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

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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

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

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

1. FILE NUMBER: 000-107

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	2000
Through	12	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: ☐

DONALD [illegible] (B) 000-107
MACHINISTS NFL-CIO 04A
NHQ
9000 MACHINISTS PL 12/00
UPPER MARLBORO, MD 20772-2687

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

Last Name

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

Number and Street

City

State ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME

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

6. DESIGNATION NUMBER

7. UNIT NAME *(if any)*

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	
11	See Supplement to item number 75 (page 1 of 2)
12	See Supplement to item number 75 (page 1 of 2)
13	See Supplement to item number 75 (page 1 of 2)
14	See Supplement to item number 75 (page 1 of 2)
23	See Supplement to item number 75 (page 1 of 2)
24	See Supplement to item number 75 (page 1 of 2)
Sch9 & 10	See Supplement to item number 75 (page 2 of 2)

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: R. Thomas Buffenbarger — PRESIDENT *(If other title, see instructions.)*
03 / 30 / 01 — (301) 967-4502
Date — Telephone Number

77. SIGNED: Donald W. Fenton — TREASURER *(If other title, see instructions.)*
03 / 30 / 01 — (301) 967-4700
Date — Telephone Number

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? 7 3 0 6 7 3

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

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	$ 36.50	per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$ 36.50	
(c) Transfer Fees	$ NONE	
(d) Work Permits	$ NONE	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: 0 0 0 — 1 0 7

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		1390674 8	1703397 9
	26. Accounts Receivable		325130	469979
	27. Loans Receivable	1	398777	142044
	28. U.S. Treasury Securities		10442203	9644510
	29. Investments	2	154416770	151235914
	30. Fixed Assets	5	43863737	48805289
	31. Other Assets	3	3025189	2595669
	32. TOTAL ASSETS		22637854	22992738 4

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8	7386805	7029245
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	171121	444099
	37. TOTAL LIABILITIES		7557926	7473344
	38. NET ASSETS *(Item 32 less Item 37)*		21882062 8	22245404 0

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 000-107

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		67764	56. To Officers	9	11302009
40. Per Capita Tax		9902378 2	57. To Employees	10	21358858
41. Fees		0	58. Per Capita Tax		40148009
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	10708132
44. Work Permits		0	61. Educational & Publicity Expense		7765146
45. Sale of Supplies		823329	62. Professional Fees		2438550
46. Interest		1194981 7	63. Benefits	11	15839874
47. Dividends		477929	64. Contributions, Gifts & Grants	12	37661 2
48. Rents		59728	65. Supplies for Resale		75589 8
49. Sale of Investments & Fixed Assets	6	481156 17	66. Direct Taxes		551736 1
50. Loans Obtained	8	0	67. Withholding Taxes		950421 2
51. Repayments of Loans Made	1	173733	68. Purchase of Investments & Fixed Assets	7	5261246 6
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	1500 0
53. From Members for Disbursement on Their Behalf		2871 5	70. Repayment of Loans Obtained	8	35756 0
54. Other Receipts	14	76664 4 9	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		359 50
			73. Other Disbursements	15	32829 95
55. TOTAL RECEIPTS		168386863	74. TOTAL DISBURSEMENTS		165259632

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 — 1 0 7

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)*	398,777	15,000	173,733	98,000	142,044
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	398777	15000	173733	98000	142044
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: 000-107

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

Description (A)	Amount (B)
Marketable Securities 1. Total Cost	144,457,933
2. Total Book Value	144,457,933
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	6,777,981
5. Total Book Value	
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	151,235,914
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID EXPENSES	121,620
2. INVENTORIES	2,293,312
3. DEPOSITS	180,737
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	2595669
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. DUE TO RELATED ENTITY	272,730
2. PAYROLL TAXES WITHHELD	130,830
3. ACCOUNTS PAYABLE AND OTHER	40,539
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	444099
Enter the Total from Line 7 in ..... Item 36, Column (D)	

FILE NUMBER: 0 0 0 – 1 0 7

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*):				
2. Totals from additional pages (*if any*) SEE SUPPLEMENT TO SCHEDULE 5	5,730,965		5,730,965	
3. Buildings (*give location*):				
4. Totals from additional pages (*if any*) SEE SUPPLEMENT TO SCHEDULE 5	43,475,481	12,275,481	31,200,000	
5. Automobiles and Other Vehicles	437,066	331,779	105,287	
6. Office Furniture and Equipment	8,653,554	6,075,196	2,578,358	
7. Other Fixed Assets	10,786,815	1,596,136	9,190,679	
8. Totals of Lines 1 through 7	69,083,881	20,278,592	48 80 52 89	

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. U.S. TREASURY SECURITIES	5,690,694	5,690,694	5,618,422	5,618,422
2. MARKETABLE SECURITIES	39,098,673	39,098,673	42,486,845	42,486,845
3.				
4.				
5. Totals from additional pages (*if any*) SEE SUPPLEMENT TO SCH 6 (FIXED ASSETS)	170,614	44,593	10,350	10,350
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		0
		8. Net Sales		48,115,617

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

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 0 — 1 0 7

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. MARKETABLE SECURITIES	39,058,027	39,058,027	39,058,027
2. OTHER	449,177	449,177	449,177
3. U.S. TREASURY SECURITIES	4,893,001	4,893,001	4,893,001
4.			
5. Totals from additional pages *(if any)* SEE SUPPLEMENT TO SCH 7 (FIXED ASSETS)	8,212,261	8,212,261	8,212,261
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		0
	8. Net Purchases		5 2 6 1 2 4 6 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. CRESTAR BANK, N.A.	7,386,805	-	357,560	-	7,029,245
2. (SUNTRUST)					
3.					
4.					
5. Totals from additional pages *(if any)*	-	-	-	-	-
6. Totals of Lines 1 through 5	7 3 8 6 8 0 5	0	3 5 7 5 6 0	0	7 0 2 9 2 4 5

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: 000-107

(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: BAY First Name: AM Title: VICE PRESIDENT	C	121332		39982		161314
2. Last Name: BUFFENBARGER First Name: RT Title: PRESIDENT	C	148295		63029		211324
3. Last Name: HOOPER First Name: GH Title: VICE PRESIDENT	C	121332		52377		173709
4. Last Name: MART First Name: WL Title: VICE PRESIDENT	C	121332		51776		173108
5. Last Name: PEARSON First Name: L Title: VICE PRESIDENT	C	121332		55060		176392
6. Last Name: RITCHIE First Name: DL Title: VICE PRESIDENT	C	121332		39779		161111
7. Last Name: ROACH, JR. First Name: R Title: VICE PRESIDENT	C	121332		42897		164229
8. Totals from additional pages *(if any)*		258,842		102,543		361,385
9. Totals of Lines 1 through 8		1,135,129		447,443		1,582,572

10. Less Deductions: 452363

Enter the Total from Line 11 in ..... Item 56 ⇨

11. Net Disbursements: 1130209

*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: 0 0 0 – 1 0 7

(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 / First Name / Position / Name of Affiliated Organization					
2. Last Name / First Name / Position / Name of Affiliated Organization					
3. Last Name / First Name / Position / Name of Affiliated Organization					
4. Last Name / First Name / Position / Name of Affiliated Organization					
5. Last Name / First Name / Position / Name of Affiliated Organization					
6. Totals from additional pages *(if any)*	25,316,257		6,373,275		31,689,532
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	117,468		5,905		123,373
8. Totals of Lines 1 through 7	25,433,725	0	6,379,180	0	31,812,905
			9. Less Deductions		10,454,047
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		21,358,858

SCHEDULE 11 — BENEFITS

FILE NUMBER: 000 – 107

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND WELFARE	TRUST	6,767,223
2. STRIKE	MEMBERS	5,333,700
3. SCHOLARSHIP	MEMBERS AND THEIR CHILDREN	59,250
4. PENSION	TRUST	3,402,218
5. Total from additional pages *(if any)* DEATH BENEFITS		277,483
6. Total of Lines 1 through 5		15 8 3 9 8 7 4

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

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE	130,981
2. LABOR RELATED	145,981
3. PUBLIC POLICY	99,650
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	3 7 6 6 1 2

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

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6. SEE SUPPLEMENT TO SCH 13	
7. Total from additional pages *(if any)*	10,708,132
8. Total of Lines 1 through 7	1 0 7 0 8 1 3 2

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

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. REIMBURSEMENT OF ADMIN EXPENSES VENDORS, LODGES, EMPLOYEES &	3,382,731
2. TAXES RECEIVES AFFILIATES FROM IAM PENSION ON BEHALF OF	3,424,192
3. SCHOLARSHIP PENSIONERS FUND CONTRIBUTIONS	50,987
4. CONFERENCE REGISTRATION FEES	64,569
5. ROYALTY REVENUES	743,970
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	7 6 6 6 4 4 9

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

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. FINANCIAL ASSISTANCE PAID TO LOCAL & DISTRICT LODGES	22,991,729
2. FILMS AND VIDEOS	903,315
3. INTEREST EXPENSE	510,750
4. TAXES REMITTED ON BEHALF OF IAM PENSION PLAN	3,424,192
5. OTHER PAYROLL WITHHOLDING	1,402,179
6. AFFILIATE DISBURSEMENT ON BEHALF OF	3,316,903
7. CURRENCY TRANSLATION	279,927
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	3 2 8 2 8 9 9 5

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000-107

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: THAYER First Name: RV Title: VICE PRESIDENT	Status: C	121332		48079		169411
Last Name: WHARTON First Name: DE Title: TREASURER	Status: C	137510		54464		191974
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

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: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000- 107

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 ABELL First Name AM Position MAID Name of Affiliated Organization N/A	28330		38		28368
Last Name ADAMS First Name WL Position ASST CONTROLLER Name of Affiliated Organization N/A	88388		71		88459
Last Name ADINOLFI First Name JV Position SPECIAL REP Name of Affiliated Organization N/A	13378		2600		15978
Last Name AGUILAR First Name D Position CONFID SECRETARY Name of Affiliated Organization N/A	62024		551		62575
Last Name AKER First Name RA Position ADMIN CLERK Name of Affiliated Organization N/A	42865		0		42865
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 ALEXANDER First Name CD Position INFO TECH CLERK Name of Affiliated Organization N/A	47951		37		47988
Last Name ALLEN First Name G Position GRAND LODGE REP Name of Affiliated Organization N/A	80752		39956		120708
Last Name ALLEN First Name GR Position COOR AEROSPACE Name of Affiliated Organization N/A	88977		48445		137422
Last Name ALLEN First Name PJ Position ADMIN CLERK TYP Name of Affiliated Organization N/A	62027		0		62027
Last Name ALMEIDA First Name BA Position RESEARCH ECON Name of Affiliated Organization N/A	70448		6232		76680
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000- 107

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: AMBROSE First Name: EL Position: UTILITY WORKER Name of Affiliated Organization: N/A	32821		0		32821
Last Name: ANDERSON First Name: LK Position: ADMIN STENO Name of Affiliated Organization: N/A	44870		177		45047
Last Name: ANDERSON First Name: RE Position: SPECIAL REP Name of Affiliated Organization: N/A	74147		37673		111820
Last Name: ANDERSON First Name: RS Position: GUARD Name of Affiliated Organization: N/A	32060		0		32060
Last Name: ASHMAN First Name: CE Position: SPECIAL REP Name of Affiliated Organization: N/A	80888		39896		120784
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 ATKINSON First Name J Position GRAND LODGE REP Name of Affiliated Organization N/A	59422		17226		76648
Last Name BABINEAUX First Name DM Position EXECUTIVE ASST Name of Affiliated Organization N/A	114081		43643		157724
Last Name BABINEAUX First Name TS Position JR CLERK TYPIST Name of Affiliated Organization N/A	35853		95		35948
Last Name BAILEY First Name JL Position ADMIN STENO Name of Affiliated Organization N/A	43873		22		43895
Last Name BARKSDALE First Name R Position AGRMNT SPECIALST Name of Affiliated Organization N/A	48397		0		48397
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 107

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: BARRETT First Name: CR Position: SR SECRETARY Name of Affiliated Organization: N/A	19940		0		19940
Last Name: BARRETT First Name: JM Position: HELP DESK TECH Name of Affiliated Organization: N/A	48802		3249		52051
Last Name: BATES First Name: GD Position: RESEARCH LIBRARY Name of Affiliated Organization: N/A	60345		2811		63156
Last Name: BATES First Name: MC Position: COMMUNICATION RP Name of Affiliated Organization: N/A	72760		4164		76924
Last Name: BEATON First Name: BW Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		33999		114887
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 BECK First Name A Position GENERAL COUNSEL Name of Affiliated Organization N/A	115265		26251		141516
Last Name BECKHAM First Name GA Position SPECIAL REP Name of Affiliated Organization N/A	53504		29052		82556
Last Name BELTON First Name SM Position JR CLERK TYPIST Name of Affiliated Organization N/A	14074		0		14074
Last Name BERRY First Name ME Position ASST LIBRARIAN Name of Affiliated Organization N/A	45013		0		45013
Last Name BERUBE First Name L Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		23644		104532
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 BEYER First Name LM Position COOK Name of Affiliated Organization N/A	31409		120		31529
Last Name BIALKOWSKI First Name MA Position ADMIN STENO Name of Affiliated Organization N/A	43613		202		43815
Last Name BLACKMON First Name BW Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		41643		122531
Last Name BLAIS First Name V Position ADMIN ASST Name of Affiliated Organization N/A	88977		30972		119949
Last Name BORMANN First Name JA Position DIR GUIDE DOGS Name of Affiliated Organization N/A	88977		34392		123369
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 BOURNE First Name VA Position ADMIN CLERK TYP Name of Affiliated Organization N/A	41693		0		41693
Last Name BRADFORD First Name RW Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		43579		124467
Last Name BRADLEY First Name JM Position NETWORK ADMIN Name of Affiliated Organization N/A	56118		0		56118
Last Name BRADY First Name ML Position JR CLERK TYPIST Name of Affiliated Organization N/A	21664		0		21664
Last Name BRAUCH First Name TG Position SR SYSTEM ANLYST Name of Affiliated Organization N/A	75999		458		76457
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000- 107

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: BRICKNER First Name: TF Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		44373		125261
Last Name: BRIGGS First Name: R Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		45143		126031
Last Name: BRIGHTWELL First Name: LS Position: HELP DESK TECH Name of Affiliated Organization: N/A	49751		0		49751
Last Name: BROGNA First Name: LV Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		40698		121586
Last Name: BROOKS First Name: MB Position: ADMIN STENO Name of Affiliated Organization: N/A	31495		818		32313
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000-107

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: BROSSEAU First Name: G Position: SPECIAL REP Name of Affiliated Organization: N/A	80888		30284		111172
Last Name: BROWN First Name: CS Position: ASST GROUNDSKPR Name of Affiliated Organization: N/A	29853		180		30033
Last Name: BROWN First Name: R Position: ADMIN CLERK Name of Affiliated Organization: N/A	41848		0		41848
Last Name: BROWN First Name: SH Position: GL AUDITOR Name of Affiliated Organization: N/A	80888		42011		122899
Last Name: BUCKNER First Name: JB Position: ADMIN CLERK TYP Name of Affiliated Organization: N/A	42076		0		42076
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000- 107

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 BUPP First Name NK Position EDUCATION REP Name of Affiliated Organization N/A	73575		4401		77976
Last Name BURNEY First Name PK Position ASST COOK Name of Affiliated Organization N/A	29589		0		29589
Last Name CAMORLINGA First Name M Position SPECIAL REP Name of Affiliated Organization N/A	71898		31534		103432
Last Name CAMP First Name LW Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		50232		121120
Last Name CARELLI First Name F Position LEGISLATIVE REP Name of Affiliated Organization N/A	80616		30091		110707
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF REPORTING PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 CARPENTER First Name GE Position RESEARCH ANALYST Name of Affiliated Organization N/A	57672		1291		58963
Last Name CARPENTER First Name WJ Position HOUSEPERSON Name of Affiliated Organization N/A	29325		0		29325
Last Name CARTER First Name D Position CLEANING SUPER Name of Affiliated Organization N/A	46706		1170		47876
Last Name CELONA First Name FV Position ADMIN ASST Name of Affiliated Organization N/A	88977		22738		111715
Last Name CHANEY First Name GH Position SR SYSTEM ANLYST Name of Affiliated Organization N/A	74415		245		74660
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 107

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 CHANEY First Name JM Position CONFID SECRETARY Name of Affiliated Organization N/A	62185		98		62283
Last Name CHERRY First Name C Position SPECIAL REP Name of Affiliated Organization N/A	19379		3997		23376
Last Name CHRISTIE First Name SM Position JR EXEC SECY Name of Affiliated Organization N/A	67196		4848		72044
Last Name CICERO First Name R Position SPECIAL REP Name of Affiliated Organization N/A	80888		47510		128398
Last Name CLARK First Name PA Position ADMIN CLERK Name of Affiliated Organization N/A	41608		-1		41607
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 CLAY First Name FL Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		47103		127991
Last Name CLERMONT First Name M Position EDUCATION REP Name of Affiliated Organization N/A	69293		35900		105193
Last Name COCHRAN First Name VL Position INFO TECH CLERK Name of Affiliated Organization N/A	48311		879		49190
Last Name COIN First Name WE Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		14194		95082
Last Name COMBS First Name C Position SPEC ASST TO GST Name of Affiliated Organization N/A	100776		34437		135213
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 107

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: CONLEY First Name: JG Position: DIR TRAN ORG DPT Name of Affiliated Organization: N/A	88977		25489		114466
Last Name: CONNOLLY First Name: T Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		26597		107485
Last Name: CONNOR First Name: S Position: GRAND LODGE REP Name of Affiliated Organization: N/A	60666		22246		82912
Last Name: COOK First Name: CE Position: GL AUDITOR Name of Affiliated Organization: N/A	80888		28982		109870
Last Name: COOKE First Name: SO Position: SPECIAL REP Name of Affiliated Organization: N/A	13378		926		14304
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 COOPER First Name J Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		28563		109451
Last Name COOPER First Name S Position SPECIAL REP Name of Affiliated Organization N/A	68528		49008		117536
Last Name CORDONE First Name MC Position DIR COMMUNITY SV Name of Affiliated Organization N/A	88977		28523		117500
Last Name CORSON First Name C Position ASST GEN COUNSEL Name of Affiliated Organization N/A	87440		10484		97924
Last Name COTTRELL First Name RA Position JR SECRETARY Name of Affiliated Organization N/A	20260		0		20260
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 107

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 COVINGTON First Name RG Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		42757		123645
Last Name CRAMER First Name DR Position ACCOUNTANT Name of Affiliated Organization N/A	75717		20		75737
Last Name CRAMER First Name WS Position ADMIN CLERK TYP Name of Affiliated Organization N/A	42177		0		42177
Last Name CRONIN First Name BK Position ADMIN STAFF SECY Name of Affiliated Organization N/A	55130		26		55156
Last Name CRONK First Name JR Position ASST COOR RAILRO Name of Affiliated Organization N/A	75269		40441		115710
Totals					

ORGANIZATION NAME INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 CROSS First Name PT Position EDUCATION REP Name of Affiliated Organization N/A	61040		40062		101102
Last Name CROWDIS First Name J Position COOR AEROSPACE Name of Affiliated Organization N/A	88977		56443		145420
Last Name CUMMINGS First Name KT Position COMMUNICATION RP Name of Affiliated Organization N/A	69714		33956		103670
Last Name CUMMINGS First Name MJ Position SYSTEMS ANALYST Name of Affiliated Organization N/A	59453		5		59458
Last Name DALE First Name RM Position ASST MGR FAC SER Name of Affiliated Organization N/A	56874		1402		58276
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000- 107

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 DAMERON First Name WP Position GL AUDITOR Name of Affiliated Organization N/A	78360		38764		117124
Last Name DANIELS First Name ED Position CONFID SECRETARY Name of Affiliated Organization N/A	62024		4116		66140
Last Name DAUGHERTY First Name VL Position SUPERVISOR Name of Affiliated Organization N/A	67812		1917		69729
Last Name DAVES First Name TC Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		30062		110950
Last Name DAVIS First Name DC Position UTILITY WORKER Name of Affiliated Organization N/A	27880		0		27880
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 DAVIS, JR. First Name AT Position PILOT Name of Affiliated Organization N/A	67308		27439		94747
Last Name DE GROAT First Name LR Position ADMIN CLERK TYP Name of Affiliated Organization N/A	41609		0		41609
Last Name DELAHAY First Name JR Position GROUNDSKEEPER Name of Affiliated Organization N/A	35755		261		36016
Last Name DELFENDAHL First Name LL Position ASST ADMIN BKPER Name of Affiliated Organization N/A	45828		0		45828
Last Name DELIO First Name MK Position ASST SUPERVISOR Name of Affiliated Organization N/A	60567		2836		63403
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 DEMENT First Name SW Position GUARD Name of Affiliated Organization N/A	23277		0		23277
Last Name DIPIETRO First Name SD Position ADMIN CLERK Name of Affiliated Organization N/A	24790		150		24940
Last Name DOMINY First Name SD Position GL AUDITOR Name of Affiliated Organization N/A	74722		45840		120562
Last Name DONACHY First Name SE Position ASST ADMIN BKPER Name of Affiliated Organization N/A	43163		0		43163
Last Name DONALDSON First Name D Position UTILITY WORKER Name of Affiliated Organization N/A	31205		0		31205
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 DONOVAN First Name JC Position ADMIN CLERK TYP Name of Affiliated Organization N/A	15889		150		16039
Last Name DORSEY First Name ML Position SPEC ASST TO GST Name of Affiliated Organization N/A	100776		33593		134369
Last Name DUGGAN First Name PM Position HELP DESK TECH Name of Affiliated Organization N/A	49841		957		50798
Last Name DUGGAN First Name RM Position JR CLERK TYPIST Name of Affiliated Organization N/A	35568		0		35568
Last Name DUNMORE First Name CL Position COMMUNICATION RP Name of Affiliated Organization N/A	70164		4433		74597
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: DUNN First Name: SE Position: GL AUDITOR Name of Affiliated Organization: N/A	58560		21444		80004
Last Name: EASTBURN First Name: CJ Position: DIR WOMENS DEPT Name of Affiliated Organization: N/A	88977		22151		111128
Last Name: EASTBURN First Name: DB Position: MGR MATERIAL DEV Name of Affiliated Organization: N/A	69916		203		70119
Last Name: ECCARD First Name: JM Position: INFO TECH CLERK Name of Affiliated Organization: N/A	49405		289		49694
Last Name: ELDRIDGE First Name: RA Position: SPECIAL REP Name of Affiliated Organization: N/A	77246		28340		105586
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 EMMART First Name TH Position SR HELP TECH Name of Affiliated Organization N/A	64644		1253		65897
Last Name EMMART First Name TL Position SR SYSTEM ANLYST Name of Affiliated Organization N/A	70147		0		70147
Last Name ENGLER First Name LA Position JR CLERK TYPIST Name of Affiliated Organization N/A	18671		0		18671
Last Name ENGLER First Name WA Position ASST SECRETARY Name of Affiliated Organization N/A	115573		40985		156558
Last Name ERLICHMAN First Name L Position DIR OF RESEARCH Name of Affiliated Organization N/A	88977		8182		97159
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: EVANS First Name: ES Position: GL AUDITOR Name of Affiliated Organization: N/A	76675		40936		117611
Last Name: FALCONER First Name: G Position: EDUCATION REP Name of Affiliated Organization: N/A	72799		11023		83822
Last Name: FEARNS First Name: CA Position: COOK Name of Affiliated Organization: N/A	32390		120		32510
Last Name: FIGUEROA First Name: CR Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		30485		111373
Last Name: FILIPOVIC First Name: MF Position: COOR RAILROAD Name of Affiliated Organization: N/A	88977		28973		117950
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 FINN First Name CM Position SR SYSTEM ANLYST Name of Affiliated Organization N/A	68852		4806		73658
Last Name FISHER First Name LF Position INFO TECH CLERK Name of Affiliated Organization N/A	34734		0		34734
Last Name FITZGERALD First Name BP Position ADMIN STENO Name of Affiliated Organization N/A	43553		367		43920
Last Name FLOYD First Name RJ Position GRAND LODGE REP Name of Affiliated Organization N/A	88977		52678		141655
Last Name FLYNN First Name MJ Position DIR APPREN DEPT Name of Affiliated Organization N/A	88977		22277		111254
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 FONES First Name MA Position KITCHEN SUPERVIS Name of Affiliated Organization N/A	49815		395		50210
Last Name FORGIONE First Name F Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		32096		112984
Last Name FOX First Name KM Position AGRMNT SPECIALST Name of Affiliated Organization N/A	48472		0		48472
Last Name FRAZIER First Name EE Position MGR MATERIAL DEV Name of Affiliated Organization N/A	40690		295		40985
Last Name FREITAG First Name JL Position JR CLERK TYPIST Name of Affiliated Organization N/A	35868		0		35868
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: FROST First Name: JM Position: COOR AUTOMOBILE Name of Affiliated Organization: N/A	88977		35991		124968
Last Name: FRYE First Name: PC Position: SR STENO Name of Affiliated Organization: N/A	43044		0		43044
Last Name: GALLMAN First Name: CL Position: ADMIN ASST Name of Affiliated Organization: N/A	88977		25520		114497
Last Name: GARDNER First Name: RE Position: SR ASST BOOKKPR Name of Affiliated Organization: N/A	43141		4990		48131
Last Name: GEORGALLAS First Name: D Position: COMMUNICATION RP Name of Affiliated Organization: N/A	72760		6040		78800
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 GEORGEN First Name S Position ADMIN STENO Name of Affiliated Organization N/A	39455		0		39455
Last Name GIBSON First Name CE Position SECRETARY Name of Affiliated Organization N/A	54845		354		55199
Last Name GIRARDOT First Name DL Position EXECUTIVE ASST Name of Affiliated Organization N/A	9631		10228		19859
Last Name GIULIANI First Name L Position GL AUDITOR Name of Affiliated Organization N/A	80888		32918		113806
Last Name GLADSTEIN First Name NS Position ASST DIR STRATEG Name of Affiliated Organization N/A	77664		8733		86397
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 GORDON First Name AE Position INFO TECH CLERK Name of Affiliated Organization N/A	49272		356		49628
Last Name GRANADO First Name AS Position SPECIAL REP Name of Affiliated Organization N/A	41514		23532		65046
Last Name GREEN First Name BA Position COOK Name of Affiliated Organization N/A	32597		0		32597
Last Name GREER First Name GL Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		35731		116619
Last Name GROSS First Name JM Position ASST HEALTH&WELF Name of Affiliated Organization N/A	45789		0		45789
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: GUAY First Name: R Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		27633		108521
Last Name: HALL First Name: CL Position: RESEARCH ASSOC Name of Affiliated Organization: N/A	64038		2840		66878
Last Name: HALL First Name: EE Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		30288		111176
Last Name: HAMILTON First Name: DE Position: ATT LEGAL FELLOW Name of Affiliated Organization: N/A	12154		57		12211
Last Name: HAMILTON First Name: N Position: PUBLIC REL DIR Name of Affiliated Organization: N/A	88977		6378		95355
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 RE Position GL AUDITOR Name of Affiliated Organization N/A	80888		38004		118892
Last Name HANNA First Name LM Position SR STENO Name of Affiliated Organization N/A	39315		0		39315
Last Name HANNIGAN First Name F Position SPECIAL REP Name of Affiliated Organization N/A	17409		9088		26497
Last Name HANTZIS First Name SJ Position SPECIAL REP Name of Affiliated Organization N/A	80888		23378		104266
Last Name HARTFORD First Name D Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		28385		109273
Totals					

*U.S. Government Printing Office 2001— 476-090

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 HASEL First Name ML Position JR SYSTM ANALYST Name of Affiliated Organization N/A	56027		117		56144
Last Name HECKMAN First Name JM Position HELP DESK TECH Name of Affiliated Organization N/A	57952		7269		65221
Last Name HEFFERNAN First Name WP Position CONTROLLER Name of Affiliated Organization N/A	111324		21455		132779
Last Name HEIM First Name KE Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		25615		106503
Last Name HENEIN First Name SJ Position ADMIN CLERK Name of Affiliated Organization N/A	42383		10		42393
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 HENSEL First Name DM Position ADMIN STENO Name of Affiliated Organization N/A	43595		14		43609
Last Name HERRNSTADT First Name O Position DIR INTL DEPT Name of Affiliated Organization N/A	88977		30086		119063
Last Name HESTER First Name B Position ADMIN CLERK Name of Affiliated Organization N/A	43566		5		43571
Last Name HILL First Name CS Position ASST COOK Name of Affiliated Organization N/A	30984		0		30984
Last Name HILL First Name KM Position ADMIN STENO Name of Affiliated Organization N/A	43481		0		43481
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 HILL First Name RS Position CLERICAL RECEPT Name of Affiliated Organization N/A	23906		0		23906
Last Name HILL First Name RS Position ENGINEER Name of Affiliated Organization N/A	16530		0		16530
Last Name HIMES First Name V Position MAID Name of Affiliated Organization N/A	23502		0		23502
Last Name HITCHCOCK First Name DM Position INTL AFFAIRS REP Name of Affiliated Organization N/A	80888		27441		108329
Last Name HOFFMAN First Name RL Position GRAND LODGE REP Name of Affiliated Organization N/A	90888		43349		134237
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 HOLDER First Name M Position EDUCATION REP Name of Affiliated Organization N/A	72437		4721		77158
Last Name HOLLOWAY First Name DK Position UTILITY WORKER Name of Affiliated Organization N/A	32491		0		32491
Last Name HOLTON First Name BR Position HOUSEPERSON Name of Affiliated Organization N/A	28878		0		28878
Last Name HONOHAN First Name RB Position AIRCRAFT MECH Name of Affiliated Organization N/A	48014		6269		54283
Last Name HOWE First Name DM Position RESEARCH ANALYST Name of Affiliated Organization N/A	58734		2078		60812
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: HURD First Name: TR Position: ADMIN ASST Name of Affiliated Organization: N/A	88977		23632		112609
Last Name: HURDLE First Name: RE Position: GRAND LODGE REP Name of Affiliated Organization: N/A	46977		14405		61382
Last Name: HUX III First Name: WE Position: SYSTEMS ANALYST Name of Affiliated Organization: N/A	59501		0		59501
Last Name: HYDE First Name: DJ Position: ADMIN CLERK TYP Name of Affiliated Organization: N/A	41305		10		41315
Last Name: JACKSON First Name: HE Position: EDUCATION REP Name of Affiliated Organization: N/A	16410		7851		24261
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 JANEY First Name LS Position ASST COOK Name of Affiliated Organization N/A	27000		0		27000
Last Name JEFFRIES First Name BE Position EXECUTIVE SECY Name of Affiliated Organization N/A	74216		5538		79754
Last Name JENKINS First Name AJ Position JR CLERK TYPIST Name of Affiliated Organization N/A	31500		0		31500
Last Name JENNINGS First Name MA Position BUS DRIVER Name of Affiliated Organization N/A	39312		189		39501
Last Name JEZERCAK First Name M Position GL AUDITOR Name of Affiliated Organization N/A	80888		33610		114498
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 JOHNSON First Name C Position DIR HUMAN RIGHTS Name of Affiliated Organization N/A	88977		34626		123603
Last Name JOHNSON First Name D Position GL AUDITOR Name of Affiliated Organization N/A	80888		33010		113898
Last Name JOHNSON First Name D Position UTILITY WORKER Name of Affiliated Organization N/A	31566		0		31566
Last Name JOHNSTON First Name TC Position ACCOUNTANT Name of Affiliated Organization N/A	64297		55		64352
Last Name JONES First Name LL Position SUPERVISOR Name of Affiliated Organization N/A	67812		1912		69724
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 JORDAN First Name GZ Position UTILITY WORKER Name of Affiliated Organization N/A	31570		0		31570
Last Name KALASKI First Name RJ Position DIR COMMUNICATIO Name of Affiliated Organization N/A	115264		24408		139672
Last Name KELLEY First Name H Position SPECIAL REP Name of Affiliated Organization N/A	72190		33265		105455
Last Name KELLY First Name P Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		24353		105241
Last Name KELTY First Name R Position ADMIN ASST Name of Affiliated Organization N/A	88977		27477		116454
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 KENDALL First Name P Position GL AUDITOR Name of Affiliated Organization N/A	52240		30189		82429
Last Name KENNEDY First Name DE Position DIR HPWO Name of Affiliated Organization N/A	88977		21618		110595
Last Name KEYS First Name BS Position ENGINEER Name of Affiliated Organization N/A	61234		0		61234
Last Name KING First Name MD Position COMMUNICATION RP Name of Affiliated Organization N/A	69714		24635		94349
Last Name KINION First Name FM Position BARTENDER Name of Affiliated Organization N/A	12194		0		12194
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000-107

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 KINNEY First Name PK Position ADMIN OFFICE SYS Name of Affiliated Organization N/A	30760		0		30760
Last Name KLIMA First Name TJ Position SPECIAL REP Name of Affiliated Organization N/A	78360		29575		107935
Last Name KLINAKIS First Name AS Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		44977		125865
Last Name KNODE First Name TE Position ADMIN CLERK Name of Affiliated Organization N/A	42948		0		42948
Last Name KOBILIS First Name BR Position OFFICE ASSISTANT Name of Affiliated Organization N/A	50487		0		50487
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 KOBILIS First Name PM Position ASST ADMIN BKPER Name of Affiliated Organization N/A	46388		2748		49136
Last Name LANDAU First Name DR Position OFFICE LEADPRSON Name of Affiliated Organization N/A	21397		0		21397
Last Name LARKIN First Name FG Position COMMUNICATION RP Name of Affiliated Organization N/A	33872		26570		60442
Last Name LAUTAR First Name JD Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		23933		104821
Last Name LEE First Name CC Position INFO TECH CLERK Name of Affiliated Organization N/A	48512		185		48697
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 LEE First Name T Position GL AUDITOR Name of Affiliated Organization N/A	80888		38211		119099
Last Name LEHMAN First Name PA Position SPECIAL REP Name of Affiliated Organization N/A	80888		39000		119888
Last Name LEMON First Name R Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		46580		127468
Last Name LESLIE First Name JD Position DIR EDUC CENTER Name of Affiliated Organization N/A	94823		21938		116761
Last Name LEWIS First Name BA Position INFO TECH CLERK Name of Affiliated Organization N/A	48520		0		48520
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 LEWIS First Name MR Position ASST COOK Name of Affiliated Organization N/A	30638		0		30638
Last Name LEWIS First Name PA Position CONFID SECRETARY Name of Affiliated Organization N/A	64870		2240		67110
Last Name LILLIS First Name MS Position SPECIAL REP Name of Affiliated Organization N/A	71898		19092		90990
Last Name LOCKE First Name R Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		30929		111817
Last Name LOCKS First Name AA Position UTILITY WORKER Name of Affiliated Organization N/A	31576		0		31576
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 LONDON First Name DP Position SPECIAL REP Name of Affiliated Organization N/A	80337		33507		113844
Last Name LUBETSKI First Name RC Position UTILITY WORKER Name of Affiliated Organization N/A	32770		0		32770
Last Name LUMPKINS First Name SA Position ASST COOK Name of Affiliated Organization N/A	26032		13		26045
Last Name MADDEN First Name AE Position SR STENO Name of Affiliated Organization N/A	40616		177		40793
Last Name MALLIS First Name N Position CHIEF ENGINEER Name of Affiliated Organization N/A	66970		0		66970
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: MARTIN First Name: MP Position: ADMIN CLERK Name of Affiliated Organization: N/A	39566		180		39746
Last Name: MARTINEZ First Name: RG Position: EDUCATION REP Name of Affiliated Organization: N/A	69714		41925		111639
Last Name: MASON First Name: LT Position: SPECIAL REP Name of Affiliated Organization: N/A	80337		43960		124297
Last Name: MAZZOCCO First Name: VL Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		43753		124641
Last Name: MAZZULLO First Name: TL Position: ADMIN STENO Name of Affiliated Organization: N/A	54098		0		54098
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: MR Position: ADMIN STENO Name of Affiliated Organization: N/A	43795		59		43854
Last Name: MCCAW First Name: K Position: ENGINEER Name of Affiliated Organization: N/A	74175		0		74175
Last Name: MCGARRY First Name: RC Position: COOR COLL BARG Name of Affiliated Organization: N/A	88977		27531		116508
Last Name: MCGRATH First Name: JR Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		36803		117691
Last Name: MCHUGH First Name: MI Position: ASST GEN COUNSEL Name of Affiliated Organization: N/A	72009		10455		82464
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 MCMANNIS First Name MD Position ADMIN CLERK Name of Affiliated Organization N/A	42272		0		42272
Last Name MESSINA First Name SL Position SR STAFF SECY Name of Affiliated Organization N/A	58882		26		58908
Last Name MICALLEF First Name CN Position EDUCATION REP Name of Affiliated Organization N/A	77072		19012		96084
Last Name MICHALSKI First Name RP Position DIR LEGISLATIVE Name of Affiliated Organization N/A	101515		88375		189890
Last Name MICHEL First Name JI Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		44389		125277
Totals					

ORGANIZATION NAME INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 MILBURN First Name TD Position INFO TECH CLERK Name of Affiliated Organization N/A	47929		678		48607
Last Name MILES First Name AR Position ADMIN STENO Name of Affiliated Organization N/A	34411		0		34411
Last Name MILLER First Name RJ Position JR SECRETARY Name of Affiliated Organization N/A	23122		0		23122
Last Name MILLER First Name SL Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		47279		128167
Last Name MINNICH First Name RA Position GL AUDITOR Name of Affiliated Organization N/A	80888		36501		117389
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 MISKOLCZI First Name D Position EDUCATION REP Name of Affiliated Organization N/A	8744		5939		14683
Last Name MITCHELL First Name CA Position ADMIN STENO Name of Affiliated Organization N/A	43702		19		43721
Last Name MODLIN First Name JE Position SR SYSTEM ANLYST Name of Affiliated Organization N/A	69293		482		69775
Last Name MONTGOMERY First Name RA Position CONFID SECRETARY Name of Affiliated Organization N/A	61787		89		61876
Last Name MOORE First Name D Position HOUSEPERSON Name of Affiliated Organization N/A	41517		0		41517
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: MORAN First Name: BA Position: HELP DESK TECH Name of Affiliated Organization: N/A	61975		6862		68837
Last Name: MORAN First Name: JF Position: DIR INFO SYSTEMS Name of Affiliated Organization: N/A	111324		24862		136186
Last Name: MORRIS First Name: P Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		44536		125424
Last Name: MUNOZ First Name: CM Position: SPECIAL REP Name of Affiliated Organization: N/A	80045		28673		108718
Last Name: MURPHY First Name: C Position: ASST COOK Name of Affiliated Organization: N/A	29481		0		29481
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 P Position SPECIAL REP Name of Affiliated Organization N/A	19379		8104		27483
Last Name MYERS III First Name GN Position SPECIAL REP Name of Affiliated Organization N/A	74990		43225		118215
Last Name NAPPI First Name LM Position EXECUTIVE SECY Name of Affiliated Organization N/A	52954		1151		54105
Last Name NARCROSS First Name J Position LIFEGUARD Name of Affiliated Organization N/A	25142		0		25142
Last Name NAUYALIS First Name RN Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		27268		108156
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 NEDROW First Name D Position SPECIAL REP Name of Affiliated Organization N/A	73305		26773		100078
Last Name NEIGUS First Name DL Position ASST GEN COUNSEL Name of Affiliated Organization N/A	87440		7859		95299
Last Name NEILL First Name DM Position MECHANIC MASTER Name of Affiliated Organization N/A	37804		0		37804
Last Name NEIMA First Name TG Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		29040		109928
Last Name NELSON First Name JA Position HELP DESK TECH Name of Affiliated Organization N/A	49872		732		50604
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 NELSON First Name ML Position ASST ADMIN BKPER Name of Affiliated Organization N/A	18622		0		18622
Last Name NUGENT First Name J Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		26502		107390
Last Name NUGENT First Name JR Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		42355		123243
Last Name OCHOA First Name J Position SPECIAL REP Name of Affiliated Organization N/A	70505		26606		97111
Last Name OLIVER First Name LM Position JR SECRETARY Name of Affiliated Organization N/A	20497		0		20497
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: OLSSON First Name: B Position: SPECIAL REP Name of Affiliated Organization: N/A	80888		31152		112040
Last Name: ORTENZO First Name: BA Position: ADMIN STENO Name of Affiliated Organization: N/A	39929		0		39929
Last Name: ORTLOFF First Name: FO Position: GRAND LODGE REP Name of Affiliated Organization: N/A	33600		11457		45057
Last Name: OVALLE First Name: DM Position: MGR LIBRARY MDIA Name of Affiliated Organization: N/A	49815		0		49815
Last Name: PAGE First Name: DM Position: SR ASST BOOKKPR Name of Affiliated Organization: N/A	45191		779		45970
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 PALMER First Name RK Position COMMUNICATION RP Name of Affiliated Organization N/A	72760		6339		79099
Last Name PANTOJA First Name SJ Position SPECIAL REP Name of Affiliated Organization N/A	73583		31297		104880
Last Name PATKE First Name A Position SR NETWORK ADMIN Name of Affiliated Organization N/A	21000		0		21000
Last Name PAYNE First Name MM Position OFFICE ASSISTANT Name of Affiliated Organization N/A	51440		2091		53531
Last Name PEEK First Name KM Position SR STAFF SECY Name of Affiliated Organization N/A	55317		2529		57846
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 PETERS First Name C Position ADMIN STENO Name of Affiliated Organization N/A	43112		89		43201
Last Name PICHLER First Name WJ Position GL AUDITOR Name of Affiliated Organization N/A	80888		33033		113921
Last Name PIERCE First Name WE Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		28040		108928
Last Name PINA First Name AR Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		43519		124407
Last Name PINTO First Name JA Position DIR COLL BARG Name of Affiliated Organization N/A	88977		38545		127522
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 PITTMAN First Name DS Position RESEARCH ANALYST Name of Affiliated Organization N/A	58910		1553		60463
Last Name PITTMAN First Name LD Position CONFID SECRETARY Name of Affiliated Organization N/A	67196		5627		72823
Last Name PLACENCIA First Name FE Position GL AUDITOR Name of Affiliated Organization N/A	80888		47649		128537
Last Name POLK First Name SL Position ADMIN STENO Name of Affiliated Organization N/A	22213		0		22213
Last Name POPE First Name K Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		33945		114833
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 POWELL First Name GO Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		63036		143924
Last Name PRICE First Name WF Position ADMIN CLERK Name of Affiliated Organization N/A	41610		0		41610
Last Name PRICE, JR. First Name JE Position COOR COLL BARG Name of Affiliated Organization N/A	88977		28895		117872
Last Name PROVENCAL First Name R Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		23445		104333
Last Name PRUD'HOMME First Name S Position SECRETARY Name of Affiliated Organization N/A	39455		0		39455
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: RALEY First Name: WA Position: GUARD Name of Affiliated Organization: N/A	32170		0		32170
Last Name: REID First Name: JA Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		31748		112636
Last Name: RESHITNYK First Name: CM Position: RESEARCH ECON Name of Affiliated Organization: N/A	72760		5048		77808
Last Name: REYNOLDS First Name: B Position: NETWORK ADMIN Name of Affiliated Organization: N/A	26863		82		26945
Last Name: RICE First Name: DI Position: ADMIN CLERK Name of Affiliated Organization: N/A	41865		109		41974
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 RICE First Name R Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		36084		116972
Last Name RICHARDS First Name SL Position ADMIN STAFF SECY Name of Affiliated Organization N/A	53911		0		53911
Last Name RICHARDSON First Name SL Position SR SYSTEM ANLYST Name of Affiliated Organization N/A	79329		4518		83847
Last Name RIVERA First Name LR Position SPECIAL REP Name of Affiliated Organization N/A	80843		25333		106176
Last Name RIVERS First Name PJ Position BLDG RESTORATION Name of Affiliated Organization N/A	32580		0		32580
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 ROBINSON First Name EC Position ASST DIR MNPL Name of Affiliated Organization N/A	88977		35660		124637
Last Name ROBINSON First Name JA Position HELP DESK TECH Name of Affiliated Organization N/A	58481		6659		65140
Last Name RODRIGUEZ First Name JV Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		29184		110072
Last Name ROGERS First Name W Position ASST ADMIN BKPER Name of Affiliated Organization N/A	45858		10		45868
Last Name ROLAND First Name JM Position ADMIN CLERK TYP Name of Affiliated Organization N/A	41778		0		41778
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 ROSS First Name LM Position COMMUNICATION RP Name of Affiliated Organization N/A	72760		0		72760
Last Name ROSS First Name PM Position EDUCATION REP Name of Affiliated Organization N/A	69714		35145		104859
Last Name ROWLEY First Name TL Position HOUSEPERSON Name of Affiliated Organization N/A	24761		0		24761
Last Name RUDIS First Name W Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		33490		114378
Last Name RUSSELL First Name CA Position INFO TECH CLERK Name of Affiliated Organization N/A	50395		20		50415
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: SALIK First Name: JC Position: ADMIN STENO Name of Affiliated Organization: N/A	44162		0		44162
Last Name: SAMICK First Name: AR Position: EDUCATION REP Name of Affiliated Organization: N/A	30240		10785		41025
Last Name: SANDRIN First Name: M Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		51878		132766
Last Name: SANTOS First Name: FA Position: SPECIAL REP Name of Affiliated Organization: N/A	80893		34301		115194
Last Name: SAPP First Name: BD Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80616		39120		119736
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 SAPTEL First Name B Position SPECIAL REP Name of Affiliated Organization N/A	69714		15923		85637
Last Name SAVOIE First Name ML Position ADMIN STENO Name of Affiliated Organization N/A	62024		1692		63716
Last Name SCHNEIDER First Name RL Position COOR AEROSPACE Name of Affiliated Organization N/A	88977		42664		131641
Last Name SCHOFIELD First Name JM Position ADMIN CLERK TYP Name of Affiliated Organization N/A	42333		0		42333
Last Name SCHROEDER First Name LG Position ADMIN ASST Name of Affiliated Organization N/A	88977		30856		119833
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: SCHULER First Name: DA Position: CONFID SECRETARY Name of Affiliated Organization: N/A	53386		290		53676
Last Name: SCOTT First Name: GV Position: UTILITY WORKER Name of Affiliated Organization: N/A	31107		0		31107
Last Name: SEIDL First Name: JW Position: DIR GOVT EMPLEES Name of Affiliated Organization: N/A	98977		42446		141423
Last Name: SESSION First Name: WT Position: GL AUDITOR Name of Affiliated Organization: N/A	20222		7645		27867
Last Name: SHANNON First Name: RE Position: ACCOUNTANT Name of Affiliated Organization: N/A	75718		0		75718
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 SHEMANSKI First Name PL Position SPECIAL REP Name of Affiliated Organization N/A	56032		25377		81409
Last Name SHIPMAN First Name WJ Position SPECIAL REP Name of Affiliated Organization N/A	80888		47760		128648
Last Name SHORT First Name B Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		36786		117674
Last Name SHORT, JR. First Name SB Position SPECIAL REP Name of Affiliated Organization N/A	79203		31742		110945
Last Name SILBAS First Name ML Position EDUCATION REP Name of Affiliated Organization N/A	69714		54363		124077
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 SKIRVIN First Name KB Position SPECIAL REP Name of Affiliated Organization N/A	80888		25253		106141
Last Name SLEIGH First Name SR Position DIR STRAT RES Name of Affiliated Organization N/A	111128		30446		141574
Last Name SLOAN First Name RS Position DIR COMMUNICATIO Name of Affiliated Organization N/A	50912		15115		66027
Last Name SMITH First Name JD Position SPECIAL REP Name of Affiliated Organization N/A	75269		32125		107394
Last Name SMITH First Name JL Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		45737		126625
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 SMITH First Name VY Position GROUP LEADER Name of Affiliated Organization N/A	55364		40		55404
Last Name SOLOMON First Name HR Position LAW CLERK Name of Affiliated Organization N/A	36137		4857		40994
Last Name SOPPA First Name DB Position COMMUNICATION RP Name of Affiliated Organization N/A	72760		7819		80579
Last Name SPARKS First Name BA Position MAID Name of Affiliated Organization N/A	26639		0		26639
Last Name SPRANG First Name JR Position COOR AIRLINES Name of Affiliated Organization N/A	88977		36542		125519
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 STACK First Name DM Position COMMUNICATION RP Name of Affiliated Organization N/A	72760		6294		79054
Last Name STALLINGS First Name HL Position PROJECT MANAGER Name of Affiliated Organization N/A	78973		6696		85669
Last Name STELLA First Name D Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		22882		103770
Last Name STOUGH First Name SM Position ADMIN STENO Name of Affiliated Organization N/A	43560		0		43560
Last Name STRAHAN First Name DW Position EDUCATION REP Name of Affiliated Organization N/A	73383		2659		76042
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 STRAUB First Name JC Position GL AUDITOR Name of Affiliated Organization N/A	80888		47391		128279
Last Name STREET First Name WV Position GRAND LODGE REP Name of Affiliated Organization N/A	80752		25143		105895
Last Name SULLIVAN First Name BJ Position JR EXEC SECY Name of Affiliated Organization N/A	69767		4283		74050
Last Name SULLIVAN First Name DC Position ADMIN STENO Name of Affiliated Organization N/A	43965		0		43965
Last Name SZLENDAK First Name KE Position ASST GROUNDSKPR Name of Affiliated Organization N/A	29442		0		29442
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: TACKETT First Name: JM Position: GL AUDITOR Name of Affiliated Organization: N/A	77518		34061		111579
Last Name: TAYLOR First Name: MD Position: ADMIN STENO Name of Affiliated Organization: N/A	43434		10		43444
Last Name: THAYER First Name: JM Position: RESEARCH ECON Name of Affiliated Organization: N/A	72760		14810		87570
Last Name: THOMPSON First Name: W Position: UTILITY WORKER Name of Affiliated Organization: N/A	31171		0		31171
Last Name: TIBERI First Name: JM Position: COMMUNICATION RP Name of Affiliated Organization: N/A	69714		36654		106368
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 TOBY First Name CD Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		22592		103480
Last Name TRAINOR First Name PA Position ADMIN STENO Name of Affiliated Organization N/A	43612		0		43612
Last Name TROTTER First Name TW Position ASST DIR LEGIS Name of Affiliated Organization N/A	73875		30520		104395
Last Name TRUE First Name JA Position ADMIN CLERK Name of Affiliated Organization N/A	27138		0		27138
Last Name TSAMOUTALES First Name JA Position ADMIN STENO Name of Affiliated Organization N/A	43571		0		43571
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: TUCKER First Name: KL Position: ADMIN STAFF SECY Name of Affiliated Organization: N/A	56955		1395		58350
Last Name: TUCKER First Name: LD Position: ADMIN ASST Name of Affiliated Organization: N/A	88977		28342		117319
Last Name: TUMINARO First Name: RG Position: CONFID SECRETARY Name of Affiliated Organization: N/A	62024		2937		64961
Last Name: TWEED First Name: DA Position: ADMIN CLERK Name of Affiliated Organization: N/A	41419		20		41439
Last Name: TYLER First Name: JR Position: COMMUNICATION RP Name of Affiliated Organization: N/A	69714		31684		101398
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 UGIANSKY First Name BG Position ADMIN CLERK Name of Affiliated Organization N/A	43383		0		43383
Last Name UNRUH First Name VE Position PROJECT MANAGER Name of Affiliated Organization N/A	84255		299		84554
Last Name UPTON First Name WW Position ASST DIR COMMUN Name of Affiliated Organization N/A	90000		6710		96710
Last Name VALLE First Name YS Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		52119		133007
Last Name VANDE KOLK First Name DL Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		27501		108389
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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: VANDIVER First Name: BK Position: TELEPHONE OPER Name of Affiliated Organization: N/A	42378		0		42378
Last Name: VARSEL First Name: JT Position: ASST COOR AIRLIN Name of Affiliated Organization: N/A	80888		21864		102752
Last Name: VODI First Name: S Position: GRAND LODGE REP Name of Affiliated Organization: N/A	88977		36353		125330
Last Name: WAGONER First Name: CJ Position: EDUCATION REP Name of Affiliated Organization: N/A	73877		24023		97900
Last Name: WALSH First Name: K Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		35735		116623
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 WALTER First Name JA Position SUPERVISOR Name of Affiliated Organization N/A	62212		3516		65728
Last Name WARDLE First Name M Position SPECIAL REP Name of Affiliated Organization N/A	76675		33430		110105
Last Name WARNER First Name NE Position ADMIN CLERK Name of Affiliated Organization N/A	28009		150		28159
Last Name WARREN First Name PL Position ADMIN STENO Name of Affiliated Organization N/A	37212		0		37212
Last Name WASHAM First Name LJ Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		45427		126315
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 WEADE First Name WL Position INFO TECH CLERK Name of Affiliated Organization N/A	41224		150		41374
Last Name WEDDING First Name BA Position INFO TECH CLERK Name of Affiliated Organization N/A	46790		224		47014
Last Name WEEMS First Name DA Position MAID Name of Affiliated Organization N/A	29443		0		29443
Last Name WEITZ First Name DK Position CO-PILOT Name of Affiliated Organization N/A	63096		23825		86921
Last Name WERTZ First Name SE Position ADMIN CLERK TYP Name of Affiliated Organization N/A	42863		0		42863
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

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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: WESSELLS First Name: GR Position: PROJECT MANAGER Name of Affiliated Organization: N/A	45027		0		45027
Last Name: WHITAKER First Name: DC Position: GRAND LODGE REP Name of Affiliated Organization: N/A	80888		39236		120124
Last Name: WHITE First Name: HD Position: SR NETWORK ADMIN Name of Affiliated Organization: N/A	46106		0		46106
Last Name: WHITE First Name: MA Position: NETWORK ADMIN Name of Affiliated Organization: N/A	20559		0		20559
Last Name: WIBLE First Name: JM Position: GROUNDSKEEPER Name of Affiliated Organization: N/A	22474		0		22474
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 WIBLE First Name RM Position MAINT MECHANIC Name of Affiliated Organization N/A	36569		496		37065
Last Name WILL First Name GD Position ADMIN ASST Name of Affiliated Organization N/A	88977		29689		118666
Last Name WILLCOX First Name JA Position GRAND LODGE REP Name of Affiliated Organization N/A	20222		7947		28169
Last Name WILLIAMS First Name L Position EDUCATION REP Name of Affiliated Organization N/A	69714		29084		98798
Last Name WINDSOR First Name JE Position SR STENO Name of Affiliated Organization N/A	44393		24		44417
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 WINDSOR First Name LA Position ADMIN STENO Name of Affiliated Organization N/A	43587		34		43621
Last Name WINKLER First Name CJ Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		54957		135845
Last Name WINPISINGER First Name M Position SPEC ASST TO IP Name of Affiliated Organization N/A	100776		19383		120159
Last Name WINTERS First Name SR Position SR STAFF SECY Name of Affiliated Organization N/A	52272		2776		55048
Last Name WITTKOP First Name R Position SPECIAL REP Name of Affiliated Organization N/A	76954		28641		105595
Totals					

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

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 WOLTZ First Name MD Position GRAND LODGE REP Name of Affiliated Organization N/A	80888		37028		117916
Last Name WOOD First Name RE Position COMMUNICATION RP Name of Affiliated Organization N/A	69714		46126		115840
Last Name WOODWARD First Name JL Position EXECUTIVE SECY Name of Affiliated Organization N/A	74216		3100		77316
Last Name WRIGHT First Name BM Position GROUNDSKEEPER Name of Affiliated Organization N/A	34771		0		34771
Last Name WRIGHT First Name WJ Position ADMIN CLERK Name of Affiliated Organization N/A	41789		0		41789
Totals					

ORGANIZATION NAME: INTERNATIONAL ASSOCIATION OF MACHINISTS

ENDING DATE OF PERIOD COVERED: DECEMBER 31, 2000

FILE NUMBER: 000 -107

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 YAVORSKY First Name WC Position PILOT Name of Affiliated Organization N/A	92038		29937		121975
Last Name YOUNG First Name JT Position SPECIAL REP Name of Affiliated Organization N/A	78399		36994		115393
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					

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

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS
FORM LM-2
YEAR ENDED DECEMBER 31, 2000

File No. 000-107

SUPPLEMENT TO

Item 75 - Additional Information (Page 1 of 2)

Item Number

11 The Grand Lodge participates in the administration of the following organizations, each of which is required under ERISA to file an Annual Return/Report with the U.S. Department of Labor:

Purpose	Name and Address	Federal EIN
Pension benefits	International Association of Machinists and Aerospace Workers Pension Plan 9000 Machinists Place Upper Marlboro, MD 20772	53-6001417
Health and Welfare benefits	The National IAM Benefit Trust 1300 Connecticut Avenue N.W. Washington, D.C. 20036	36-6562520

12 The Grand Lodge also participates in the administration of the following organization, which files reports with the Federal Election Commission:

Political	Machinists Non-Partisan Political League 9000 Machinists Place Upper Marlboro, MD 20772	52-6144644

13 The Grand Lodge wrote off two uncollectable loans in 2000 (See Supplement to Schedule 1)

13 Depreciation expense for the year ended December 31, 2000 was $2,960,506

13 Obsolete computer and office equipment having a cost of $1,548,681 and a book value of $1,283,070 was written off by the Grand Lodge in 2000.

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

23 The December 31, 2000 note payable reported on Schedule 8, Line 1 was secured by an airplane with a net book value of $6,995,617

24 At December 31, 2000 the Grand Lodge was liable as guarantor on loans in the amount of $100,000 on behalf of Nova Scotia New Democrats, $198,000 on behalf of I.A.M. Local Lodge 698, and $50,000 on behalf of Work & Technology Institute, and $425,000 on behalf of Guide Dogs of America.

24 Legal actions - the Grand Lodge is a party to a number of legal actions. Three law suits ask for settlements in the range of $325,000 to $725,000. Legal counsel has advised that a favorable outcome is unlikely. The Grand Lodge intends to vigrously defend its position.

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS
FORM LM-2
YEAR ENDED DECEMBER 31, 2000

File No. 000-107

SUPPLEMENT TO

Item 75 - Additional Information (Page 2 of 2)

Item Number

Schedules 9 and 10, (Statement B Lines 56 & 57)
It is not practicable to make a precise distribution of automobile operating expenses not paid directly to officers and employees and included in Column (F). However, a reasonable allocation of such expenses has been made. Union owned/leased automobiles were used more than 50% on official union business. The remainder, if any, was for personal use.

Statement B (Line 53)
Contributions from individual members were collected for disbursement by the Union to a relief agency. Timing of receipts (Line 53) and timing of disbursements (Line 72) do not always match within the same calendar year.

Statement B (Line 72)
This line item reflects only disbursements on behalf of individual members for other than normal operating purposes. All expenses benefit the entire union membership and individuals are not normally singled out for special benefits.

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

FORM LM - 2

YEAR ENDED DECEMBER 31, 2000 FILE NO. 000-107

SUPPLEMENT TO

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:	IAM&AW DL 1					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND	50,000			50,000	0
2 Name:	IAM&AW DL 74					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND	17,550		1,200		16,350
3 Name:	IAM&AW DL 76					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND	9,000		3,000		6,000
4 Name:	IAM&AW DL 86					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND	14,378		7,800		6,578
5 Name:	IAM&AW DL 92					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND		5,000			5,000
6 Name:	IAM&AW DL 149					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND	200,000		152,000	48,000	0
7 Name:	IAM&AW LL1782					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND	5,000		5,000		0
8 Name:	IAM&AW LL 2000					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND		10,000			10,000
9 Name:	H. PRUITT					
Purpose:	PURCHASED GA. R.E.					
Security:	NONE					
Terms of Repayment:	MO INSTALL. 603.36	52,672		4,556		48,116
10 Name:	TEAMSTER NEWS					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	ON DEMAND	50,000				50,000
11 Name:	UNITED RUBBER					
Purpose:	FINANCIAL ASSIST					
Security:	NONE					
Terms of Repayment:	MO INSTALL. 3,015.68	177		177		0
Total		398,777	15,000	173,733	98,000	142,044

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS
FORM LM -2
YEAR ENDED DECEMBER 31, 2000
SUPPLEMENT TO FILE NO. 000-107

Schedule 5 - Fixed Assets

Description (A)	Cost or Other Basis (B)	Total Depreciation (C)	Book Value (D)	Fair Market Value (E)
1. Land				
Kansas City, MO	110,000	-	110,000	n/a
Colesville Road - Silver Spring, MD	1,411,492	-	1,411,492	n/a
Presidential Corporate Center - Prince Georges County, MD	3,549,660	-	3,549,660	n/a
St. Mary's County, MD	659,813	-	659,813	n/a
Total Land	5,730,965	-	5,730,965	n/a
3. Buildings				
Kansas City, MO	400,000	13,333	386,667	n/a
Chicago, Il (lease hold improvements)	191,212	86,260	104,952	n/a
Placid Harbor - St. Mary's County, MD	16,937,895	4,951,622	11,986,273	n/a
Presidential Corporate Center - Prince Georges County, MD	25,946,374	7,224,266	18,722,108	n/a
Total Buildings	43,475,481	12,275,481	31,200,000	n/a

Schedule 6 - Sale of Investments and Fixed Assets

Description (A)	Cost (B)	Book Value (C)	Sales Price (D)	Amount Received (E)
4. Office Furniture and Equipment				
Automobiles	44,212	0	5,600	5,600
Miscellaneous Furniture and Equipment	126,402	44,593	4,750	4,750
Total Land, Office Furniture and Equipment	170,614	44,593	10,350	10,350

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INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

FORM LM -2

YEAR ENDED DECEMBER 31, 2000

FILE No. 000-107

SUPPLEMENT TO

Schedule 7 - Purchase of Investments and Fixed Assets

Fixed Assets Purchased:			
Buildings and improvements -			
Placid Harbor, St. Mary's County, MD	5,772,201	5,772,201	5,772,201
Presidential Corp. Ctr. - Prince Georges County, MD	77,417	77,417	77,417
Office furniture and equipment	2,289,054	2,289,054	2,289,054
Automobiles	73,589	73,589	73,589
Total Fixed Assets Purchased	8,212,261	8,212,261	8,212,261

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS

FORM LM-2

YEAR ENDED DECEMBER 31, 2000

FILE NO. 000-107

SUPPLEMENT TO

Schedule 13 - Office & Administrative Expense

Description (A)	Amount (B)
Insurance	212,528
Postage	658,310
Leases	822,899
Maintenance and Utilities	1,655,842
Lodging	873,147
Printing	550,380
Supplies, Books, Dues, and Software	1,701,413
Transportation	3,088,434
Meeting and Conferences	1,145,179
Total Office & Administrative Expense	10,708,132