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 — OLMS DOL ESA Rec'd APR 2-2001 B OLMS DRDA

1. FILE NUMBER: 015-059

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: ☐

MICHAEL SANTARCANGELO (2) 015-059
HOTEL EMPL, RESTAURANT EMPL AFL-CIO 110
LU 35
425 COLLEGE STREET
NEW HAVEN, CT 06511 12/2000

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 ☐ No ☐

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

Item Number	
21(a)	Maximum dues are $42 per month; the minimum dues are $28 per month.
21(b)	Under 40hr workers pay a $100 initiation Fee. 40 hr workers pay a $200 initiation Fee.

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

76. SIGNED: [signature] PRESIDENT *(If other title, see instructions.)*
3/30/01 — Date
(203) 865-3259 — Telephone Number

77. SIGNED: Michael J. Santarcangelo Jr. TREASURER *(If other title, see instructions.)*
03/30/01 — Date
(203) 865-3259 — Telephone Number

FILE NUMBER: 015-059

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? 1097

19. What is the date of your organization's next regular election of officers? MO 11 YEAR 2001

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? $ 400 000

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	$ See #75	per month *(Month, Year, etc.)*
(b) Initiation Fees	$ See #75	
(c) Transfer Fees	$ -0-	
(d) Work Permits	$ 23	per month *(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: 015-059

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)
	25. Cash		29913	24640
	26. Accounts Receivable			17607
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	27745	18933
	31. Other Assets	3		
	32. TOTAL ASSETS		57658	61180

LIABILITIES	Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		57456	74359
	34. Loans Payable	8	105896	91144
	35. Mortgages Payable			
	36. Other Liabilities	4	3643	2546
	37. TOTAL LIABILITIES		166995	168049
	38. NET ASSETS *(Item 32 less Item 37)*		<109337>	<106869>

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 015-059

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		460805	56. To Officers	9	65711
40. Per Capita Tax			57. To Employees	10	80421
41. Fees			58. Per Capita Tax		150696
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	36623
44. Work Permits		7836	61. Educational & Publicity Expense		620
45. Sale of Supplies			62. Professional Fees		4381
46. Interest		315	63. Benefits	11	11010
47. Dividends			64. Contributions, Gifts & Grants	12	3080
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		18832
50. Loans Obtained	8		67. Withholding Taxes		52554
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	572
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	14752
54. Other Receipts	14	72746	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	107723
55. TOTAL RECEIPTS		541702	74. TOTAL DISBURSEMENTS		546975

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: 015-059

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

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

FILE NUMBER: 015-059

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

Description (A)	Amount (B)
Marketable Securities 1. Total Cost	
2. Total Book Value	
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	
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	0
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)*	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. NTFC Capitol Lease	2546
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	2546
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 015-059

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*):				
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*:				
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	18933		18933	9410
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	18933		18933	9410

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

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

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

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

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 015-059

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. office Equipment	267	267	267
2. Desks	125	125	125
3. Desks	145	145	145
4. Microwave	35	35	35
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	572	572	572
	7. Less Reinvestments		
	8. Net Purchases		572

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. HERE IU	99396		11502		87894
2. Local 217 HERE	1250		1250		0
3. Local 34 HERE	5250		2000		3250
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	105896	0	14752		91144

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: 015-059

(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. Proto, Robert — President	C	21183	1560	852		23595
2. Santarcargel, Michael — Sec. Treasurer	C	0	0			0
3. Pinello, Cheryl — Vice President	C	0	0			0
4. Marchitto, Pat — Rec. Secretary	C	340	0			340
5. White, David — Sargent at Arm	C	0	0			0
6. Riccio, Margare — chief stew	C	15082	0	456		15538
7. Anderson, Frank — Business Agent	C	46884	1560			48444
8. Totals from additional pages *(if any)*						
9. Totals of Lines 1 through 8		83489	3120	1308	0	87917
				10. Less Deductions		22206
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		65711

*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: 015-059

(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: Taylor First Name: Charlen Position: GOW Name of Affiliated Organization:	23090		26		23116
2. Last Name: Mosley First Name: Clarence Position: Organizer Name of Affiliated Organization:	22144				22144
3. Last Name: Wilson First Name: Mark Position: Organizer Name of Affiliated Organization:	34527				34527
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)*					
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	48692		1537		50229
8. Totals of Lines 1 through 7	128453		1563		130016
			9. Less Deductions		49595
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		80421

SCHEDULE 11 — BENEFITS

FILE NUMBER: 015-059

Description (A)	To Whom Paid (B)	Amount (C)
1. Dental Benefit	Anthem BC/BS	654
2. Dental Benefit	Guardian	142
3. Medical Benefit	Connecticare	1419
4. Medical Benefit	Yale University	6423
5. Total from additional pages *(if any)*		2372
6. Total of Lines 1 through 5		11010

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

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. 1199	300
2. ECCO	183
3. Maryville Academy	100
4. Helene Grant School	50
5. HERE Local 57	50
6. National Interfaith Committee	42
7. Total from additional pages *(if any)*	2355
8. Total of Lines 1 through 7	3080

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

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Bond Insurance	36
2. Fire, theft & Liability Ins.	438
3. Workers Comp. Insurance	1495
4. Fruit & Flower	869
5. Bank Fee	56
6. Advertising	725
7. Total from additional pages *(if any)*	33004
8. Total of Lines 1 through 7	36623

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

FILE NUMBER: 015-059

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Go-Out-The Vote Grant	20000
2. Grievance Settlement	300
3. HERE IU VNHH Organizing	16505
4. payroll Tax refund	3200
5. paid on Behalf Reimbursement	2959
6. Workers Comp. Insurance Reimb.	7728
7. Women's program Reimb.	16762
8. Salaries Reimbursement	5292
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	72746
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Salaries Reimbursed	69702
2. Union Event	1650
3. Meeting	6267
4. Research	240
5. NTFC Capitol Lease	1097
6. paid on Behalf others	4880
7. Go-Out-The Vote program	4612
8. 401(K) Deferral paid	221
9. payroll deduction paid	19054
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	107723
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 015-059

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

ORGANIZATION NAME

ENDING DATE OF PERIOD COVERED.

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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:

ENDING DATE OF PERIOD COVERED:

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PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

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

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

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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 First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

Local 35
LM 2 - 2000
015-059
page 11, schedule 11 - Benefit

Medical Benefit	Anthem BC/BS	$ 496
Pension	Yale University	1051
pension	Charlene Taylor	825
	Total	$ 2372

Local 35
LM - 2 - 2000
#015 - 059
Page 11, Schedule 12: Contribution, Gifts & Grants

Reach out and Read	$250
Christian Community Commission	243
United Farm Worker student support Group	150
CT Now	100
NAACPNH	100
CT Building Trades	108
The Amistad Community	150
Westrock United, T.R.C.	25
Laura Dunn	10
ST Mark's Episcopal church	33
Haymarket people's Fund	34
Tom Cody	300
EWFF	25
Highville Mustard Seed Development Group	67
Laverne Miley	160
MDA	100
Connect cosh	50
Annex Little League	100
Our Lady of Victory	200
Linda Felder	150
Total	$ 2355

Local 35
LM - 2 - 2000
015 - 059
page 11, Schedule 13 - office & Administrative Expense

Line 7 : Total from Additional pages

office supplies	$ 5294
Pension Maintenance.	101
postage	7065
printing & Reproduction	993
property Taxes	379
Recycling	138
Rent	3659
storage	723
Telephone	5021
Cleaning Service	1828
Equipment Repairs + Lease	5825
payroll Service	419
Utilities	1496
Total	$ 33004