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 27 '00 P-8 OLMS/DOE/SRD

1. FILE NUMBER: 000-069

2. PERIOD COVERED (MO DAY YEAR)
From 04 01 1999
Through 03 31 2000

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.

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

First Name: GREGORY

Last Name: JUNEMANN

P.O. Box • Building and Room Number *(if any)*: SUITE 400

Number and Street: 8630 FENTON STREET

City: SILVER SPRING

State: MD ZIP Code + 4: 20910 -

4. AFFILIATION OR ORGANIZATION NAME: International Federation of Professional & Technical Engineers

5. DESIGNATION *(Local, Lodge, etc.)*: N/A

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 ☐

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

Item Number	
23	TELEPHONE EQUIPMENT SECURED BY AT&T CREDIT CORPORATION.
12	IFPTE LEAP-PAC. QUARTERLY FILINGS WITH FEDERAL ELECTION COMMISSION.
Sch. 10	COLUMN E-VEHICLES ALSO USED PARTIALLY FOR PERSONAL BUSINESS.
Sch. 9	VICE PRESIDENTS ARE NOT PAID EMPLOYEES OF THE FEDERATION; HOWEVER, THE FEDERATION DOES REIMBURSE THE VICE PRESIDENTS FOR LOST TIME WHEN THEY ARE REQUIRED TO BE AWAY FROM WORK TO ATTEND TO OFFICIAL UNION BUSINESS.

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: [signature] PRESIDENT *(If other title, see instructions.)*
9/18/00 (301) 565-9016
Date Telephone Number

77. SIGNED: [signature] TREASURER *(If other title, see instructions.)*
9/18/00 (301) 565-9016
Date Telephone Number

FILE NUMBER: 000-069

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? 43571

19. What is the date of your organization's next regular election of officers? MO 07 YEAR 2000

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? $ 907000

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	$ 3.95-5.20	per Month *(Month, Year, etc.)*
(b) Initiation Fees	$ N/A	
(c) Transfer Fees	$ N/A	
(d) Work Permits	$ N/A	per N/A *(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: 000-069

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		403728	498919
	26. Accounts Receivable		5644	10927
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2	121060	133834
	30. Fixed Assets	5	24006	22893
	31. Other Assets	3	20554	12302
	32. TOTAL ASSETS		574992	678875

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		0	2124
	34. Loans Payable	8	5491	2192
	35. Mortgages Payable			
	36. Other Liabilities	4	110939	143052
	37. TOTAL LIABILITIES		116430	147368
	38. NET ASSETS *(Item 32 less Item 37)*		458562	531507

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 000-069

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		120455	56. To Officers	9	174775
40. Per Capita Tax		1611129	57. To Employees	10	413100
41. Fees			58. Per Capita Tax		193250
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	323682
44. Work Permits			61. Educational & Publicity Expense		82560
45. Sale of Supplies		6154	62. Professional Fees		23150
46. Interest		26465	63. Benefits	11	232531
47. Dividends			64. Contributions, Gifts & Grants	12	9625
48. Rents			65. Supplies for Resale		11770
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		129369
50. Loans Obtained	8		67. Withholding Taxes		64540
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	13205
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	3299
54. Other Receipts	14	234889	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	229195
55. TOTAL RECEIPTS		1999242	74. TOTAL DISBURSEMENTS		1904051

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: 000-069

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: 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					
6. Totals of Lines 1 through 5	0	0	0	0	0
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: 000-069

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

Description (A)	Amount (B)
Marketable Securities 1. Total Cost	116,555
2. Total Book Value	128,400
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) AFL-CIO HOUSING TRUST	130,134
(b) GNMA, 8%, DUE 12/15/07	3,600
(c)	
(d)	
Other Investments 4. Total Cost	100
5. Total Book Value	100
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)*	
7. Total of Lines 2 and 5	133834

Enter the Total from Line 7 in ..... Item 29, Column (B)

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. INVENTORY FOR RESALE	7,209
2. DEPOSITS	5,355
3. BOND PREMIUM RECEIVABLE	(262)
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	12302

Enter the Total from Line 7 in ..... Item 31, Column (B)

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL WITHHOLDINGS	8,056
2. ACCRUED SEVERANCE PAY	68,757
3. ACCRUED SICK LEAVE	32,916
4. ACCRUED DEFERRED COMP.	33,323
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	143052

Enter the Total from Line 7 in ..... Item 36, Column (D)

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 000-069

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)*				
3. Buildings *(give location)*:				
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	227,556	204,663	22,893	25,000
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	227,556	204,663	22893	25,000

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)*				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0

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

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 000-069

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTERS AND OFFICE EQUIPMENT	13,205	13,205	13,205
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	13,205	13,205	13,205
	7. Less Reinvestments		0
	8. Net Purchases		13205

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. AT&T CREDIT CORP.	5,491	0	3,299		2,192
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	5491	0	3299		2192

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: 000-069

(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: ALMEIDA First Name: PAUL Title: PRESIDENT	C	95701	0	1196	0	96897
2. Last Name: JUNEMANN First Name: GREGORY Title: SECRETARY/TREAS	C	93307	0	819	0	94126
3. Last Name: ANTISDEL First Name: TERRANC Title: VICE PRESIDENT	C	2413	1500	1918	0	5831
4. Last Name: COPELAND First Name: WOODWAR Title: VICE PRESIDENT	C	1552	1500	3284	0	6336
5. Last Name: COULSON First Name: THOMAS Title: VICE PRESIDENT	C	0	0	0	0	0
6. Last Name: CRITELLI First Name: DOMINIC Title: VICE PRESIDENT	C	1511	1500	350	0	3361
7. Last Name: FARAONE First Name: FRANK Title: VICE PRESIDENT	C	1736	1500	1420	0	4656
8. Totals from additional pages *(if any)*		7,165	7,500	13,433	0	28,108
9. Totals of Lines 1 through 8		203,385	13,500	22,430	0	239,315
				10. Less Deductions		64540
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		174775

*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: 000-069

(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: AKINS-CLARKE First Name: JULIA Position: GENERAL COUNSEL Name of Affiliated Organization: NONE	76846	400	616	0	77862
2. Last Name: BOHRMAN First Name: JOAN Position: INTERNATIONAL REP Name of Affiliated Organization: NONE	41764	2000	10130	0	53894
3. Last Name: CONSTANTINO First Name: PATRICI Position: BOOKKEEPER Name of Affiliated Organization: NONE	63247	0	317	0	63564
4. Last Name: GORCZYCA First Name: DOLORES Position: INTERNATIONAL REP Name of Affiliated Organization: NONE	56958	0	2832	0	59790
5. Last Name: MCELFRESH First Name: RALPH Position: INTERNATIONAL REP Name of Affiliated Organization: NONE	33376	400	200	0	33976
6. Totals from additional pages *(if any)*	185,126	5,000	11,741	0	201,867
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	457,317	7,800	25,836	0	490,953
			9. Less Deductions		77853
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		413100

SCHEDULE 11 — BENEFITS

FILE NUMBER: 000-069

Description (A)	To Whom Paid (B)	Amount (C)
1. 401(K) Contributions	Trust	9,585
2. Pension Plan Contributions	Trust	71,666
3. Medical Insurance	Insurance Co. - ULLICO	105,778
4. Medical Insurance	Individuals	31,290
5. Total from additional pages *(if any)*		14,212
6. Total of Lines 1 through 5		232531

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

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Various Charitable	5,125
2. Scholarship Program	4,500
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	9625

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

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Employee Training	1,711
2. Office Rent	73,000
3. Telephone	23,214
4. Postage	14,087
5. Office Supplies	15,374
6. Equipment Rent	8,819
7. Total from additional pages *(if any)*	187,477
8. Total of Lines 1 through 7	323682

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

FILE NUMBER: 000-069

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. SPEEA Contributions	167,350
2. Credit Card Royalties	25,434
3. Women's Lawyer Intern	2,400
4. SPEEA Organizing Assistance	35,000
5. Income Tax Refund	125
6. Misc. Bank Adjustments	3,700
7. Local 29 Closeout	880
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	234889

Enter the Total from Line 17 in ..... Item 54

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Organizing	114,014
2. Emergency Assistance	10,450
3. Other Operating Expenses	104,731
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	229195

Enter the Total from Line 17 in ..... Item 73

ORGANIZATION NAME: INTL FEDERATION OF PROF & TECH ENGINEERS

ENDING DATE OF PERIOD COVERED: 3-31-2000

FILE NUMBER: 000-069

PAGE 1 OF 1 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 HILLSON First Name HOWARD Title VICE PRESIDENT	Status C	4102	1500	6224	0	11826
Last Name ISEN First Name CAROL Title VICE PRESIDENT	Status C	0	1500	2404	0	3904
Last Name MATHIS First Name JIMMIE Title VICE PRESIDENT	Status C	0	0	297	0	297
Last Name MCGEE First Name JOSEPH Title VICE PRESIDENT	Status C	0	1500	1951	0	3451
Last Name SALVATORE First Name BRUNO Title VICE PRESIDENT	Status C	1654	1500	268	0	3422
Last Name SMITH First Name DOUGLAS Title VICE PRESIDENT	Status C	0	0	245	0	245
Last Name TOYAMA First Name BEN Title VICE PRESIDENT	Status C	1409	1500	2054	0	4963
Last Name First Name Title	Status					
	Totals	7,165	7,500	13,443	0	28,108

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ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ 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 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: INT'L FEDERATION OF PROF. & TECH. ENGINEERS

ENDING DATE OF PERIOD COVERED: 3-31-2000

FILE NUMBER: 000-069

PAGE 1 OF 1 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: MORGAN First Name: KRISTIN Position: MEMBERSHIP COORD. Name of Affiliated Organization: NONE	34951	0	25	0	34976
Last Name: RHETT First Name: CANDACE Position: LEGISLATIVE REP Name of Affiliated Organization: NONE	45630	600	544	0	46774
Last Name: RILEY First Name: ROBERT Position: INTERNATIONAL REP Name of Affiliated Organization: NONE	25201	2400	4147	0	31748
Last Name: WEBB First Name: CARL Position: INTERNATIONAL REP Name of Affiliated Organization: NONE	45171	2000	6709	0	53880
Last Name: OTHERS First Name: Position: OFFICE Name of Affiliated Organization: NONE	34173	0	316	0	34489
Totals	185,126	5,000	11,741	0	201,867

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ 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 First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

SCHEDULE 11 — BENEFITS

FILE NUMBER: 000-069

Description (A)	To Whom Paid (B)	Amount (C)
1. LIFE INSURANCE	INSURANCE COMPANY	6,153
2. PARKING	REALTY COMPANY	4,507
3. WORKERS COMPENSATION	TRUST	3,552
4.		
5. Total from additional pages *(if any)*		
6. Total of Lines 1 through 5		
Enter the Total from Line 6 ..... Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in ..... Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Bank Fees	2,210
2. Auto & Related	13,601
3. Executive Council Meetings	29,406
4. Local Union Servicing	246,063
5. Less Reported Elsewhere	(103,803)
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in ..... Item 60	

FILE NUMBER: —

SCHEDULE 14 — OTHER RECEIPTS

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

SCHEDULE 15 — OTHER DISBURSEMENTS

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