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

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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

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

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

USDOL/ESA
APR 2 '01
P-2
OLMS/DOESRD

1. FILE NUMBER: 000-159

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:

IMPORTANT

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

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

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

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

First Name: N. BUDD

Last Name: COUTTS

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

Number and Street: 1125 17TH ST., NW

City: WASHINGTON

State: DC ZIP Code + 4: 20036-

4. AFFILIATION OR ORGANIZATION NAME: INTERNATIONAL UNION OF OPERATING ENGINEERS

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

6. DESIGNATION NUMBER: N/A

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

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

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

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

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

76. SIGNED: Frank Hanley — PRESIDENT *(If other title, see instructions.)*
Date: 3/27/01 — Telephone Number: (202)429-9100

77. SIGNED: [signature] — TREASURER *(If other title, see instructions.)*
Date: 3/27/01 — Telephone Number: (202)429-9100

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? 379309

19. What is the date of your organization's next regular election of officers? MO 04 YEAR 2003

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ 500000

21. 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	$ MIN./13.75 per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$ MIN./5.00
(c) Transfer Fees	$ MIN./1.00
(d) Work Permits	$ N/A per *(Month, Year, etc.)*

	Yes	No
22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? *(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*		X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?	X	

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

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 000_159

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		6629853	7618102
	26. Accounts Receivable		4884990	5809112
	27. Loans Receivable	1	4623	3373
	28. U.S. Treasury Securities		93662443	102847121
	29. Investments	2	52510858	64345467
	30. Fixed Assets	5	10984461	11155819
	31. Other Assets	3	4406079	4653195
	32. TOTAL ASSETS		173124917	196462549

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		508984	1225898
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	7129533	9891782
	37. TOTAL LIABILITIES		7638517	11117680
	38. NET ASSETS *(Item 32 less Item 37)*		165486400	185344869

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 0 — 1 5 9

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		0	56. To Officers	9	1 1 1 2 9 8 9
40. Per Capita Tax		3 0 4 4 5 9 8 1	57. To Employees	10	9 2 3 9 4 6 6
41. Fees		2 4 6 0 4 6 5	58. Per Capita Tax		2 5 4 5 3 0 0
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		5 4 1 4 8 8	60. Office & Administrative Expense	13	1 5 9 6 5 1 9
44. Work Permits		0	61. Educational & Publicity Expense		9 6 5 7 1 9
45. Sale of Supplies		1 7 5 8 9 5	62. Professional Fees		2 8 5 0 1 7
46. Interest		6 9 6 2 4 7 8	63. Benefits	11	5 1 7 0 2 2 5
47. Dividends		6 8 3 5 5	64. Contributions, Gifts & Grants	12	2 4 9 2 4 9 5
48. Rents		3 9 7 5 9 9	65. Supplies for Resale		2 2 0 7 7 8
49. Sale of Investments & Fixed Assets	6	1 8 1 6 0 9 4	66. Direct Taxes		9 6 0 4 4 5
50. Loans Obtained	8	0	67. Withholding Taxes		3 5 7 4 3 3 7
51. Repayments of Loans Made	1	1 2 5 0 0	68. Purchase of Investments & Fixed Assets	7	1 7 1 2 9 6 5 9
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		1 2 2 7	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	9 0 5 3 2 6 9	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		1 6 1
			73. Other Disbursements	15	5 6 5 3 9 9 2
55. TOTAL RECEIPTS		5 1 9 3 5 3 5 1	74. TOTAL DISBURSEMENTS		5 0 9 4 7 1 0 2

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 5 9

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)*	46233	0	12500	0	33733
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	46233	0	12500	0	33733
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_159

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

Description (A)	Amount (B)
Marketable Securities 1. Total Cost	45807691
2. Total Book Value	45807691
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	18537776
5. Total Book Value	18537776
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)*	47715252
7. Total of Lines 2 and 5	64345467
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	4653195
7. Total of Lines 1 through 6	4653195
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	9891782
7. Total of Lines 1 through 6	9891782
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 0 _ 1 5 9

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)*	704775		704775	N/A
3. Buildings *(give location)*:				
4. Totals from additional pages *(if any)*	13098988	3638971	9460017	N/A
5. Automobiles and Other Vehicles	65705	33909	31796	N/A
6. Office Furniture and Equipment	2703122	1849080	854042	N/A
7. Other Fixed Assets	255468	150279	105189	N/A
8. Totals of Lines 1 through 7	16828058	5672239	1 1 1 5 5 8 1 9	N/A

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

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages *(if any)*	13442907	13407523	13650000	13650000
6. Totals of Lines 1 through 5	13442907	13407523	13650000	13650000
		7. Less Reinvestments		11833906
		8. Net Sales		1 8 1 6 0 9 4

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

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 0 — 1 5 9

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages *(if any)*	35075218	35075218	28963565
6. Totals of Lines 1 through 5	35075218	35075218	28963565
	7. Less Reinvestments		11833906
	8. Net Purchases		17129659

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

SCHEDULE 8 — LOANS PAYABLE

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

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

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 000-159

(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: HANLEY First Name: FRANK Title: GEN. PRESIDENT	C	247087	15600	40480	0	303167
2. Last Name: COUTTS First Name: N. BUDD Title: GEN. SEC-TREAS	C	153812	14300	17563	0	185675
3. Last Name: WAGGONER First Name: WILLIAM Title: VICE PRESIDENT	C	59360	10900	0	0	70260
4. Last Name: BELFI First Name: VERGIL Title: VICE PRESIDENT	C	59360	10000	2383	0	71743
5. Last Name: GIBLIN First Name: VINCENT Title: VICE PRESIDENT	C	59360	11200	3181	0	73741
6. Last Name: DERESCHUK First Name: FRED Title: VICE PRESIDENT	C	59360	11200	6137	0	76697
7. Last Name: DUGAN First Name: WILLIAM Title: VICE PRESIDENT	C	59360	11800	5405	0	76565
8. Totals from additional pages *(if any)*		617332	109881	57898	0	785111
9. Totals of Lines 1 through 8		1315031	194881	133047	0	1642959
				10. Less Deductions		529970
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		1112989

*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 5 9

(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: BARRY First Name: JOHN Position: ASST DIR APP/TRN Name of Affiliated Organization: NA	74417	5710	828	0	80955
2. Last Name: BRADY First Name: JOSEPH Position: DIR COMMUN. Name of Affiliated Organization: NA	80758	5710	433	0	86901
3. Last Name: BREEN First Name: MARY Position: ADMIN H&W Name of Affiliated Organization: NA	57492	0	0	0	57492
4. Last Name: BROWN First Name: STEPHEN Position: DIR APP&TRAIN Name of Affiliated Organization: NA	23392	1600	344	0	25336
5. Last Name: CLEARLY First Name: TIMOTHY Position: DIR CORP/GVTAFF Name of Affiliated Organization: NA	73,038	5160	7686	0	85884
6. Totals from additional pages *(if any)*	10485912	579506	1177081	0	12242499
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	67837	1020	1585	0	70442
8. Totals of Lines 1 through 7	10862846	598706	1187957	0	12649509
			9. Less Deductions		3410043
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		9239466

SCHEDULE 11 — BENEFITS

FILE NUMBER: 000_159

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages *(if any)*		5170225
6. Total of Lines 1 through 5		5170225

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

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	2492495
8. Total of Lines 1 through 7	2492495

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

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	1596519
8. Total of Lines 1 through 7	1596519

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

FILE NUMBER: 0 0 0 _ 1 5 9

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	9053269
17. Total of Lines 1 through 16	9 0 5 3 2 6 9
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	5653992
17. Total of Lines 1 through 16	5 6 5 3 9 9 2
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 – 1 5 9

PAGE 1 OF 2 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: BABIN First Name: PETER	VICE PRESIDENT	C	59360	10900	3494		73754
Last Name: VIAT First Name: ART	VICE PRESIDENT	P	19771	5000	0		24771
Last Name: HART First Name: SAM	VICE PRESIDENT	C	59360	10132	1246		70738
Last Name: DOSER First Name: DONALD	VICE PRESIDENT	C	59360	10900	9043		79303
Last Name: MCGUIRE First Name: THOMAS	VICE PRESIDENT	C	59361	11500	3746		74607
Last Name: MCLAUGHLIN First Name: JAMES	VICE PRESIDENT	C	59361	10000	9771		79132
Last Name: GARDNER First Name: JAMES	VICE PRESIDENT	C	59361	11200	2164		72725
Last Name: PHELAN First Name: JOHN	VICE PRESIDENT	P	54373	10600	5247		70220
		Totals					

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ORGANIZATION NAME: INT_ UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 _ 1 5 9

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: RYAN First Name: WILLIAM Title: VICE PRESIDENT	C	59360	10900	6353	0	76613
Last Name: ELLIS First Name: GERALD Title: TRUSTEE, CHAIR	C	17615	2400	1108	0	21123
Last Name: DEJULIIS First Name: JAMES Title: TRUSTEE	C	17615	2400	271	0	20286
Last Name: KROEKER First Name: GARY Title: TRUSTEE	C	17615	2649	10013	0	30277
Last Name: PELROY First Name: JAN Title: VICE PRESIDENT	C	45457	6200	5442	0	57099
Last Name: CAMPBELL First Name: KENNETH Title: TRUSTEE	C	17615	3900	0	0	21515
Last Name: SCHLOOP First Name: PHILIP Title: TRUSTEE	N	11748	1200	0	0	12948
Last Name: First Name: Title:		0	0	0	0	0
	Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

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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: DECONCINI First Name: MATTHEW Position: ASST GEN COUN Name of Affiliated Organization: NA	75442	480	2871	0	78793
Last Name: DELANEY First Name: HUGH Position: DIR OF COMM Name of Affiliated Organization: NA	72708	5710	301	0	78719
Last Name: EDGINTON First Name: LARRY Position: DIR SAFETY/HLTH Name of Affiliated Organization: NA	77550	5530	362	0	83442
Last Name: EVANS First Name: HOWARD Position: ASST TO GEN PRES Name of Affiliated Organization: NA	86858	8860	11089	0	106807
Last Name: FISHER First Name: KRISTEN Position: CONTORLLER Name of Affiliated Organization: NA	35019	0	0	0	35019
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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 GREGORY First Name JOHN Position ASST DIR APP/TRN Name of Affiliated Organization NA	72417	6110	8177	0	86704
Last Name GRIFFIN First Name RICHARD Position GEN COUNSEL Name of Affiliated Organization NA	112467	7080	10578	0	130125
Last Name HANLEY First Name CHRIS Position ASST DIR CONST. Name of Affiliated Organization NA	83167	6750	11277	0	101194
Last Name HANLEY First Name LAURA Position DOC MGT SPECIST Name of Affiliated Organization NA	26708	0	0	0	26708
Last Name HATCH First Name LESLEY Position WEBSITE COORD. Name of Affiliated Organization NA	21830	0	0	0	21830
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000_159

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: HUTCHINS First Name: KATHRYN Position: PURCH. AGENT Name of Affiliated Organization: NA	29442	0	0	0	29442
Last Name: JAMES First Name: TIMOTHY Position: DIR COR/GVT AFFS Name of Affiliated Organization: NA	77700	8170	8701	0	94571
Last Name: MCLAUGHLIN First Name: JOSEPH Position: ASST DIR APP/TRN Name of Affiliated Organization: NA	54875	270	159	0	55304
Last Name: MORGAN First Name: HELEN Position: ASST GEN COUNSEL Name of Affiliated Organization: NA	93858	6240	1873	0	101971
Last Name: MURPHY First Name: MICHAEL Position: DIR FIN AND ADMN Name of Affiliated Organization: NA	82150	6970	1606	0	90726
Totals					

ORGANIZATION NAME INTERNATIONAL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000_159

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 NADEAU First Name ELIZABE Position ASST GEN COUNSEL Name of Affiliated Organization NA	70464	280	537	0	71281
Last Name PARKERSON First Name JOHN Position ASST SUPERVISOR Name of Affiliated Organization NA	12325	0	0	0	12325
Last Name PENBERTHY First Name STRATTO Position SUPV. DATA PROS Name of Affiliated Organization NA	55875	0	0	0	55875
Last Name RAMSBY First Name SHANNON Position ASST SUPERVISOR Name of Affiliated Organization NA	21973	0	0	0	21973
Last Name SEXTON First Name MARK Position HEADQTRS STAFF Name of Affiliated Organization NA	60722	0	0	0	60722
Totals					

ORGANIZATION NAME INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000_159

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 WILLIAM Position DIR APP/TRAIN Name of Affiliated Organization NA	59232	4700	5027	0	68959
Last Name SPOCHART First Name STEVEN Position CONTROLLER Name of Affiliated Organization NA	23406	0	340	0	23746
Last Name TIGHE First Name THOMAS Position ASST TO GEN PRES Name of Affiliated Organization NA	91317	7150	14727	0	113194
Last Name TREANOR First Name DAVID Position DIR RE&EDUCTN Name of Affiliated Organization NA	79808	6380	2484	0	88672
Last Name TREJO First Name EDWARD Position ASST DIR APP/TRN Name of Affiliated Organization NA	73758	7340	3384	0	84482
Totals					

ORGANIZATION NAME INTERNATIONAL UNION OF OPERATING ENG

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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 VAN DYKE First Name JAMES Position EXC AST GEN PRES Name of Affiliated Organization NA	98908	9450	14692	0	123050
Last Name ARMES First Name KENNETH Position REPRESENTATIVE Name of Affiliated Organization NA	70213	9890	22162	0	102265
Last Name BABIN First Name JOHN Position REPRESENTATIVE Name of Affiliated Organization NA	66238	7910	12557	0	86705
Last Name BERTRAND First Name PHIL Position REPRESENTATIVE Name of Affiliated Organization NA	70238	10860	41075	0	122173
Last Name BONNIFIELD First Name DENNIS Position REGIONAL DIR. Name of Affiliated Organization NA	83000	9935	10323	0	103258
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 _ 1 5 9

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: B O T T O M S First Name: H A R O L D Position: R E P R E S E N T A T I V E Name of Affiliated Organization: N A	7 0 1 8 8	8 8 9 0	1 8 3 4 3	0	9 7 4 2 1
Last Name: B R A N N O N First Name: W A L L A C E Position: R E P R E S E N T A T I V E Name of Affiliated Organization: N A	7 0 2 8 8	1 2 7 5 0	2 7 0 6 9	0	1 1 0 1 0 7
Last Name: B R O W N First Name: R O B E R T Position: R E P R E S E N T A T I V E Name of Affiliated Organization: N A	7 0 2 3 8	9 4 0 0	1 5 3 2 6	0	9 4 9 6 4
Last Name: B R O W N First Name: R I C H A R D Position: R E P R E S E N T A T I V E Name of Affiliated Organization: N A	7 0 2 1 3	1 0 3 6 0	1 9 8 5 4	0	1 0 0 4 2 7
Last Name: First Name: Position: Name of Affiliated Organization:	0	0	0	0	0
Totals					

ORGANIZATION NAME: THE UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

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PAGE 8 OF 44 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name CRAWFORD First Name GLENN Position REPRESENTATIVE Name of Affiliated Organization NA	72250	12620	24066	0	108936
Last Name CREEKS First Name JERRY Position REPRESENTATIVE Name of Affiliated Organization NA	70238	10740	23639	0	104617
Last Name CROCKETT First Name EDWARD Position REPRESENTATIVE Name of Affiliated Organization NA	70213	10050	37161	0	117424
Last Name DOULL First Name EDGAR Position REGINAL DIR. Name of Affiliated Organization NA	83100	12695	47998	0	143793
Last Name DUGAN First Name FLOYD Position REPRESENTATIVE Name of Affiliated Organization NA	70263	8050	14168	0	92481
Totals					

ORGANIZATION NAME INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED 0

FILE NUMBER: 000_159

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 EGAN First Name THOMAS Position REPRESENTATIVE Name of Affiliated Organization NA	67188	10720	31155	0	109063
Last Name GIACIN First Name JOSEPH Position REPRESENTATIVE Name of Affiliated Organization NA	70213	8890	23257	0	102360
Last Name GREEN First Name RONALD Position REPRESENTATIVE Name of Affiliated Organization NA	70263	11620	21242	0	103125
Last Name HUGHES First Name LEONARD Position REGIONAL DIR. Name of Affiliated Organization NA	83050	10930	20528	0	114508
Last Name JOHNSON First Name GLEN Position REPRESENTATIVE Name of Affiliated Organization NA	70188	9170	21229	0	100587
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 – 1 5 9

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: DAVID Position: REPRESENTATIVE Name of Affiliated Organization: NA	70238	10390	18096	0	98724
Last Name: KADEY First Name: WILLIAM Position: REPRESENTATIVE Name of Affiliated Organization: NA	70238	7950	26561	0	104749
Last Name: KNIBBS First Name: DONALD Position: REPRESENTATIVE Name of Affiliated Organization: NA	70238	9730	30386	0	110354
Last Name: KULESZA First Name: THEODOR Position: REGIONAL DIR. Name of Affiliated Organization: NA	83075	10130	12197	0	105402
Last Name: LAMBERT First Name: JOHNNY Position: REPRESENTATIVE Name of Affiliated Organization: NA	70239	8180	13229	0	91648
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000-159

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: MATERSON First Name: MICHAEL Position: REPRESENTATIVE Name of Affiliated Organization: NA	70189	8910	18205	0	97304
Last Name: MCGINNIS First Name: MATHEW Position: REPRESENTATIVE Name of Affiliated Organization: NA	70214	9100	29600	0	108914
Last Name: MCGULLION First Name: LARRY Position: REPRESENTATIVE Name of Affiliated Organization: NA	70239	9400	18257	0	97896
Last Name: MELISKO First Name: THOMAS Position: REPRESENTATIVE Name of Affiliated Organization: NA	72275	9030	15456	0	96761
Last Name: MILLER First Name: DAVID Position: REPRESENTATIVE Name of Affiliated Organization: NA	70214	10200	22992	0	103406
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 – 1 5 9

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: MILLS First Name: HOWARD Position: REGIONAL DIR. Name of Affiliated Organization: NA	83075	10500	15742	0	109317
Last Name: MORCE First Name: JOHN Position: REPRESENTATIVE Name of Affiliated Organization: NA	22715	3850	14153	0	40718
Last Name: MORIN First Name: JEAN-MA Position: REPRESENTATIVE Name of Affiliated Organization: NA	70214	7730	19231	0	97175
Last Name: O'GARY First Name: JAMES Position: REGIONAL DIR. Name of Affiliated Organization: NA	83000	10030	14923	0	107953
Last Name: O'KEEFE First Name: WILLIAM Position: REPRESENTATIVE Name of Affiliated Organization: NA	46886	6510	12245	0	65641
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000_159

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: OXENDINE First Name: JOSEPH Position: REPRESENTATIVE Name of Affiliated Organization: NA	70239	8180	18243	0	96662
Last Name: OLSEN First Name: ROGER Position: ADMIN.-JOB CORP Name of Affiliated Organization: NA	50917	451	722	0	52090
Last Name: POUND First Name: RICHARD Position: REPRESENTATIVE Name of Affiliated Organization: NA	70188	9190	19206	0	98584
Last Name: ROSSI First Name: THEODOR Position: REGIONAL DIR. Name of Affiliated Organization: NA	83050	10600	15871	0	109521
Last Name: RUSSELL First Name: EMMETT Position: REPRESENTATIVE Name of Affiliated Organization: NA	70264	9160	17841	0	97265
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: SCADDEN First Name: GARY Position: REPRESENTATIVE Name of Affiliated Organization: NA	70238	9120	18812	0	98170
Last Name: SPLAIN First Name: BENNIE Position: REGIONAL DIR. Name of Affiliated Organization: NA	83100	10720	12552	0	106372
Last Name: STEVENS First Name: JAMES Position: REPRESENTATIVE Name of Affiliated Organization: NA	70189	9880	19806	0	99875
Last Name: STUTTS First Name: STEVEN Position: REPRESENTATIVE Name of Affiliated Organization: NA	70213	8750	13695	0	92658
Last Name: VANLANDINGHA First Name: BARRY Position: REPRESENTATIVE Name of Affiliated Organization: NA	70214	12700	26300	0	109214
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED 0

FILE NUMBER: 000_159

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: WALL First Name: MICHAEL Position: REPRESENTATIVE Name of Affiliated Organization: NA	70188	8480	12699	0	91367
Last Name: ZINK First Name: CHARLES Position: REPRESENTATIVE Name of Affiliated Organization: NA	70189	11380	29531	0	111100
Last Name: ARMSTRONG First Name: WILLIAM Position: GEN OFF. CLERK Name of Affiliated Organization: NA	40010	0	0	0	40010
Last Name: BANKS First Name: DEBORAH Position: CLERICAL-HDQTS Name of Affiliated Organization: NA	26609	0	0	0	26609
Last Name: BEATSON First Name: RUBY Position: GEN OFF. CLERK Name of Affiliated Organization: NA	46049	0	0	0	46049
Totals					

ORGANIZATION NAME INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED 0

FILE NUMBER: 0 0 0 — 1 5 9

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 CAMPBELL First Name PATRICI Position SECRETARY Name of Affiliated Organization NA	37451	0	0	0	37451
Last Name CARUSO First Name CATHERI Position TELE. OPERATOR Name of Affiliated Organization NA	39627	0	0	0	39627
Last Name CHILDS First Name BETH Position COMM. ASSISTANT Name of Affiliated Organization NA	35002	0	0	0	35002
Last Name CUNNINGHAM First Name JOSEPH Position GEN SERV. CLERK Name of Affiliated Organization NA	22406	0	0	0	22406
Last Name DOUGLASS First Name MARY EL Position SECREATARY Name of Affiliated Organization NA	41889	0	0	0	41889
Totals					

ORGANIZATION NAME
INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000-159

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: ELLIS First Name: GENEVA Position: ACCOUNTANT Name of Affiliated Organization: NA	49607	0	0	0	49607
Last Name: EPISCOPO First Name: ELLEN Position: GEN OFFICE CLERK Name of Affiliated Organization: NA	39663	0	0	0	39663
Last Name: FINDALY First Name: GEMMA Position: ACCOUNTANT Name of Affiliated Organization: NA	52464	0	0	0	52464
Last Name: FOSTER First Name: CYNTHIA Position: ACCOUNTANT Name of Affiliated Organization: NA	51043	0	250	0	51293
Last Name: FRESE First Name: DEBORAH Position: SECRETARY Name of Affiliated Organization: NA	46413	0	0	0	46413
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 – 1 5 9

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: F R I Z E L L First Name: M I C K I E Position: G E N O F F I C E C L E R K Name of Affiliated Organization: N A	4 5 1 4 9	0	0	0	4 5 1 4 9
Last Name: H A N D O N First Name: L I S A Position: S E C R E T A R Y Name of Affiliated Organization: N A	3 0 1 0 9	0	0	0	3 0 1 0 9
Last Name: K R O M First Name: Y V E T T E Position: S E C R E T A R Y Name of Affiliated Organization: N A	2 6 5 4 7	0	0	0	2 6 5 4 7
Last Name: M E S F U N E First Name: K I D A N E Position: G E N S E R V . C L E R K Name of Affiliated Organization: N A	3 0 8 9 2	0	0	0	3 0 8 9 2
Last Name: M I T C H E L L J O H First Name: M E L A N I E Position: S E C R E T A R Y Name of Affiliated Organization: N A	1 9 9 2 3	0	0	0	1 9 9 2 3
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000_159

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 MOORE First Name IVETTE Position ACCOUNTANT Name of Affiliated Organization NA	48054	0	0	0	48054
Last Name MULLICAN First Name MARGARE Position SECRETARY Name of Affiliated Organization NA	46548	0	0	0	46548
Last Name NICHOLS First Name ROBIN Position SECRETARY Name of Affiliated Organization NA	32859	0	0	0	32859
Last Name PARKER First Name DEBRA Position SECRETARY Name of Affiliated Organization NA	47769	0	0	0	47769
Last Name PARR First Name NANCY Position SECRETARY Name of Affiliated Organization NA	46548	0	0	0	46548
Totals					

ORGANIZATION NAME INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED 0

FILE NUMBER: 0 0 0 – 1 5 9

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 PRATHER First Name DIANE Position SECRETARY Name of Affiliated Organization NA	46833	0	0	0	46833
Last Name RICHARDSON First Name VERNELL Position GEN OFFICE CLERK Name of Affiliated Organization NA	39912	0	0	0	39912
Last Name ROBBINS First Name THERESA Position SECRETARY Name of Affiliated Organization NA	37286	0	0	0	37286
Last Name ROSE First Name RAYMOND Position COMP OPERATOR Name of Affiliated Organization NA	30563	0	0	0	30563
Last Name RUSSELL First Name BARBARA Position SECRETARY Name of Affiliated Organization NA	46548	0	0	0	46548
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000_159

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: SHOFFNER First Name: JO Position: SECRETARY Name of Affiliated Organization: NA	41458	0	0	0	41458
Last Name: THOMAS First Name: GAIL Position: SECRETARY Name of Affiliated Organization: NA	31145	0	0	0	31145
Last Name: THOMPSON First Name: GARY Position: PURCH. AGENT Name of Affiliated Organization: NA	21648	0	0	0	21648
Last Name: TILAHUN First Name: ALMAZ Position: ACCOUNTANT Name of Affiliated Organization: NA	10470	0	0	0	10470
Last Name: VENTIMIGLIA First Name: DONALD Position: GEN SERV. CLERK Name of Affiliated Organization: NA	37501	0	0	0	37501
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 – 1 5 9

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: F L O R E S; First Name: A N N E - M A; Position: S E C R E T A R Y; Name of Affiliated Organization: N A	3 0 8 5 9	0	0	0	3 0 8 5 9
Last Name: F O W L I E; First Name: C A R O L; Position: S E C R E T A R Y; Name of Affiliated Organization: N A	2 8 7 0 8	0	0	0	2 8 7 0 8
Last Name: H E C K; First Name: R I T A; Position: S E C R E T A R Y; Name of Affiliated Organization: N A	2 8 9 5 9	0	0	0	2 8 9 5 9
Last Name: H U F F M A N; First Name: N A N C Y; Position: S E C R E T A R Y; Name of Affiliated Organization: N A	2 4 2 0 8	0	0	0	2 4 2 0 8
Last Name: K R O U P A; First Name: K E R R Y; Position: S E C R E T A R Y; Name of Affiliated Organization: N A	2 6 7 0 8	0	0	0	2 6 7 0 8
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: LYNN First Name: BARBARA Position: SECRETARY Name of Affiliated Organization: NA	25233	0	0	0	25233
Last Name: PUHRMANN First Name: CLETIUS Position: SECRETARY Name of Affiliated Organization: NA	35309	0	0	0	35309
Last Name: ROONEY First Name: JACQUEL Position: SECRETARY Name of Affiliated Organization: NA	31308	0	0	0	31308
Last Name: ADAMS First Name: SEAN Position: ENGINEER Name of Affiliated Organization: NA	51078	0	0	0	51078
Last Name: AGUILAR First Name: JOSE Position: GEN. CLEANER Name of Affiliated Organization: NA	32886	0	0	0	32886
Totals					

ORGANIZATION NAME: INT'L UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 – 1 5 9

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: BEATSON First Name: HENRY Position: GUARD Name of Affiliated Organization: NA	31393	0	0	0	31393
Last Name: CASTILLO First Name: CONCEPC Position: GEN. CLEANER Name of Affiliated Organization: NA	14937	0	0	0	14937
Last Name: CASTILLO First Name: LUCIO Position: GEN. CLEANER Name of Affiliated Organization: NA	15165	0	0	0	15165
Last Name: CRUZ-GRIJALV First Name: ERNESTO Position: GEN. CLEANER Name of Affiliated Organization: NA	12683	0	0	0	12683
Last Name: ELLIS First Name: MATTHEW Position: GUARD Name of Affiliated Organization: NA	17639	0	0	0	17639
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: HOGGE First Name: DAVID Position: ENGINEER Name of Affiliated Organization: NA	58282	0	175	0	58457
Last Name: JENKNS First Name: PATRICI Position: GEN. CLEANER Name of Affiliated Organization: NA	15197	0	0	0	15197
Last Name: LAMBERT First Name: JESSE Position: ENGINEER APPREN Name of Affiliated Organization: NA	31892	0	0	0	31892
Last Name: MURPHY First Name: KEVIN Position: PORTER Name of Affiliated Organization: NA	15490	0	0	0	15490
Last Name: PATTERSON First Name: EDWIN Position: CONCIERGE Name of Affiliated Organization: NA	27340	0	0	0	27340
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: REDMAN First Name: JACK Position: ENGINEER Name of Affiliated Organization: NA	46888	0	0	0	46888
Last Name: SKINNER First Name: LAWRENC Position: GEN. CLEANER Name of Affiliated Organization: NA	16953	0	0	0	16953
Last Name: SKINNER First Name: THELMA Position: GEN. CLEANER Name of Affiliated Organization: NA	14797	0	0	0	14797
Last Name: STONER First Name: GREGORY Position: CHIEF ENGINEER Name of Affiliated Organization: NA	72515	0	528	0	73043
Last Name: ARNDT First Name: AMANDA Position: CLERICAL Name of Affiliated Organization: NA	22094	150	352	0	22596
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: BELL; First Name: PARTICK; Position: TRAIN COORD; Name of Affiliated Organization: NA	59000	1460	8125	0	68585
Last Name: BOOTH; First Name: DONALD; Position: SAFETY SPEC; Name of Affiliated Organization: NA	34438	990	2173	0	37601
Last Name: BREWER; First Name: REBECCA; Position: CLERICAL; Name of Affiliated Organization: NA	23634	150	432	0	24216
Last Name: CARNELL; First Name: MELISSA; Position: CLERICAL; Name of Affiliated Organization: NA	29053	300	764	0	30117
Last Name: CARSON; First Name: DONALD; Position: ADMINISTRATOR; Name of Affiliated Organization: NA	80000	3330	14934	0	98264
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 — 1 5 9

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: CURRY First Name: DAVID Position: INSTRUCTOR Name of Affiliated Organization: NA	23306	1650	11933	0	36889
Last Name: DICKERSON First Name: JAMES Position: CONST SECT MGR Name of Affiliated Organization: NA	68721	100		0	68821
Last Name: DURGAN First Name: AURA Position: ADMIN. ASSIST. Name of Affiliated Organization: NA	19356	200	707	0	20263
Last Name: FORD First Name: EDWARD Position: EQUIP ASSIST Name of Affiliated Organization: NA	34960	2510	2841	0	40311
Last Name: GARRETSON First Name: JAMES Position: GENERAL LABOR Name of Affiliated Organization: NA	24252	200	419	0	24871
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000_159

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: GOSNELL First Name: JOHN Position: GENERAL LABOR Name of Affiliated Organization: NA	34243	100	100	0	34443
Last Name: HARROLD First Name: ROBERT Position: GENERAL LABOR Name of Affiliated Organization: NA	26410	0	0	0	26410
Last Name: GARRETSON First Name: WENDI Position: COMM SPECIALIST Name of Affiliated Organization: NA	24915	200	1835	0	26950
Last Name: HARVATH First Name: CHERYL Position: CLERICAL Name of Affiliated Organization: NA	26043	880	4406	0	31329
Last Name: HENDERSON First Name: JEFFREY Position: DOE TRAIN COORD Name of Affiliated Organization: NA	56000	880	2008	0	58888
Totals					

ORGANIZATION NAME: INT'L UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: HYLTON First Name: TERESA Position: ACCT ASSIST Name of Affiliated Organization: NA	23059	0	0	0	23059
Last Name: INGOLE First Name: ROGER Position: PROP MGT SPEC Name of Affiliated Organization: NA	28717	490	160	0	29367
Last Name: LAMB First Name: JENNIFE Position: ACCT ASSIST Name of Affiliated Organization: NA	20262	0	0	0	20262
Last Name: LANE First Name: DAWN Position: OFFICE MANAGER Name of Affiliated Organization: NA	35146	0	0	0	35146
Last Name: LIPPY First Name: BRUCE Position: MGR TECH ASSESS Name of Affiliated Organization: NA	71000	740	15063	0	86803
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000_159

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 MAYO First Name LEONARD Position DISTRIBUTION Name of Affiliated Organization NA	28055	0	0	0	28055
Last Name MCCABE First Name BARBARA Position INDUS HYGIENST Name of Affiliated Organization NA	60000	2360	10104	0	72464
Last Name MULLINS First Name DAVID T Position EQUIP MGR Name of Affiliated Organization NA	40000	4270	1818	0	46088
Last Name ONDO First Name AARON Position INDUS HYGIENST Name of Affiliated Organization NA	30414	1300	2903	0	34617
Last Name OSBORNE First Name SUE Position ACCT ASSIST Name of Affiliated Organization NA	38000	0	0	0	38000
Totals					

ORGANIZATION NAME: THE UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 – 1 5 9

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: OSBORNE First Name: LINDA Position: CLERICAL Name of Affiliated Organization: NA	29123	480	285	0	29888
Last Name: PRESSWOOD First Name: CHERIE Position: INSTRUCTOR Name of Affiliated Organization: NA	24029	400	0	0	24429
Last Name: PRINCE First Name: TONYA Position: OFFICE MANAGER Name of Affiliated Organization: NA	15076	0	0	0	15076
Last Name: RADFORD First Name: ROBIN Position: CLERICAL Name of Affiliated Organization: NA	26962	300	1630	0	28892
Last Name: RADFORD First Name: HEATHER Position: TECH. SPECIALIST Name of Affiliated Organization: NA	22000	0	0	0	22000
Totals					

ORGANIZATION NAME INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED 0

FILE NUMBER: 000_159

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 ROSE First Name DONNIE Position EQUIP ASSIST Name of Affiliated Organization NA	24919	350	0	0	25269
Last Name SAYE First Name CHRISTI Position ACCT ASSIST Name of Affiliated Organization NA	21743	280	0	0	22023
Last Name SETTLE First Name KIMBERL Position CLERICAL Name of Affiliated Organization NA	37000	0	1711	0	38711
Last Name SHAMBLIN First Name ROBIN Position SCHEDULER Name of Affiliated Organization NA	43238	330	1070	0	44638
Last Name STRAFFORD First Name JILL Position PRINT SHOP MGR Name of Affiliated Organization NA	28000	0	0	0	28000
Totals					

ORGANIZATION NAME INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 0 0 0 – 1 5 9

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 SUPTIC First Name JOHN Position SCHEDULING Name of Affiliated Organization NA	20454	0	0	0	20454
Last Name CARSON First Name SARAH Position CLERICAL Name of Affiliated Organization NA	13270	150	92	0	13512
Last Name BEAIRD First Name CAROLL Position INSTRUCTOR Name of Affiliated Organization NA	52491	631	1032	0	54154
Last Name BREWER First Name JACK Position INSTRUCTOR Name of Affiliated Organization NA	42637	219	43	0	42899
Last Name BROWN First Name DONALD Position INSTRUCTOR Name of Affiliated Organization NA	38824	228		0	39052
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: PAUL Position: INSTRUCTOR Name of Affiliated Organization: NA	37302	181	644	0	38127
Last Name: DALTON First Name: DARRIS Position: INSTRUCTOR Name of Affiliated Organization: NA	50411	305	167	0	50883
Last Name: DULANEY First Name: JOHN Position: INSTRUCTOR Name of Affiliated Organization: NA	44157	273	160	0	44590
Last Name: FIELDER First Name: OSCAR Position: INSTRUCTOR Name of Affiliated Organization: NA	39382	173	623	0	40178
Last Name: HANCOCK First Name: JOHN Position: INSTRUCTOR Name of Affiliated Organization: NA	46463	211	389	0	47063
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 — 1 5 9

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: JAMES First Name: KEANE Position: INSTRUCTOR Name of Affiliated Organization: NA	44383	228	494	0	45105
Last Name: MITCHELL First Name: WALTER Position: INSTRUCTOR Name of Affiliated Organization: NA	18684	0		0	18684
Last Name: PEDIGO First Name: MICHAEL Position: INSTRUCTOR Name of Affiliated Organization: NA	23040	228		0	23268
Last Name: ROWE First Name: JERRY Position: INSTRUCTOR Name of Affiliated Organization: NA	44383	228	302	0	44913
Last Name: SKUBITZ First Name: EDWARD Position: INSTRUCTOR Name of Affiliated Organization: NA	44383	228	312	0	44923
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 000-159

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: STRUM First Name: ROBERT Position: INSTRUCTOR Name of Affiliated Organization: NA	44383	228	312	0	44923
Last Name: BARWICK First Name: BOBBY Position: INSTRUCTOR Name of Affiliated Organization: NA	19150	181	258	0	19589
Last Name: BERGERON First Name: ROBERT Position: INSTRUCTOR Name of Affiliated Organization: NA	55718	219	12	0	55949
Last Name: CLARK First Name: TOMMY Position: INSTRUCTOR Name of Affiliated Organization: NA	47566	187	548	0	48301
Last Name: DIXON First Name: JOSEPH Position: INSTRUCTOR Name of Affiliated Organization: NA	49303	45	225	0	49573
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000-159

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 FERGUSON First Name RALPH Position INSTRUCTOR Name of Affiliated Organization NA	57798	228	0	0	58026
Last Name GARRET First Name COY Position INSTRUCTOR Name of Affiliated Organization NA	64802	476	1214	0	66492
Last Name GIDDINGS First Name MAURICE Position INSTRUCTOR Name of Affiliated Organization NA	20746	181	325	0	21252
Last Name HANSEN First Name HOWARD Position INSTRUCTOR Name of Affiliated Organization NA	62722	347	352	0	63421
Last Name HASSON First Name TERRY Position INSTRUCTOR Name of Affiliated Organization NA	70343	2324	16424	0	89091
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED: C

FILE NUMBER: 000-159

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: MILTON; Position: COORD - JOB CORP; Name of Affiliated Organization: NA	70343	2100	12452	0	84895
Last Name: LANGFORD; First Name: HERMAN; Position: INSTRUCTOR; Name of Affiliated Organization: NA	39312	181	242	0	39735
Last Name: LEA; First Name: JANE; Position: INSTRUCTOR; Name of Affiliated Organization: NA	62722	228	0	0	62950
Last Name: MARISA; First Name: NEIL; Position: INSTRUCTOR; Name of Affiliated Organization: NA	47223	513	1228	0	48964
Last Name: MCALLISTER; First Name: TOMMY; Position: INSTRUCTOR; Name of Affiliated Organization: NA	41392	9902	3231	0	54525
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 — 1 5 9

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: M C H E N R Y / First Name: B I L L Position: C O O R D - J O B C O R P Name of Affiliated Organization: N A	7 0 3 4 3	2 4 4 2	1 6 8 5 6	0	8 9 6 4 1
Last Name: M C K O W E N / First Name: K E N N E T H Position: I N S T R U C T O R Name of Affiliated Organization: N A	5 5 7 1 9	2 2 8	0	0	5 5 9 4 7
Last Name: M I S K E L L Y / First Name: J O H N Position: I N S T R U C T O R Name of Affiliated Organization: N A	2 3 6 6 0	0	0	0	2 3 6 6 0
Last Name: M U M P O W E R / First Name: S H A R O N Position: S T U D E N T S E R V I C E S Name of Affiliated Organization: N A	3 9 3 1 8	1 4 6 8	1 2 6 8	0	4 2 0 5 4
Last Name: O B R Y A N T / First Name: K E V I N Position: I N S T R U C T O R Name of Affiliated Organization: N A	6 2 7 2 3	2 6 5 7	2 1 2 1	0	6 7 5 0 1
Totals					

ORGANIZATION NAME. INIL UNION OF OPERATING ENG

ENDING DATE OF PERIOD COVERED. 0

FILE NUMBER: 000-159

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: ALISON First Name: JUDY Position: ADMIN - PENSION Name of Affiliated Organization: NA	60833	0	0	0	60833
Last Name: MISKELLY First Name: KEVIN Position: DIR. - JOB CORP Name of Affiliated Organization: NA	33825	1027	5352	0	40204
Last Name: PRIMROSE First Name: EDNA Position: DIR. - JOB CORP Name of Affiliated Organization: NA	33133	702	1666	0	35501
Last Name: ROSENBERG First Name: EDWARD Position: ASST EQUP SUPER Name of Affiliated Organization: NA	60708			0	60708
Last Name: UNDERWOOD First Name: KEITH Position: SUPER EQUIP PROG Name of Affiliated Organization: NA	72652			0	72652
Totals					

ORGANIZATION NAME: INTL UNION OF OPERATING E N G

ENDING DATE OF PERIOD COVERED: 0

FILE NUMBER: 0 0 0 — 1 5 9

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: JACKSON First Name: MARY Position: ADMIN. ASSIST. Name of Affiliated Organization: NA	46417	41	550	0	47008
Last Name: DODOHARA First Name: JENNIFE Position: ACOUNTANT Name of Affiliated Organization: NA	38830	0	0	0	38830
Last Name: TAYAL First Name: KRISHNA Position: SECRETARY Name of Affiliated Organization: NA	43741	219	306	0	44266
Last Name: WILLIAMSON First Name: LAURA Position: CLERICAL Name of Affiliated Organization: NA	46433	219	344	0	46996
Last Name: WILSON First Name: BARBARA Position: CLERICAL Name of Affiliated Organization: NA	33535	0	0	0	33535
Totals					

ORGANIZATION NAME

ENDING DATE OF PERIOD COVERED

FILE NUMBER: 000-159

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 PARKER First Name LEON Position COORD - JOB CORP Name of Affiliated Organization NA	53400	1030	1856	0	56286
Last Name PATERSON First Name CLARA Position INSTRUCTOR Name of Affiliated Organization NA	62723	228	0	0	62951
Last Name PINNEY First Name SHARICE Position INSTRUCTOR Name of Affiliated Organization NA	46566	318	462	0	47346
Last Name ROGERS First Name ROBERT Position COORD - JOB CORP Name of Affiliated Organization NA	24256	475	2605	0	27336
Last Name SALAZAR First Name PETER Position INSTRUCTOR Name of Affiliated Organization NA	62723	0	0	0	62723
Totals					

ORGANIZATION NAME:
ENTL UNION OF OPERATING E N C

ENDING DATE OF PERIOD COVERED.
0

FILE NUMBER: 0 0 0 — 1 5 9

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: VAN EPPS; First Name: JOHN Position: INSTRUCTOR Name of Affiliated Organization: NA	55718	228	0	0	55946
Last Name: WHEELER; First Name: ROGER Position: INSTRUCTOR Name of Affiliated Organization: NA	24490	0	0	0	24490
Last Name: WINGERD; First Name: RONALD Position: INSTRUCTOR Name of Affiliated Organization: NA	27304	0	0	0	27304
Last Name: HARLEY; First Name: ELIZABE Position: GEN OFFICE CLERK Name of Affiliated Organization: NA	35651				35651
Last Name: SIMPKINS; First Name: CHRIS Position: ADMIN. - PENSION Name of Affiliated Organization: NA	52235				52235
Totals					

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

INTERNATIONAL UNION OF OPERATING ENGINEERS
FORM LM-2
2000

File No. 000-159

Item 75 - Additional Information

Item
Number

11 a General Pension Plan, EIN #52-6124299
1125 - 17th Street, N.W., Washington, D.C. 20036
This plan provides pension benefits to full-time salaried officers and employees of locals affiliated with the International Union of Operating Engineers.

b Headquarters Pension and Beneficiaries Plan, EIN #52-6062054
1125 - 17th Street, N.W., Washington, D.C. 20036
The plan provides pension benefits to full-time salaried officers and employees of the International Union of Operating Engineers.

c Engineers Political Education Committee (EPEC)
1125 - 17th Street, N.W., Washington, D.C. 20036
The Committee collects contributions from individuals and local unions in order to make contributions to various political parties, committees and individual political candidates.

d Central Pension Fund, EIN #36-6052390
4115 Chesapeake Street, N.W., Washington, D.C.
This plan provides pension benefits for members.

e Pipeline Employers Health and Welfare Fund, EIN #52-6169656
1125 - 17th Street, N.W., Washington, D.C. 20036
This plan provides health and welfare benefits for members.

f International Union of Operating Engineers and Pipe Line Contractors Association National Pipe Line Training Fund
EIN #52-1829212
1125 - 17th Street, N.W., Washington, D.C. 20036
This plan provides training and educational benefits for members.

INTERNATIONAL UNION OF OPERATING ENGINEERS
FORM LM-2
2000

File No. 000-159

Item 75 - Additional Information

Item Number

11 g Government Contract Funds
The International Union of Operating Engineers has entered into contracts with various U.S. government agencies to undertake programs and studies in their mutual interests.

11 h International Union of Operating Engineers National Training Fund
EIN #52-1889259
1125 - 17th Street, N.W., Washington, D.C. 20036
This fund provides training and educational benefits for members.

11 i International Union of Operating Engineers and Pipeline Contractors Association Labor-Management Corporation Trust
EIN #51-6514128
1125 - 17th Street, N.W., Washington, D.C. 20036
This fund provides training and educational benefits for members.

12 The International Union has a PAC named Engineer's Political Education Committee-EPEC which files with the Federal Election Commission, FEC ID#C-000-29504.
The activity of the committee is not included in this Form LM-2. The International Union has a non-Federal PAC which is included in this Form LM-2.

13a Depreciation of fixed assets during the year amounted to $492,680.

b Net amortization of U.S. Treasury securities bond premiums and discounts amounted to $15,631.

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

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Item 75 - Additional Information

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Number

16 Additional positions of officers:

William C. Waggoner	IUOE Local 012	Business Manager
Vergil L. Belfi, Jr.	IUOE Local 002	Business Manager
Vincent J. Giblin	IUOE Local 068	Business Manager
Fred P. Dereschuk	IUOE Local 049	Business Manager
William E. Dugan	IUOE Local 150	Business Manager
Peter Babin III	IUOE Local 406	Business Manager
Art Viat	IUOE Local 039	Business Manager - Retired
Sam T. Hart	IUOE Local 324	Business Manager
Donald R. Doser	IUOE Local 003	Business Manager
Thomas P. Maguire	IUOE Local 015	Business Manager
Jim McLaughlin	IUOE Local 501	Business Manager
James H. Gardner	IUOE Local 018	Business Manager
William Ryan	IUOE Local 004	Business Manager
John Phelan	IUOE Local 399	Business Manager - Deceased
Gerald Ellis	IUOE Local 627	Business Manager
James R. DeJuliis	IUOE Local 037	Business Manager
Gary Krocker	IUOE Local 115	Business Manager
Jan Pelroy	IUOE Local 286	Business Manager
Kenneth P. Campbell	IUOE Local 825	Business Manager
Philip Schloop	IUOE Local 547	Business Manager
Frank Hanley	Building and Construction Trades Department, AFL-CIO	Vice - President

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21	The International Union receives per capita taxes from Local Unions in the amount of $6.75 per member per month. Local Union dues are established by each Local, subject to the minimum dues of $13.75 per month for active members described in Article X, Section 2 of the International Constitution.
24	Contingent liabilities exist by reason of the following lawsuits naming the International Union of Operating Engineers as a defendant: Walter Mitchell v. IUOE; Charles P. Flynn v. Michael Hach, IUOE Local 30, Board of Trustees of the Joint-Industry Engineers Union Local 30 Pension Fund, Board of Trustees of the Operating Engineers Union Local 30 Annuity Fund, and Frank Hanley; Melland v. Fluor Daniel Hanford, HAMTC, and IUOE Local 280, Trejo v. IUOE; Krom v. IUOE. It is the opinion of legal counsel that, while there is an inestimable theoretical potential for adverse money judgments, the International Union of Operating Engineers has meritorious defenses in each case.
28	U.S. Treasury Securities are carried at amortized value. The cost values are $102,958,528 and $93,824,965, respectively, at December 31, 2000 and 1999.
72	This reflects only disbursements on behalf of individual members for other than normal operating purposes. All of our expenses benefit the entire union membership and individuals are not normally singled out for special benefits.

Schedule 7:

a. The International Union acquired 1040 units of the AFL-CIO Housing Investment Trust through their income reinvestment program. These units had a value of $1,005,736 at the time of reinvestment.

b. The International Union acquired additional units in various mutual funds through their income reinvestment program. These units had a value of $4,717,397 at the time of reinvestment.

c. Building improvement purchases are included in accounts payable at December 31, 2000.

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Schedule 9	In accordance with the International Constitution, The General Executive Board elected Jan Pelroy as Vice-President to replace Art Viat who retired and Philip Schloop as Trustee to replace Jan Pelroy.
Schedules 9 and 10	Union owned and Union leased autos are used in excess of 50% for Union activities. The remainder, if any, is used for personal use. Cost of operations are reimbursed to individuals or paid direct and are included in Column F of Schedule 9 and Schedule 10.

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Schedule 1 - Loans Receivable

(A)	(B)	(C)	(D)(1)	(D)(2)	(E)
1 Canadian Union Advantage Benefit Program					
2 Union Benefit					
3 None					
4 Due 24 months after program operations commence	$ 12,500	-	12,500	-	$ -
1 Local No. *					
280	4,000	-	-	-	4,000
484	25,000	-	-	-	25,000
904	4,733	-	-	-	4,733
Total to Schedule 1, Line 3	$ 46,233	-	$ 12,500	-	$ 33,733

* All represent loans to local unions without interest and with no specific terms of repayment

1 Name
2 Purpose
3 Security
4 Repayment

Schedule 2 - Investments (Other than U.S. Treasury Securities)

Description (A)	Amount (B)
Marketable Securities	
List each other investment which has a book value over over $1,000 and exceeds 20% of Line 5.	
Merrill Lynch Basic Value Fund	9,678,193
Merrill Lynch Fundamental Growth Fund	9,365,295
Davis New York Venture Fund	10,156,763
Other Investments	
List each other investment which has a book value over over $1,000 and exceeds 20% of Line 5.	
AFL-CIO Housing Investment Trust	18,515,001
Total	47,715,252

Schedule 3 - Other Assets

Accrued investment income	1,990,170
Prepaid insurance, taxes and other expenses	427,943
Prepaid pension costs	2,235,082
	4,653,195

Schedule 4 - Other Liabilities

Description (A)	Amount (B)
Payroll deductions payable	37,588
Deferred rental income	53,928
Estimated death claims	500,000
Due to U.S. Government	337,075
Accrued vacation payable	12,840
Disaster Fund from members escrow	4,849
Postretirement benefit obligation	8,197,729
Accrued organizing grants	747,773
Total	9,891,782

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Schedule 5 - Fixed Assets

	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
Land 1125 17th St , NW Washington, D.C. 20036	704,775	n/a	704,775	n/a
Building 1125 17th St , NW Washington, D.C. 20036	13,098,988	3,638,971	9,460,017	n/a

Schedule 6 - Sale of Investments and Fixed Assets

Description of Assets (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
U.S. Treasury Securities	8,685,484	8,650,000	8,650,000	8,650,000
Other Investments	4,757,423	4,757,523	5,000,000	5,000,000
Total	13,442,907	13,407,523	13,650,000	13,650,000

Schedule 7 - Purchase of Investments and Fixed Assets

Description of Assets (A)	Cost (B)	Book Value (C)	Cash Paid (D)
U.S. Treasury Securities	17,819,047	17,819,047	17,819,047
Other Investments	16,592,133	16,592,133	10,869,000 *
Office furniture and equipment	100,621	100,621	100,621
Other fixed assets	174,897	174,897	174,897
Building Improvements	388,520	388,520	- *
Total	35,075,218	35,075,218	28,963,565

* See Item 75

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Schedule 11 - Benefits

Type of Benefit (A)	To Whom Paid (B)	Amount (C)
Apprentice	Trust	1,245
Death	Beneficiaries	1,722,612
Health	Carrier	1,537,594
Life Insurance	Carrier	334,949
Pension	Trust	1,065,626
Supplemental pension benefit	Pensioners	366,858
Commuting	Transit Authority	4,020
Pension	Trust	3,011
Physicals	Staff	4,340
Prepaid legal	Carrier	10,900
Strike	Local Unions	119,070
Total		5,170,225

Schedule 12 - Contributions, Gifts and Grants

Type (A)	Amount (B)
Charitable	25,150
Financial assistance to locals and related organizations	60,000
Flowers and memorials	7,444
Labor	2,550
Organizing grants to locals	2,253,251
Political	130,000
Testimonials	14,100
Total	2,492,495

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Schedule 13 - Office and Administrative

Description (A)	Amount (B)
Building operations	235,746
Office supplies	51,124
Duplications and microfilming	77,646
Office equipment rental, maintenance and repairs	32,710
Postage, freight and couriers	121305
Printing and stationery	156,956
Subscriptions and publications	76,943
Telephone	83,040
Insurance	78,739
Computer maintenance and supplies	96,974
Data bank services	64,365
Regional offices' operations	234,006
Travel related expenses (non-allocable)	235,950
Temporary help	51,015
Total	1,596,519

Schedule 14 - Other Receipts

Description (A)	Amount (B)
Royalty revenue	735,377
Reimbursements from General Pension Plan for IUOE employees rendering services to the Plan	264,973
Reimbursements from the Equipment Training Program for IUOE employees rendering services to the program	180,870
Contributions to Political Education Fund	74,505
Direct benefit commissions	49,021
Sales tax collected	16
Government Contract Funds received	7,610,662
Refunds and reimbursements:	
Auto operations	655
Building expenses	7,510
Duplicating	3,285
Employee parking	16,033
Flowers	88
Hospitalization expense	9,410
Insurance expense	1,656
Meetings and conferences	4,228
Office supplies and expenses	249
Officers and employees allowances and expenses	20,503
Organizing, education and training expenses	360
Payroll taxes	53
Postage and freight	31,774
Printing	28,719
Professional fees	45
Subscriptions	5,601
Supplies for resale	73
Telephone	145
Workers compensation	7,458
Total	9,053,269

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Schedule 15 - Other Disbursements

Description (A)	Amount (B)
Bank charges and Canadian Exchange	465,983
Conferences, meetings and seminars (non-allocable)	277,251
Other Government contract expenses	4,401,865
Other payroll deductions paid	364,463
Workers' compensation insurance	43,754
Employee parking	21,749
Accrued interest purchased	75,248
Withdrawal member fees refunded	3,679
Total	5,653,992