 (EIN: 30-0888527) provides pension benefits for the officers and employees of the Locals of the International Union.

(b) Hotel Employees and Restaurant Employees International Union Welfare Fund, 711 N. Commons Drive, Aurora, Illinois 60540 (EIN: 23-7385560) provides welfare benefits for members.

(c) Hotel Employees and Restaurant Employees International Union Pension Fund, 711 N. Commons Drive, Aurora, Illinois 60540 (EIN: 36-2862479) provides pension benefits for members.

(d) Hotel Employees and Restaurant Employees International Union Officers and Staff Pension Plan, 1219 28th Street, N.W., Washington, D.C. 20007 (EIN:31-0324545) provides pension benefits for the officers and staff of the International Union.

(e) Hotel Employees and Restaurant Employees International Union 401(k) Plan for its Officers and Employees, 1219 28th Street, N.W., Washington, D.C. 20007 (EIN: 31-0324545), provides pension benefits for the officers and staff of the International Union.

(f) Hotel Employees and Restaurant Employees International Union Trust, 1219 28th Street, N.W. Washington, D.C. 20007 (EIN: 31-0324545), provides funding for a select group of the International's General Officers for supplemental retirement benefits arising from deferred compensation agreements.

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

12 The International Union has a PAC fund named "Hotel Employees and Restaurant Employees International Union TIP Fund", 1219 28th Street, N.W., Washington, D.C. 20007 which files with the Federal Election Commission, FEC ID #C 0004515. The activity of the TIP Fund is not included in this Form LM-2.

13(a) Amortization and depreciation:

Building, International Headquarters	$65,384
Building, Southfield, MI	13,374
Building, 2801 M Street Washington, D.C.	43,958
Office Furniture and equipment	627,650
Automotive equipment	3,507
Other fixed assets	9,937
	$763,810

(b) Deposits totaling $56,128 were applied against charges upon termination of leases on International vehicles and rental space.

14 Thomas Havey LLP, Certified Public Accountants, conducts an audit in accordance with generally accepted auditing standards.

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

16 Additional positions of officers:

Name of Officer	Other Labor Organization Or Employee Benefit Plan	Officer's Positions
John Boardman	H.E.R.E. Local 25	Secretary-Treasurer
Maria Durazo	H.E.R.E. Local 11	President
James Dyson	H.E.R.E. Local 1	Business Agent
Jef Ratchel	H.E.R.E. Local 30	Secretary
Walter Elliot	H.E.R.E. Local 165	Secretary-Treasurer
Wolfgang Hammer	H.E.R.E. Local 471	Business Manager
Candace Landers	H.E.R.E. Local 24	Secretary-Treasurer
Carlos Lopez	H.E.R.E. Local 610	International Trustee
Timothy Luebbert	H.E.R.E. Local 74	President
Terrence P. Maloney	H.E.R.E. Local 1	Business Agent
Joseph McLaughlin	H.E.R.E. Local 49	President
" "	California State Council	Secretary-Treasurer
Isaac Monroe	H.E.R.E. Local 43	Secretary-Treasurer
Stephen Papageorge	H.E.R.E. Local 37	Secretary-Treasurer
Anthony Rutledge	Unity House, Inc.	Secretary-Treasurer
Jaye Rykunyk	H.E.R.E. Local 17	Secretary-Treasurer
Ronald Stormer	H.E.R.E. Local 84	Financial Sec/Treasurer
Donald Taylor	Culinary Local 226	Staff Director
Harvey Totzke	H.E.R.E. Local 737	Secretary-Treasurer
Peter Ward	NY Hotel & Motel Trade Co	President
" "	H.E.R.E. Local 6	Business Manager
Nick Worhaug	H.E.R.E. Local 40	President/Administrator

23 The International Union received a $3,000,000 loan which is secured by the property located at 2801 M Street, N.W. The note is repayable at $26,511 per month, for five years, including interest at 8.25%. The most recent valuation of property, valued in October 1998, was $1,842,000.

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

27 Schedule 1 - Loans Receivable

(1) A $2,000 payment from Local 611 was inadvertently applied to Local 610 in prior years. It was corrected through a book entry at the International Union.

30(b) Schedule 5 - Fixed Assets
Reconciliation of Fixed Assets:

	Cost	Total Depreciation	Book Value
Balance at start of period	$11,787,411	$4,496,411	$7,291,000
Additions:			
Purchase of Fixed Assets (Schedule 7)	1,407,454	-	1,407,454
Other Changes:			
Depreciation during reporting period	-	763,810	(763,810)
	$13,194,865	$5,260,221	$7,934,644

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

31 (Schedule 3 - Other Assets):

(a) Reconciliation of various security and other deposits:

Balance at start of period	$99,170
Additions:	
Deposits made during the period (Item 73)	13,028
Deductions:	
Return of security deposits (Schedule 14)	(25,461)
Deposits expensed (Item 13 (b))	(56,128)
Balance at end of period	$ 30,609

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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Schedule "A"

Line 75-Additional Information (Continued)
Item Number

36 (Schedule 4 - Other Liabilities):

Reconciliation of liability for payroll deductions:		
Beginning liability:		$ (226)
Total deductions:		
Item 56 (Schedule 9)	$(1,184,724)	
Item 57 (Schedule 10)	(3,194,664)	
Total deductions to account		(4,379,388)
Deductions remitted:		
Item 67: Withholding taxes	3,461,856	
Item 73:		
TIP	86,971	
Union dues	9,818	
Savings plan	3,579	
Employee 401(k) contributions	625,482	
Miscellaneous	51,328	
Employee 401(k) loans	137,868	
Total deductions remitted		4,376,902
Other changes:		
Reimbursements for auto expenses withheld from salary and wages		4,638
Payroll deductions payable (Schedule 4 - Other Liabilities)		$ 1926

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

56 (Schedule 9 - Disbursements to Officers)
57 (Schedule 10 - Disbursements to Employees)

(1) A precise distribution of automobile expenses is included in Column (F) and Column (G). In some instances certain automobile expenses could not be allocated to any one individual and thus, were reported in Item 73, Other Disbursements. The cost of union owned and leased automobiles which were used more than 50 % on official business are included in Column (F). They were also used the remainder of the time, if any, for personal use. The cost of union owned and leased automobiles which were used less than 50% on official business are included in Column (G). They were also used part of the time on official business.

(2) It is not practical to make a precise distribution of food and beverage expenses included in Column (F). An allocation of the officers' and employees' portion of such expenses has been made based on the number of persons in attendance. Since these amounts were arbitrarily determined based on attendance, certain portions of these expenses may not be applicable to the amount allocated to the respective officers' and employees'. That portion pertaining to non-employees has been included in the appropriate account titles in Item 73, Other Disbursements.

56 (Schedule 9 - Disbursements to Officers)

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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Schedule "A"

Line 75-Additional Information (Continued)
Item Number

(a) Personal expenses totaling $2,554 were paid on behalf of officers. They reimbursed the International Union the full amount of these expenses. These expenses are included in Item 56 and in column (G) of schedule 9. The reimbursement is included in Item 54.

Ted Hansen	50
Kenneth Paulsen	749
Ronald Richardson	391
John Wilhelm	1,364
	$2,554

(b) Operating and maintenance costs of automobiles owned and leased by the International Union and used less than 50% for official business are included in Item 56 and in column (G) of schedule 9.

John Wilhelm	$ 12,353
Ronald Richardson	8,850
Henry Tamarin	8,598
	$29,801

(c) In accordance with the International Union's Constitution, the General Executive Board appointed the following officers:

Carlos Lopez as Vice-President to fill a vacant position
Isaac Monroe as Vice-President replacing James Dyson

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

57 (Schedule 10 - Disbursements to Employees)

(a) Relocation expenses were paid by the International Union for the following employees in connection with their employment with the International Union and are included in item 75 and column (G) of schedule 10:

Dan Abraham	$ 1,036
Courtney Alexander	3,131
Kim Bartholomew	3,326
Susan Briola	941
Angelica Chavez	1,863
Secky Fascione	1,975
Lynn Flandera	267
Jaime Flores	1,620
Bill Granfield	8,706
Steven Janowicz	3,155
Karen Kent	163
David Klainbaum	360
Jeanne Mattison	1,340
Theresa McGuire	3,155
Sandra Parson	380
Linda Sabo	3,224
Clement A. Valeri	4,091
Joan Warnock	525
	$ 39,258

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

(b) Personal expenses totaling $6,416 were paid on behalf of employees. They reimbursed the International Union the full amount of these expenses. These expenses are included in Item 57 and in column (G) of schedule 10. The reimbursement is included in Item 54:

Virginia Blaisdel	$ 36
Martha Britton	45
Carmen Carrera	19
Melissa Case	262
William Chandler	112
John Cullerton	475
Philip Daughtery	460
Maya Hu Dehart	22
Michael Dorman	300
James Dupont	1,000
William Easton	66
Omar El-Malah	33
Secky Fascione	10
Enrique Fernandez	22
Lynn Flandera	27
Sara Foran	18
Linda Gamberg	3
Maricruz Garcia	40
Jeanne Gardner	3
Mark K. Guilfoyle	32
Mechelle Harris	275
Warren Heyman	22
Amanda Holdiman	137
Gloria Jaramillo	238
Jessica Keith	55
Jack Lavin	630
Karl Lechow	194
Gary Leopold	10
William Lewis	8
Scott Mackenzie	15
Rosalba Mata	48
Melissa Mohr	420

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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File No. 000031
Schedule "A"

Line 75-Additional Information (Continued)
Item Number

Laura Moye	$ 93
Rebecca Perrine	26
Ruby Ramirez	22
Rebecca Richardson	76
Linda Rosati	3
Judy Rubin	12
Danna Schneider	42
Scott Schneider	25
Michael Smedley	360
Kevin Smith	25
Tami Van Dyne	510
Matthew Walker	135
Joan Warnock	24
Harry Young	26
Total	$6,416

57 (c) Operating and maintenance costs of automobiles owned and leased by the International Union and used less than 50% for official business are included in Item 57 and in column (G) of schedule 10.

John Lavin	$ 7,052
Gary Leopold	10,992
William Lewis	9,741
Mordecai Miller	9,512
	$ 37,297

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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FILE NO. 000031

Schedule 1 - Loans Receivable - Additional Listing

SCHEDULE 1 - LOAN RECEIVABLE List below loans to officers, employees, or members which at any time during the report period exceeded $250 and list all loans to business enterprises regardless of the amount (A)		Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period Cash (D)(1)	Other than Cash (D)(2)	Loans Outstanding at End of Period (E)
1. Name:	H.E.R.E. Local Union #1					
Purpose:	Financial assistance - PCT					
Security:	None	1,015,300	0	90,000	0	925,300
Terms of Repayment	$ 7,500 per month					
2. Name:	H.E.R.E. Local Union #3					
Purpose:	Financial assistance - NON-PCT					
Security:	None	163,744	0	0	0	163,744
Terms of Repayment	None					
3. Name:	H.E.R.E. Local Union #4					
Purpose:	Financial assistance - PCT					
Security:	None	156,150	0	2,200	0	153,950
Terms of Repayment	None					
4. Name:	H.E.R.E. Local Union #7					
Purpose:	Financial assistance - PCT					
Security:	None	12,955	0	9,200	0	3,755
Terms of Repayment	$ 400 per month					
5. Name:	H.E.R.E. Local Union #9					
Purpose:	Financial assistance - PCT					
Security:	NONE	40,022	0	1,650	0	38,372
Terms of Repayment	$ 150 per month					
6. Name:	H.E.R.E. Local Union #9					
Purpose:	Financial assistance - NON-PCT					
Security:	NONE	23,189	0	0	0	23,189
Terms of Repayment	$ 150 per month					
7. Name:	H.E.R.E. Local Union #19					
Purpose:	Financial assistance - PCT					
Security:	None	180,580	0	10,000	0	170,580
Terms of Repayment	$ 4,000 per month					
8. Name:	H.E.R.E. Local Union #19					
Purpose:	Financial assistance - NON-PCT					
Security:	None	7,000	0	0	0	7,000
Terms of Repayment	$ 4,000 per month					
9. Name:	H.E.R.E. Local Union #30					
Purpose:	Financial assistance -PCT					
Security:	None	195,800	0	12,000	0	183,800
Terms of Repayment	$ 1,000 per month					
10. Name:	H.E.R.E. Local Union #31 (C)					
Purpose:	Financial assistance - PCT					
Security:	None	689,742	0	0		689,742
Terms of Repayment	None					
11. Name:	H.E.R.E. Local Union #31 (C)					
Purpose:	Financial assistance - NON-PCT					
Security:	None	160,000	0	0	0	160,000
Terms of Repayment	None					
12. Name:	H.E.R.E. Local Union #32					
Purpose:	Financial assistance - PCT					
Security:	None	389,758	0	11,000	0	378,758
Terms of Repayment	$ 1,000 per month					
13. Name:	H.E.R.E. Local Union #34					
Purpose:	Financial assistance - PCT					
Security:	None	79,387	0	32,690	0	46,697
Terms of Repayment	$ 2,514.66 per month					
14. Name:	H.E.R.E. Local Union #34					
Purpose:	Financial assistance - NON-PCT					
Security:	None	100,000	0	0	0	100,000
Terms of Repayment	$ 2,514.66 per month					
15. Name:	H.E.R.E. Local Union #35					
Purpose:	Financial assistance - PCT					
Security:	None	45,561	0	16,613	0	28,948
Terms of Repayment	$ 1,277.97 per month					

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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Schedule 1 - Loans Receivable - Additional Listing

SCHEDULE 1 - LOAN RECEIVABLE List below loans to officers, employees, or members which at any time during the report period exceeded $250 and list all loans to business enterprises regardless of the amount	(A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period: Cash (D)(1)	Repayments Received During Period: Other than Cash (D)(2)	Loans Outstanding at End of Period (E)
16. Name:	H.E.R.E. Local Union #35					
Purpose:	Financial assistance - NON-PCT					
Security:	None	50,000	0	0	0	50,000
Terms of Repayment	$ 1,277.97 per month					
17. Name:	H.E.R.E. Local Union #36					
Purpose:	Financial assistance - PCT					
Security:	None	12,850	0	1,500	0	11,350
Terms of Repayment	$ 150 per month					
18. Name:	H.E.R.E. Local Union #43					
Purpose:	Financial assistance - NON-PCT					
Security:	None	41,878	0	11,000	0	30,878
Terms of Repayment	None					
19. Name:	H.E.R.E. Local Union #54					
Purpose:	Financial assistance - PCT					
Security:	None	342,972	0	33,000	0	309,972
Terms of Repayment	$ 3,000 per month					
20. Name:	H.E.R.E. Local Union #57					
Purpose:	Financial assistance - PCT					
Security:	None	66,457	0	12,000	0	54,457
Terms of Repayment	$ 1,000 per month					
21. Name:	H.E.R.E. Local Union #64					
Purpose:	Financial assistance - PCT					
Security:	None	256,726	0	2,100	0	254,626
Terms of Repayment						
22. Name:	H.E.R.E. Local Union #74					
Purpose:	Financial assistance - PCT					
Security:	None	320,630	0	18,000	0	302,630
Terms of Repayment	1,500 per month					
23. Name:	H.E.R.E. Local Union #74					
Purpose:	Financial assistance - NON-PCT					
Security:	None	11,600	0	0	0	11,600
Terms of Repayment	1,500 per month					
24. Name:	H.E.R.E. Local Union #75 (C)					
Purpose:	Financial assistance - PCT					
Security:	None	1,418,387	0	44,000	0	1,374,387
Terms of Repayment	$4,000 per month					
25. Name:	H.E.R.E. Local Union #75 (C)					
Purpose:	Financial assistance - NON-PCT					
Security:	None	20,000	0	0	0	20,000
Terms of Repayment	$4,000 per month					
26. Name:	H.E.R.E. Local Union #84					
Purpose:	Financial assistance - PCT					
Security:	None	68,972	0	6,000	0	62,972
Terms of Repayment	$500 per month					
27. Name:	H.E.R.E. Local Union #99					
Purpose:	Financial assistance - NON-PCT					
Security:	None	7,750	0	1,400	0	6,350
Terms of Repayment	$100 per month					
28. Name:	H.E.R.E. Local Union #101					
Purpose:	Financial assistance - PCT					
Security:	None	16,661	0	0	0	16,661
Terms of Repayment	None					
29. Name:	H.E.R.E. Local Union #122					
Purpose:	Financial assistance - PCT					
Security:	None	234,607	0	19,500	0	215,107
Terms of Repayment	$3,000 per month					
30. Name:	H.E.R.E. Local Union #151					
Purpose:	Financial assistance - other					
Security:	None	9,517	0	0	0	9,517
Terms of Repayment	None					
31. Name:	H.E.R.E. Local Union #165					

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
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Schedule 1 - Loans Receivable - Additional Listing

SCHEDULE 1 - LOAN RECEIVABLE List below loans to officers, employees, or members which at any time during the report period exceeded $250 and list all loans to business enterprises regardless of the amount	(A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period Cash (D)(1)	Other than Cash (D)(2)		Loans Outstanding at End of Period (E)
Purpose:	Financial assistance- NON-PCT						
Security:	None	244,880	0	55,000	0		189,880
Terms of Repayment	$5000 per month						
32. Name:	H.E.R.E. Local Union #206 (C)						
Purpose:	Financial assistance - NON-PCT						
Security:	None	17,114	0	3,000	0		14,114
Terms of Repayment	$250 per month						
33. Name:	H.E.R.E. Local Union #226						
Purpose:	Financial assistance - PCT						
Security:	None	2,998,930	0	800,000	0		2,198,930
Terms of Repayment	$5,000 per month						
34. Name:	H.E.R.E. Local Union #261 (C)						
Purpose:	Financial assistance - NON-PCT						
Security:	None	29,805	0	13,000	0		16,805
Terms of Repayment	$1,000 per month						
35. Name:	H.E.R.E. Local Union #280 (C)						
Purpose:	Financial assistance - PCT						
Security:	None	89,387	0	0	0		89,387
Terms of Repayment	$500 per month						
36. Name:	H.E.R.E. Local Union #310						
Purpose:	Financial assistance - PCT						
Security:	None	1,668	0	0	0		1,668
Terms of Repayment	$25 per month						
37. Name:	H.E.R.E. Local Union #340						
Purpose:	Financial assistance - PCT						
Security:	None	41,931	0	0	0		41,931
Terms of Repayment	None						
38. Name:	H.E.R.E. Local Union #355						
Purpose:	Financial assistance - PCT						
Security:	None	523,252	0	12,000	0		511,252
Terms of Repayment	$ 1,000 per month						
39. Name:	H.E.R.E. Local Union #355						
Purpose:	Financial assistance - NON-PCT						
Security:	None	54,000	0	0	0		54,000
Terms of Repayment	$ 1,000 per month						
40. Name:	H.E.R.E. Local Union #360						
Purpose:	Financial assistance - PCT						
Security:	None	63,717	0	0	0		63,717
Terms of Repayment	None						
41. Name:	H.E.R.E. Local Union #401						
Purpose:	Financial assistance - PCT						
Security:	None	307,713	0	307,713	0		0
Terms of Repayment	None						
42. Name:	H.E.R.E. Local Union #427						
Purpose:	Financial assistance -PCT						
Security:	None	146,599	0	2,400	0		144,199
Terms of Repayment	None						
43. Name:	H.E.R.E. Local Union #471 (466)						
Purpose:	Financial assistance -PCT						
Security:	None	77,331	0	1,800	0		75,531
Terms of Repayment	None						
44. Name:	H.E.R.E. Local Union #471						
Purpose:	Financial assistance -NON-PCT						
Security:	None	21,911	0	0	0		21,911
Terms of Repayment	None						
45. Name:	H.E.R.E. Local Union #610						
Purpose:	Financial assistance - PCT						
Security:	None	53,988	0	51,988	(2,000)	(1)	0
Terms of Repayment	$2,000 per month						
46. Name:	H.E.R.E. Local Union #611						
Purpose:	Financial assistance - NON-PCT						

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
FORM LM-2
YEAR ENDED APRIL 30, 2001

FILE NO. 000031

Schedule 1 - Loans Receivable - Additional Listing

SCHEDULE 1 - LOAN RECEIVABLE List below loans to officers, employees, or members which at any time during the report period exceeded $250 and list all loans to business enterprises regardless of the amount	(A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period Cash (D)(1)	Other than Cash (D)(2)		Loans Outstanding at End of Period (E)
Security:	None	8,215	0	1,200			7,015
Terms of Repayment	None						
47. Name:	H.E.R.E. Local Union #611						
Purpose:	Financial assistance -PCT						
Security:	None	203,989	0	0	2,000	(1)	205,989
Terms of Repayment	None						
48. Name:	H.E.R.E. Local Union #631						
Purpose:	Financial assistance - NON-PCT						
Security:	None	25,586	0	5,500	0		20,086
Terms of Repayment	None						
49. Name:	H.E.R.E. Local Union #662 (C)						
Purpose:	Financial assistance - PCT						
Security:	None	43,320	0	13,000	0		30,320
Terms of Repayment	$500 per month						
50. Name:	H.E.R.E. Local Union #772 (C)						
Purpose:	Financial assistance - PCT						
Security:	None	8,436	0	0	0		8,436
Terms of Repayment	$500 per month						
51. Name:	H.E.R.E. Local Union #775						
Purpose:	Financial assistance - PCT						
Security:	None	738	0	738	0		0
Terms of Repayment	$100 per month						
52. Name:	H.E.R.E. Local Union #847						
Purpose:	Financial assistance - PCT						
Security:	None	2,956	0	1,200	0		1,756
Terms of Repayment	$100 per month						
53. Name:	Leon Allen						
Purpose:	Employee advance						
Security:	None	625	0	625	0		0
Terms of Repayment	$50 per pay period						
54. Name:	John Canham-Clyne						
Purpose:	Employee advance						
Security:	None	1,000	0	0	0		1,000
Terms of Repayment	$50 per pay period						
55. Name:	Sam Cook						
Purpose:	Employee advance						
Security:	None	(103)	0	0	0		(103)
Terms of Repayment	$50 per pay period						
56. Name:	Richard Draper						
Purpose:	Employee advance						
Security:	None	200	0	0	0		200
Terms of Repayment	$50 per pay period						
57. Name:	Ruby Garcia						
Purpose:	Employee advance						
Security:	None	500	0	0	0		500
Terms of Repayment	$50 per pay period						
58. Name:	Mochelle Harris						
Purpose:	Employee advance						
Security:	None	0	1700	1700	0		0
Terms of Repayment	$50 per pay period						
59. Name:	Daran Littleton						
Purpose:	Employee advance						
Security:	None	347	0	347	0		0
Terms of Repayment	$50 per pay period						
60. Name:	Junior Ornelas						
Purpose:	Employee advance						
Security:	None	500	0	0	0		500
Terms of Repayment	$50 per pay period						
61. Name:	Sandy Parson						
Purpose:	Employee advance						
Security:	None	0	500	500	0		0

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES INTERNATIONAL UNION
FORM LM-2
YEAR ENDED APRIL 30, 2001

FILE NO. 000031

Schedule 1 - Loans Receivable - Additional Listing

SCHEDULE 1 - LOAN RECEIVABLE List below loans to officers, employees, or members which at any time during the report period exceeded $250 and list all loans to business enterprises regardless of the amount	(A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period Cash (D)(1)	Other than Cash (D)(2)	Loans Outstanding at End of Period (E)
Terms of Repayment	$50 per pay period					
62. Name:	Maria Saenz					
Purpose:	Employee advance					
Security:	None	450	0	0	0	450
Terms of Repayment	$50 per pay period					
Canadian currency allowance		(803,276)	0	0	(34,958)	(838,234)
	TOTAL	10,303,904	2,200	1,605,564	(34,958)	8,665,592
	Canadian allowance					

NOTE [1]: SEE ITEM 78, ITEM 27 [1].

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SCHEDULE 2 -- INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Other Investments	
ULLICO COMMON STOCK	5,000
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Investments (other than US Treasury Securities)	5,000

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SCHEDULE 3 -- OTHER ASSETS

Description (A)	Amount (B)
TRUST HELD BY AMERICAN NATIONAL BANK & TRUST OF CHICAGO:	
U.S. TREASURY SECURITIES	1,021,016
ONE GROUP CASH MANAGEMENT MONEY FUND	682,038
ONE GROUP EQUITY INDEX FUND	106,930
ONE GROUP MARKET EXPANSION INDEX FUND	45,438
ONE GROUP DIVERSIFIED INTERNATIONAL FUND	119,410
ONE GROUP MID CAP DIVERSIFIED FUND	100,000
ONE GROUP LARGE CAP GROWTH FUND	154,089
ONE GROUP MID CAP VALUE FUND	100,000
ONE GROUP SMALL CAP VALUE FUND	100,000
ONE GROUP LARGE CAP VALUE FUND	200,000
ONE GROUP SHORT TERM BOND FUND	600,000
CORPORATE BONDS	811,742
SECURITY AND OTHER DEPOSITS	30,609
SUPPLIES FOR RESALE	60,792
DUE FROM H.E.R.E. TIP FUND	248,263
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Assets - Other	4,380,327

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SCHEDULE 4 -- OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
DEFERRED PER CAPITA TAX REVENUE	7,840,033
PAYROLL TAX LIABILITY	(1,926)
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
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	0
	0
	0
	0
	0
	0
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	0
	0
	0
	0
	0
	0
	0
Total Other Liabilities - Other	7,838,107

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SCHEDULE 5 -- FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
1219 - 28th STREET, NW	0		0	N/A
WASHINGTON, D.C.	14,779		14,779	N/A
	0		0	N/A
18600 W. TEN MILE ROAD	0		0	N/A
SOUTHFIELD, MICHIGAN	50,775		50,775	N/A
	0		0	N/A
2801 M STREET, NW	0		0	N/A
WASHINGTON, D.C.	422,936		422,936	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
Total Other Land	488,490		488,490	N/A
3. Buildings (give location):				
1219 - 28TH STREET, NW	0	0	0	N/A
WASHINGTON, D.C.	3,958,988	2,766,974	1,192,014	N/A
	0	0	0	N/A
18600 W. TEN MILE ROAD	0	0	0	N/A
SOUTHFIELD, MICHIGAN	330,506	211,616	118,890	N/A
	0	0	0	N/A
2801 M STREET, N.W.	0	0	0	N/A
WASHINGTON, D.C.	1,529,821	104,854	1,424,967	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
Total Other Buildings	5,819,315	3,083,444	2,735,871	N/A

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SCHEDULE 6 -- SALE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
AMERICAN NATIONAL BANK & TRUST CO. OF CHICAGO:				
ONE GROUP MARKET EXPANSION INDEX FUND	86,307	86,307	200,000	200,000
ONE GROUP CASH MANAGEMENT MONEY FUND	1,028,619	1,028,619	1,028,619	1,028,619
ONE GROUP EQUITY INDEX FUND	43,361	43,361	200,000	200,000
U.S. TREASURY SECURITIES	2,045,703	2,045,703	2,023,086	2,023,086
	0	0	0	0
	0	0	0	0
COMMON STOCK	6,148	6,148	7,883	7,883
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total other sales	3,210,138	3,210,138	3,459,588	3,459,588

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SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (E)
AMERICAN NATIONAL BANK & TRUST CO OF CHICAGO	0	0	0
ONE GROUP MID CAP DIVERSIFIED FUND	100,000	100,000	100,000
ONE GROUP CASH MANAGEMENT MONEY FUND	1,567,070	1,567,070	1,567,070
ONE GROUP MID CAP VALUE FUND	100,000	100,000	100,000
ONE GROUP SMALL CAP VALUE FUND	100,000	100,000	100,000
ONE GROUP LARGE CAP VALUE FUND	200,000	200,000	200,000
ONE GROUP SHORT TERM BOND FUND	600,000	600,000	600,000
CORPORATE BONDS	811,742	811,742	811,742
	0	0	0
COMMON STOCK	11,259	11,259	11,259
	0	0	0
OFFICE FURNITURE AND EQUIPMENT	1,399,038	1,399,038	1,399,038
BUILDING IMPROVEMENTS - 2801 M STREET, N.W.	1,366	1,366	1,366
BUILDING IMPROVEMENTS - 1219 - 28TH STREET, N.W.	7,050	7,050	7,050
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
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	0	0	0
	0	0	0
	0	0	0
Purchase of Investments and fixed assets - Other	4,897,525	4,897,525	4,897,525

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SCHEDULE 8 -- LOANS PAYABLE

Sources of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayments Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other than Cash (D)(2)	
BANK	0	3,000,000	500,000	0	2,500,000
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
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	0	0	0	0	0
Total Other Loans Payable	0	3,000,000	500,000	0	2,500,000

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SCHEDULE 11 - BENEFITS

Description (A)	To Whom Paid (B)	Amount (C)
		0
DEATH	BENEFICIARIES	66,550
MEDICAL	INSURANCE CARRIER	1,726,450
LIFE	INSURANCE CARRIER	143,624
401(k) SAVINGS PLAN	TRUST	45,056
OPTICAL	PROVIDER	19,819
POST-RETIREMENT BENEFITS	PENSIONERS AND BENEFICIARIES	310,280
		0
		0
		0
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Total Benefits - Other		2,311,779

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SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other

Description (A)	Amount (B)
1. LABOR RELATED	192,450
2. CHARITABLE	226,575
3. CIVIC	144,640
4. FLOWERS	3,729
	0
	0
	0
	0
	0
	0
	0
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	0
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	0
	0
	0
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	0
	0
	0
	0
Total Contributions, gifts, & grants - other	567,394

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SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other

Description (A)	Amount (B)
1. AIR TRAVEL -NON ALLOCABLE	1,126,978
2. BANK SERVICE CHARGES	18,237
3. LODGING- NON-ALLOCABLE	442,129
4. BUILDING REPAIR AND MAINTENANCE	151,320
5. CAFETERIA	22,916
6. COMPUTER MAINTENANCE AND SUPPLIES	185,842
7. CONDOMINIUM FEES	25
8. INSURANCE	203,323
9. EQUIPMENT RENTAL AND MAINTENANCE	276,078
10. OFFICE RENT	378,168
11. POSTAGE, FREIGHT AND COURIERS	114,972
12. SUPPLIES	283,681
13. TELEPHONE	549,783
14. UTILITIES	129,678
15. PRINTING	130,570
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Office & Administrative Expense - other	4,013,700

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SCHEDULE 14 -- OTHER RECEIPTS - Other

Description (A)	Amount (B)
ROYALTY REVENUE	119,208
INSURANCE EXPERIENCE RATING REFUND	174,270
PERSONAL REIMBURSEMENTS- SEE ITEM 75 56 (a) and 57(b)	8,970
REFUNDS AND REIMBURSEMENTS:	
AIR TRAVEL	16,850
ARBITRATION FEES	38,116
AUTOMOTIVE EXPENSES	12,510
EQUIPMENT LEASE	849
EQUIPMENT MAINTENANCE	375
EQUIPMENT RENTAL	13,159
FINANCIAL ASSISTANCE TO AFFILIATES	22,083
INSURANCE	5,508
MEDICAL PREMIUMS	105,306
MEETINGS AND CONFERENCES	16,842
KENYA ART PROJECT RECEIPT, DEPOSITED IN ERROR	5,000
RETURN OF SECURITY DEPOSITS	25,461
SALARIES, BENEFITS AND EXPENSES	22,034
OFFICE SUPPLIES	1,591
PAYROLL TAXES	3,893
OFFICE RENT	3,600
TELEPHONE	2,384
UTILITIES	89
PROCEEDS ON MORTGAGE OBTAINED	3,000,000
SUBSCRIPTIONS	610
REIMBURSEMENT FROM TENANT FOR IMPROVEMENTS	9,593
VIDEO SALES	8,923
LIST USE	3,672
BONDING CLAIM PROCEEDS FOR LOSS REPORTED ON	
APRIL 30, 2000 FORM LM-2	100,000
Total Other receipts - other	3,720,896

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SCHEDULE 15 -- OTHER DISBURSEMENTS - Other

Description (A)	Amount (B)
1. PER CAPITA TAX REBATES	23,660
2. REMITTANCE TO H.E.R.E.TIP EDUCATION FUND	1,321,784
3. FINANCIAL ASSISTANCE AND SUBSIDIES	
TO AFFILIATED ORGANIZATIONS	6,081,431
4. CHRISTMAS PARTY FOR EMPLOYEES	5,527
5. CURRENCY TRANSLATION ADJUSTMENT	619,020
6. DUES AND SUBSCRIPTIONS	123,637
7. FEDERAL MONITOR	125,905
8. GENERAL AUTOMOTIVE- NON-ALLOCABLE	131,512
9. STORAGE	3,211
10. INTEREST	383,480
11. LEGISLATIVE DEPARTMENT EXPENSES	555,630
12. MEETINGS AND CONFERENCES - NON-ALLOCABLE	246,940
13. PUBLIC REVIEW BOARD	811,850
14. TRANSMITTAL OF FOLLOWING PAYROLL DEDUCTIONS	
EMPLOYEE 401(K) LOANS	137,868
EMPLOYEE 401(K) CONTRIBUTIONS	625,482
GARNISHMENTS	42,603
UNITED WAY AND OTHER PAYROLL DEDUCTIONS	8,725
SAVINGS	3,579
TIP	86,971
UNION DUES	9,818
15. SECURITY AND OTHER DEPOSITS MADE	13,028
16. PRINCIPAL PAYMENTS MADE ON MORTGAGE PAYABLE	21,924
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	11,383,585