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.

07A

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only — US DOL ESA Rec'd APR 2 - 2001 B OLMS DRDA

1. FILE NUMBER: C 3 5 - 3 9 9

2. PERIOD COVERED

	MO	DAY	YEAR
From	0 1	0 1	2 0 0 0
Through	1 2	3 1	2 0 0 0

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: ☐

JOHN FITZGERALD (2) 035-399
ELECTRICAL WORKERS IBEW AFL-CIO 310
LU 134
600 W WASHINGTON BLVD
CHICAGO, IL ~~60606~~ 12/2000
60661

4. AFFILIATION OR ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

5. DESIGNATION (Local, Lodge, etc.): LOCAL

6. DESIGNATION NUMBER: 134

7. UNIT NAME (if any):

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

First Name: JOHN M

Last Name: FITZGERALD

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

Number and Street: 600 W WASHINGTON BLVD

City: CHICAGO

State: IL ZIP Code + 4: 60661 -

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: Michael P. Fitzgerald — BUS MGR. FINL-SECY ~~PRESIDENT~~ (If other title, see instructions.)
Date: 3/28/01 Telephone Number: (312) 454-1340

77. SIGNED: Edward J. Buettner — PRESIDENT ~~TREASURER~~ (If other title, see instructions.)
Date: 3/28/01 Telephone Number: (312) 454-1340

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.)* See also response to Question 75.		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? 18416

19. What is the date of your organization's next regular election of officers? MO 06 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? $ 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	$ 8.00-45.75 per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$ 5.00-350.00
(c) Transfer Fees	$ 2.00-350.00
(d) Work Permits	$ 2.00-45.75 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: 035 – 899

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		2937510	2300129
	26. Accounts Receivable		155577	161954
	27. Loans Receivable	1	53066	31705
	28. U.S. Treasury Securities		1343677	709202
	29. Investments	2	5425673	6818429
	30. Fixed Assets	5	1690887	2013671
	31. Other Assets	3	299846	108506
	32. TOTAL ASSETS		11906236	12143596

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		265227	332779
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	2136388	1905067
	37. TOTAL LIABILITIES		2401615	2237846
	38. NET ASSETS *(Item 32 less Item 37)*		9504621	9905750

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 035-399

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT
39. Dues		7670069
40. Per Capita Tax		0
41. Fees		227337
42. Fines		0
43. Assessments		0
44. Work Permits		37136
45. Sale of Supplies		0
46. Interest		506598
47. Dividends		0
48. Rents		15662
49. Sale of Investments & Fixed Assets	6	600000
50. Loans Obtained	8	0
51. Repayments of Loans Made	1	21840
52. On Behalf of Affiliates for Transmittal to Them		0
53. From Members for Disbursement on Their Behalf		4571394
54. Other Receipts	14	444663
55. TOTAL RECEIPTS		14094699

CASH DISBURSEMENTS Item	From SCH #	AMOUNT
56. To Officers	9	360117
57. To Employees	10	2189429
58. Per Capita Tax		291189
59. Fees, Fines, Assessments, etc.		0
60. Office & Administrative Expense	13	918730
61. Educational & Publicity Expense		164086
62. Professional Fees		696133
63. Benefits	11	570307
64. Contributions, Gifts & Grants	12	323327
65. Supplies for Resale		0
66. Direct Taxes		349447
67. Withholding Taxes		1064679
68. Purchase of Investments & Fixed Assets	7	2233310
69. Loans Made	1	479
70. Repayment of Loans Obtained	8	0
71. To Affiliates of Funds Collected on Their Behalf		0
72. On Behalf of Individual Members		4493849
73. Other Disbursements	15	1076998
74. TOTAL DISBURSEMENTS		14732080

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 3 5 _ 3 9 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: SEE ATTACHED SCHEDULE Purpose: Security: Terms of Repayment:					
2. Name: Purpose: Security: Terms of Repayment:					
3. Name: Purpose: Security: Terms of Repayment:					
4. Totals from additional pages *(if any)*	52949	479	21806	0	31622
5. Totals of loans not listed above	117	0	34	0	83
6. Totals of Lines 1 through 5	5 3 0 6 6	4 7 9	2 1 8 4 0	0	3 1 7 0 5
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: 035-399

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	7188923
2. Total Book Value	6818429
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) SEE ATTACHED SCHEDULE	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
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)*	2482618
7. Total of Lines 2 and 5	6818429
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	108506
7. Total of Lines 1 through 6	108506
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	1905067
7. Total of Lines 1 through 6	1905067
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 035-399

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*): SEE ATTACHED SCHEDULE				
2. Totals from additional pages *(if any)*	61881		61881	N/A
3. Buildings (*give location*): SEE ATTACHED SCHEDULE				
4. Totals from additional pages *(if any)*	3785226	2952666	832560	N/A
5. Automobiles and Other Vehicles	657474	255452	402022	N/A
6. Office Furniture and Equipment	975075	565798	409277	N/A
7. Other Fixed Assets	313128	5197	307931	N/A
8. Totals of Lines 1 through 7	5792784	3779113	2013671	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. SEE ATTACHED SCHEDULE				
2.				
3.				
4.				
5. Totals from additional pages *(if any)*	843141	854222	850000	850000
6. Totals of Lines 1 through 5	843141	854222	850000	850000
		7. Less Reinvestments		250000
		8. Net Sales		600000

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

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 035-399

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE ATTACHED SCHEDULE			
2.			
3.			
4.			
5. Totals from additional pages *(if any)*	2552319	2552319	2483310
6. Totals of Lines 1 through 5	2552319	2552319	2483310
	7. Less Reinvestments		250000
	8. Net Purchases		2233310

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: 035-399

(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: BUETTNER First Name: EDWARD Title: PRESIDENT	C	86641	3900	3395	0	93936
2. Last Name: FITZGERALD First Name: JOHN M Title: BS MGR/FINL SEC	C	126736	3900	2978	0	133614
3. Last Name: FOLEY First Name: TIMOTHY Title: VICE PRESIDENT	C	107565	3900	3022	0	114487
4. Last Name: NIEDERKORN First Name: GARY Title: TREASURER	C	86641	3900	1103	0	91644
5. Last Name: RIOUX First Name: RICHARD Title: RECORDING SEC	C	86641	3900	2838	0	93379
6. Last Name: First Name: Title:		0	0	0	0	0
7. Last Name: First Name: Title:		0	0	0	0	0
8. Totals from additional pages *(if any)*		0	0	0	0	0
9. Totals of Lines 1 through 8		494224	19500	13336	0	527060
				10. Less Deductions		166943
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		360117

*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: 035-399

(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: ALLEN First Name: TERRY Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	1912	0	92453
2. Last Name: ANDERSON First Name: KENNETH Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	2603	0	93144
3. Last Name: BENDA First Name: COLLEEN Position: OFFICE Name of Affiliated Organization: NONE	41062	0	0	0	41062
4. Last Name: BIANCHI First Name: CAREYAN Position: OFFICE Name of Affiliated Organization: NONE	39558	0	0	0	39558
5. Last Name: BROOKS First Name: ELIZABE Position: OFFICE Name of Affiliated Organization: NONE	39835	0	0	0	39835
6. Totals from additional pages *(if any)*	2839825	81900	54991	0	2976716
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	180215	0	0		180215
8. Totals of Lines 1 through 7	3313777	89700	59506	0	3462983
			9. Less Deductions		1273554
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		2189429

SCHEDULE 11 — BENEFITS

FILE NUMBER: 035-399

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages *(if any)*		570307
6. Total of Lines 1 through 5		570307

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

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	323327
8. Total of Lines 1 through 7	323327

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

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	918730
8. Total of Lines 1 through 7	918730

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

FILE NUMBER: 035-399

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	444663
17. Total of Lines 1 through 16	444663
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	1076998
17. Total of Lines 1 through 16	1076998
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

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: BUETTNER First Name: KAREN Position: OFFICE Name of Affiliated Organization: NONE	44818	0	0	0	44818
Last Name: CADDIGAN First Name: MICHAEL Position: OFFICE MANAGER Name of Affiliated Organization: NONE	86641	3900	142	0	90683
Last Name: CORTEZ First Name: MARYJO Position: OFFICE Name of Affiliated Organization: NONE	41658	0	0	0	41658
Last Name: CRAWLEY First Name: LAWRENC Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	4248	0	94789
Last Name: DUNNE First Name: CHARLES Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	1072	0	91613
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

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: ELMORE First Name: GLENNA Position: OFFICE Name of Affiliated Organization: NONE	41883	0	0	0	41883
Last Name: EVANS First Name: SAMUEL Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	2949	0	93490
Last Name: FEDANZO First Name: MICHAEL Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	1722	0	92263
Last Name: FEGAN First Name: JUDITH Position: OFFICE Name of Affiliated Organization: NONE	10023	0	0	0	10023
Last Name: FLIRIS First Name: JAMES Position: BUS AGENT Name of Affiliated Organization: NONE	107565	3900	1649	0	113114
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

PAGE 5 OF 24 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: FOLEY; First Name: MARYELL; Position: BUS AGENT; Name of Affiliated Organization: NONE	86641	3900	1592	0	92133
Last Name: GARTLAND; First Name: DIANE; Position: OFFICE; Name of Affiliated Organization: NONE	47229	0	0	0	47229
Last Name: GARTNER; First Name: INGE; Position: OFFICE; Name of Affiliated Organization: NONE	46227	0	0	0	46227
Last Name: GONZLAEZ; First Name: HECTOR; Position: OFFICE; Name of Affiliated Organization: NONE	20093	0	0	0	20093
Last Name: GRIFFO; First Name: FRANK; Position: JANITORIAL; Name of Affiliated Organization: NONE	32537	0	0	0	32537
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

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: JANIK First Name: JOZEF Position: JANITORIAL Name of Affiliated Organization: NONE	79376	0	0	0	79376
Last Name: JAZO First Name: PATRICI Position: OFFICE Name of Affiliated Organization: NONE	29119	0	0	0	29119
Last Name: KELLY First Name: RICHARD Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	2432	0	92973
Last Name: KENEVAN First Name: DANIEL Position: BUS AGENT Name of Affiliated Organization: NONE	86716	3900	2990	0	93606
Last Name: MCDERMOTT First Name: DAVID Position: OFFICE Name of Affiliated Organization: NONE	18592	0	0	0	18592
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

PAGE 7 OF 24 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: MCNAMARA First Name: JAMES Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	713	0	91254
Last Name: MILLER First Name: SHANNON Position: OFFICE Name of Affiliated Organization: NONE	44265	0	0	0	44265
Last Name: MOYLAN First Name: MARTIN Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	3067	0	93608
Last Name: MURPHY First Name: RICHARD Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	6083	0	96624
Last Name: MURRAY First Name: KEVIN Position: LOST WAGES Name of Affiliated Organization: NONE	21504	0	0	0	21504
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

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: NOBLE First Name: ISMAEL Position: OFFICE Name of Affiliated Organization: NONE	67791	0	0	0	67791
Last Name: NUGENT First Name: MICHAEL Position: BUS AGENT Name of Affiliated Organization: NONE	31357	3900	473	0	35730
Last Name: OHARA First Name: PATRICK Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	2947	0	93488
Last Name: PARRILLI First Name: ROBERT Position: BUS AGENT Name of Affiliated Organization: NONE	86716	3900	1377	0	91993
Last Name: POKORNY First Name: IRMGARD Position: OFFICE Name of Affiliated Organization: NONE	41755	0	0	0	41755
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

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: PONDER First Name: RUSSELL Position: BUS AGENT Name of Affiliated Organization: NONE	86566	3900	3642	0	94108
Last Name: REHBERG First Name: DAVID Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	3264	0	93805
Last Name: REILLY First Name: ROBERT Position: BUS AGENT Name of Affiliated Organization: NONE	86716	3900	3657	0	94273
Last Name: RESZKE First Name: BONNIE Position: OFFICE Name of Affiliated Organization: NONE	54325	0	0	0	54325
Last Name: ROHRICH First Name: KATHLEE Position: OFFICE Name of Affiliated Organization: NONE	46382	0	0	0	46382
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 035-399

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: SHOPKUS First Name: EDWARD Position: OFFICE Name of Affiliated Organization: NONE	43253	0	0	0	43253
Last Name: SIPPLE First Name: RICHARD Position: BUS AGENT Name of Affiliated Organization: NONE	86641	3900	2505	0	93046
Last Name: SLATTERY First Name: KERRY Position: OFFICE Name of Affiliated Organization: NONE	44368	0	0	0	44368
Last Name: SMYDER First Name: JOE Position: BUS AGENT Name of Affiliated Organization: NONE	86716	3900	2715	0	93331
Last Name: SNYDER First Name: GERALYN Position: OFFICE Name of Affiliated Organization: NONE	70840	0	0	0	70840
Totals					

ORGANIZATION NAME: ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED. 12-31-2000

FILE NUMBER: 035-399

PAGE 11 OF 24 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 STARKS First Name SANDRA Position OFFICE Name of Affiliated Organization NONE	78039	0	0	0	78039
Last Name TOVAR First Name LOUIS Position OFFICE Name of Affiliated Organization NONE	90616	0	3262	0	93878
Last Name VILLANOVA First Name THOMAS Position BUS AGENT Name of Affiliated Organization NONE	86641	3900	2490	0	93031
Last Name WEBER First Name JOANNE Position OFFICE Name of Affiliated Organization NONE	39806	0	0	0	39806
Last Name First Name Position Name of Affiliated Organization					0
Totals	2839825	81900	54991	0	2976716

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE _____ OF _____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

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

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 134
SCHEDULE "A"
Y/E 12-31-00
FILE # 035-399

SCHEDULE 2 - INVESTMENTS

THE LOCAL VALUES ITS INVESTMENTS AT FAIR MARKET VALUE AT DECEMBER 31, 2000. THE LOCAL HAD AN UNREALIZED LOSS OF $172, 808 ($16,742 GAIN FOR U.S. TREASURY SECURITIES & $189,550 LOSS FOR OTHER INVESTMENTS).

A PORTION OF THE LOCAL'S OTHER INVESTMENTS ARE INVESTED IN COLLATERALIZED NOTES THROUGH CAPITOL CONSULTANTS, LLC. THE INVESTMENT FIRM HAS BEEN PLACED IN RECEIVERSHIP. THE RECEIVER HAS INDICATED THAT CLIENTS MAY SUFFER LOSSES. THE RECEIVER'S ACTIVITIES TO EVALUATE THE VALUE OF THESE INVESTMENTS ARE ONGOING AND WILL CONTINUE OVER AN EXTENDED PERIOD OF TIME. THE LOCAL HAS ESTIMATED THE MARKET VALUE OF THIS INVESTMENT BASED ON THE LIMITED FACTS KNOWN TO LOCAL 134 AT THIS TIME.

ITEM 11

ELECTRICAL CONTRACTORS ASSOCIATION OF THE CITY OF CHICAGO AND LOCAL UNION NO. 134, I.B.E.W. JOINT PENSION TRUSTS OF CHICAGO

PLAN NO. 2	EIN NO 51-6030753	PLAN NO. 002
PLAN NO. 4	EIN NO 51-6030753	PLAN NO. 004
PLAN NO. 5	EIN NO 51-6030753	PLAN NO. 005
PLAN NO. 6	EIN NO 51-6030753	PLAN NO. 006

Provides pension benefits to members.

ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR ELECTRICAL CONTRACTORS
EIN NO 36-1033970 PLAN NO. 501

Provides health and welfare benefits to members.

ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR COMMUNICATION EMPLOYEES
EIN NO 36-1033970 PLAN NO. 510

Provides health and welfare benefits to members.

ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR OTHER PARTICIPATING EMPLOYERS
EIN NO 36-1033970 PLAN NO. 502

Provides health and welfare benefits to members.

ELECTRICAL INSURANCE TRUSTEES SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUNDS (2)
EIN NO 36-1033970 PLAN NO. 501
EIN NO 36-1033970 PLAN NO. 507

Provides supplemental unemployment benefits to members.

ELECTRICAL INSURANCE TRUSTEES ADDITIONAL SECURITY BENEFIT PLAN
EIN NO 36-1033970 PLAN NO. 512

Provides additonal security benefits to members.

ELECTRICAL INSURANCE TRUSTEES ADDITIONAL SECURITY BENEFIT PLAN FOR COMMUNICATION MEMBERS
EIN NO 36-1033970 PLAN NO. 513

Provides additonal security benefits to members.

THE ABOVE FUNDS ARE LOCATED 221 N. LA SALLE STREET, CHICAGO, IL 60601

ELECTRICAL JOINT APPRENTICE TRAINING TRUST
6201 W. 115TH STREET, WORTH, IL 60482
EIN NO 36-2445742

Provides training and education for apprentices in the industry

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL UNION NO. 134
SCHEDULE "A"
Y/E 12-31-00
FILE # 035-399

COMMUNICATION JOINT APPRENTICE TRAINING TRUST (DISOLVED IN APRIL 2000)
6201 W. 115TH STREET, WORTH, IL 60482
EIN NO 36-4107756

Provides training and education for apprentices in the industry.

NATIONAL ELECTRICAL BENEFIT FUND
2400 RESEARCH BLVD., SUITE 500, ROCKVILLE, MY 20850-3266
EIN NO 53-0181657 PLAN NO. 001

Provides pension benefits for members

ITEM 12
LOCAL UNION NO. 134 I.B.E.W. POLITICAL FUND.
ITS ACTIVITIES ARE RECORDED ON THIS REPORT.

ITEM 13
DEPRECIATION EXPENSE:

BUILDING	$	176,969
FURNITURE & EQUIPMENT		118,824
AUTOMOBILES		127,146
TOTAL	$	422,939

THE LOCAL TRADED IN TWO AUTOMOBILES WITH A TOTAL COST OF $52,241 AND A BOOK VALUE OF $25,583 TOWARD THE PURCHASE OF A NEW AUTOMOBILE. THE TOTAL TRADE IN VALUE OF THE OLD AUTOMOBILES WAS $21,185.

$652 OF FURNITURE & EQUIPMENT AND $28,774 OF BUILDINGS AND EQUIPMENT, IS INCLUDED IN ACCOUNTS PAYABLE AT DECEMBER 31, 2000.

ITEM 14
THOMAS HAVEY LLP

ITEM 56 & 57
IT IS NOT PRACTICAL TO MAKE PRECISE DISTRIBUTION OF AUTOMOBILE OPERATING EXPENSES NOT PAID DIRECTLY TO OFFICERS AND EMPLOYEES AND INCLUDED IN COLUMN (F) AND (G). HOWEVER, AN ALLOCATION OF SUCH EXPENSES HAS BEEN MADE IN ACCORDANCE WITH IRS REPORTING RULES. IF UNION OWNED/LEASED AUTOMOBILES WERE USED 50% OR LESS FOR BUSINESS PURPOSES BY IRS REPORTING STANDARDS, THE REMAINDER IS TREATED AS IF IT WERE PERSONAL USE AND IS REPORTED IN COLUMN (G). IRS STANDARDS SHOULD NOT NECESSARILY BE CONSIDERED AS THE ACTUAL BUSINESS USE OF AN AUTOMOBILE.

ITEM 76
THE CHIEF EXECUTIVE OFFICER OF THE LOCAL IS THE BUSINESS MANAGER/FINANCIAL SECRETARY.

ITEM 77
THE CHIEF FINANCIAL OFFICER OF THE LOCAL IS THE PRESIDENT.

SCHEDULE 4, LINE 5
THIS LIABILITY IS RECONCILED THROUGH PART OF THE ACTIVITY REPORTED ON LINE 54 .

Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO
Period End Date: 12-31-2000

File Number: 035-399

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: Cash (D)(1)	Repayments Received During Period: Other than Cash (D)(2)	Loans Outstanding at End of Period (E)
1. Name: JW BALLENGER Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,542	52	0	0	3,594
2. Name: EJ CORBOY Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,453	0	3,453	0	0
3. Name: WJ DAVERN Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,567	52	0	0	3,619
4 Name: L DVORAK Purpose MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment	3,781	52	0	0	3,833
5. Name: WE FISCHER Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	543	0	0	0	543
6. Name: E HEDSTROM Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,491	52	0	0	3,543
7. Name: C KANE Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,642	52	0	0	3,694
8. Name: LC KNOPP Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,995	25	4,020	0	0
9. Name: F KOEHLER Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	2,205	0	0	0	2,205
10. Name: PAGE 2 OF 2 OF ADDITIONAL SCHEDULES 1 Purpose: Security: Terms of Repayment:	24,730	194	14,333	0	10,591
Total	52,949	479	21,806	0	31,622

Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO
Period End Date: 12-31-2000

File Number: 035-399

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: Cash (D)(1)	Repayments Received During Period: Other than Cash (D)(2)	Loans Outstanding at End of Period (E)
1. Name: S OMIECINSKI Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,617	12	3,629	0	0
2. Name: H SCHAFER Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,314	52	0	0	3,366
3. Name: JE SCULLY Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,592	0	3,592	0	0
4. Name: BJ THOME Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,630	13	3,643	0	0
5. Name: FA VAVRIK Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,456	13	3,469	0	0
6. Name: G WALLACE Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,680	52	0	0	3,732
7. Name: BE LUKES Purpose: MEMBER LIFE INSURANCE PREMIUMS Security: $4500 LIFE INSURANCE BENEFIT Terms of Repayment:	3,441	52	0	0	3,493
8. Name: Purpose: Security: Terms of Repayment:	0	0	0	0	0
9. Name: Purpose: Security: Terms of Repayment:	0	0	0	0	0
10. Name: Purpose: Security: Terms of Repayment:	0		0	0	0
Total	24,730	194	14,333	0	10,591

Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO

Period End Date: 12-31-2000

File Number: 035-399

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

Description (A)	Amount (B)
Marketable Securities	
AFL-CIO HOUSING INVESTMENT TRUST	2,482,618
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Other Investments	
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Investments (other than US Treasury Securities)	2,482,618

SCHEDULE 3 -- OTHER ASSETS

Description (A)	Amount (B)
PREPAID AFFILIATED PER CAPITA TAXES	40,875
PREPAID PENSION COST	62,947
PREPAID EXPENSES	4,684
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
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	0
	0
	0
	0
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	0
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	0
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	0
	0
	0
	0
	0
Total Other Assets - Other	108,506

SCHEDULE 4 -- OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
DUES COLLECTED IN ADVANCE	753,293
ADVANCE MEMBER PAYMENTS	
GROUP INSURANCE PAYABLE &	
PER CAPITA TAXES PAYABLE	1,137,992
UNREMITTED PAC CONTRIBUTIONS	13,782
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
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	0
Total Other Liabilities - Other	1,905,067

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Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO
Period End Date: 12-31-2000

File Number: 035-399

SCHEDULE 5 -- FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
566 WEST WASHINGTON STREET, CHICAGO IL	38,938		38,938	N/A
600 WEST WASHINGTON STREET, CHICAGO, IL	22,943		22,943	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
Total Other Land	61,881		61,881	N/A
3. Buildings (give location):				
566 WEST WASHINGTON STREET, CHICAGO, IL	47,432	33,287	14,145	N/A
600 WEST WASHINGTON STREET, CHICAGO, IL	3,737,794	2,919,379	818,415	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
Total Other Buildings	3,785,226	2,952,666	832,560	N/A

Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO
Period End Date: 12-31-2000

File Number: 035-399

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)
US TREASURY SECURITIES	843,141	854,222	850,000	850,000
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total other sales	843,141	854,222	850,000	850,000

Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO

Period End Date: 12-31-2000

File Number: 035-399

SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (E)
BUILDING IMPROVEMENTS	480,748	480,748	437,974
AUTOMOBILES (5)	118,506	118,506	92,923
OFFICE EQUIPMENT	172,052	172,052	171,400
OTHER INVESTMENTS	1.582,306	1,582,306	1,582,306
US TREASURY SECURITIES	198,707	198,707	198,707
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
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Purchase of Investments and fixed assets - Other	2,552,319	2,552,319	2,483,310

Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO
Period End Date: 12-31-2000

File Number: 035-399

SCHEDULE 11 - BENEFITS

Description (A)	To Whom Paid (B)	Amount (C)
HEALTH AND WELFARE FUNDS	TRUST	337,441
PENSION FUNDS	TRUST	232,866
		0
		0
		0
		0
		0
		0
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		0
Total Benefits - Other		570.307

SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other

Description (A)	Amount (B)
CHARITABLE	88,525
LABOR RELATED	81,917
POLITICAL	150,232
FLOWERS	2,653
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
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	0
	0
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	0
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	0
	0
	0
	0
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	0
	0
Total Contributions, gifts, & grants - other	323,327

SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other

Description (A)	Amount (B)
STATIONARY/SUPPLIES/PRINTING	336,597
BANK CHARGES	3,791
POSTAGE	159,826
TELEPHONE	168,494
DUES/SUBSCRIPTIONS	7,172
REPAIRS	77,730
HEAT/LIGHT/POWER	56,586
OUTSIDE SERVICES & MAINTENANCE	22,755
GENERAL INSURANCE	56,303
NSF CHECKS	7,318
RENT	22,158
	0
	0
	0
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	0
	0
Total Office & Administrative Expense - other	918,730

SCHEDULE 14 -- OTHER RECEIPTS - Other

Description (A)	Amount (B)
REIMBURSEMENT FROM L.M.C.C.	54,537
RECEIPTS FROM MEMBERS TO	
OFFSET AFFILIATED PER CAPITA	136,105
COMMUNITY SERVICE INCOME	91,792
PAY PHONE REIMBURSEMENTS	240
SUBPOENA FEES	1,205
PHOTO SALES	1,002
TRAMP GUIDES	400
REFUND OF POSTAGE	34
OFFICE SUPPLY REBATE	100
PER CAPITA TAX REBATE	7,672
PAC FUND DONATIONS	151,576
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other receipts - other	444,663

Organization Name: ELECTRICAL WORKERS IBEW AFL-CIO
Period End Date: 12-31-2000

File Number: 035-399

SCHEDULE 15 -- OTHER DISBURSEMENTS - Other

Description (A)	Amount (B)
STEWARD EXPENSES	31,515
PICKETING EXPENSES	3,875
COMPUTER EXPENSES	209,571
UNION BUTTONS	20,976
PARKING LOT EXPENSE	45,382
PICNIC/PARADE EXPENSES	550
COMMUNITY SERVICE EXPENSE	122,785
SECURITY DEPOSIT	3,693
REFUND OF DUES	39,564
TEMPORARY HELP	4,300
MEETING EXPENSE - NON ALLOCABLE	109,839
MEMBER DRUG SCREENING	10,440
CONFERENCE EXPENSES PAID DIRECTLY TO VENDOR	27,775
NEGOTIATION EXPENSE - NON ALLOCABLE	37,790
LOBBYING EXPENSE	364
ARBITRATION EXPENSE	21,089
GRIEVANCE EXPENSE	3,736
SEMINAR EXPENSE	3,164
ORGANIZING EXPENSE - NON ALLOCABLE	416
PAYROLL DEDUCTIONS REMITTED	375,818
PENSION BENEFIT GUARANTEE CORPORATION	2,337
AUTO EXPENSES - NON ALLOCABLE	2,019
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	1,076,998