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

10 C

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 — US DOL ESA Rec'd 2001 A OLMS DRDA

1. FILE NUMBER: 506-655

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	00
Through	12	31	00

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: ___

JEF EATCHEL (2) 506-655
HOTEL EMPL, RESTAURANT EMPL AFL-CIO 520
LU 30
121 JUNIPER STREET
SAN DIEGO, CA 92101 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 X No ___

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

Item Number	
11	Schedule attached
14	Schedule attached
16	Schedule attached
21d	Schedule attached
23	Schedule attached
24	Schedule attached
56& 57	Schedule attached

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: Chris Bales President — PRESIDENT *(If other title, see instructions.)*
Date: / / — Telephone Number: (619) 233 - 4373

77. SIGNED: [illegible] Treasurer — TREASURER *(If other title, see instructions.)*
Date: / / — Telephone Number: (619) 233 - 4373

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? 2924

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	$28.50- 34.00 per Month *(Month, Year, etc.)*
(b) Initiation Fees	$58.00- 120.00
(c) Transfer Fees	$ NONE
(d) Work Permits	$Schd attached 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: 506 – 655

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		2021 12	296291
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	517742	540255
	31. Other Assets	3	0	217996
	32. TOTAL ASSETS		719854	1054542

LIABILITIES	Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		39108	75306
	34. Loans Payable	8	0	234355
	35. Mortgages Payable		125344	101861
	36. Other Liabilities	4	293827	444052
	37. TOTAL LIABILITIES		458279	855574
	38. NET ASSETS *(Item 32 less Item 37)*		261575	198968

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 6 — 6 5 5

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		933030	56. To Officers	9	70102
40. Per Capita Tax		0	57. To Employees	10	267478
41. Fees		58403	58. Per Capita Tax		331373
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		1549	60. Office & Administrative Expense	13	168867
44. Work Permits		290892	61. Educational & Publicity Expense		0
45. Sale of Supplies		821	62. Professional Fees		137397
46. Interest		11759	63. Benefits	11	105722
47. Dividends		0	64. Contributions, Gifts & Grants	12	24177
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		45602
50. Loans Obtained	8	2026884	67. Withholding Taxes		90938
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	228280
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	5620
54. Other Receipts	14	287713	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	217116
55. TOTAL RECEIPTS		1786851	74. TOTAL DISBURSEMENTS		1692672

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: 506 – 655

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: 5 0 6 – 6 5 5

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. Partial interest in building	217,996
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	2 1 7 9 9 6
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Per capita taxes payable	255,225
2. Permit fees payable to	
3. International Union	188,827
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	4 4 4 0 5 2
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 0 6 – 6 5 5

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*): 121 Juniper St., San Diego, CA.	270,716		270,716	
2. Totals from additional pages *(if any)*				
3. Buildings (*give location*): 121 Juniper St., San Diego, CA.	304,723	83,403	221,320	
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles	72,489	35,203	37,286	
6. Office Furniture and Equipment	145,087	134,154	10,933	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	793,015	252,760	5 4 0 2 5 5	

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: 506-655

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. 20.5 % interest in building at 3737 CAMINO DEL RIO, San Diego, Ca.	217,996	217,996	217,996
2. Office Equipment	5,284	5,284	5,284
3. Down payment on purchase of automobile	5,000	5,000	5,000
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		0
	8. Net Purchases		228,280

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. Note payable- San Diego					
2. National Bank	0	202,684	0	0	202,684
3. Auto one Acceptance Corp	0	0 (dealer financing)	5,620	0	31,671
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	0	202684	5620	0	234355

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: 506-655

(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: BRICKER; First Name: CHRISTOPHER; Title: PRESIDENT	C	0	1540	667	0	2207
2. Last Name: AMEZCUA; First Name: ARMANDO; Title: VICE-PRESIDENT	C	0	675	0	0	675
3. Last Name: EATCHEL; First Name: JEF; Title: SECTY-TREASURER	C	68927	11000	17693	0	97620
4. Last Name: DOMMEL; First Name: LARRY; Title: REC-SECRETARY	C	0	1235	0	0	1235
5. Last Name: CASH; First Name: JUDY; Title: EXECUTIVE BOARD	C	0	675	0	0	675
6. Last Name: PLATT JR; First Name: RICHARD; Title: EXECUTIVE BOARD	C	0	675	0	0	675
7. Last Name: BALABAN; First Name: BARBARA; Title: EXECUTIVE BOARD	P	0	75	0	0	75
8. Totals from additional pages *(if any)*		0	2,025	43	0	2,068
9. Totals of Lines 1 through 8		68,927	17,900	18,403	0	105,230

10. Less Deductions 35128

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

11. Net Disbursements 70102

*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: 506-655

(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: BROWNING First Name: NANCY Position: BUSINESS MANAGER Name of Affiliated Organization:	49733	10400	8610	0	68743
2. Last Name: KEITH First Name: MICHELLE Position: BUSINESS AGENT Name of Affiliated Organization:	37367	4875	2546	0	44788
3. Last Name: AYALA First Name: JOSE Position: BUSINESS AGENT Name of Affiliated Organization:	35932	10625	6962	0	53519
4. Last Name: BROWNING First Name: BRIGETTE Position: ORGANIZER Name of Affiliated Organization:	33200	0	5073	0	38273
5. Last Name: EYRAUD First Name: MARIA Position: ORGANIZER Name of Affiliated Organization:	11000	0	0	0	11000
6. Totals from additional pages *(if any)*	128,685	0	3,120	0	131,805
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	27,621	0	4,238	0	31,859
8. Totals of Lines 1 through 7	323,538	25,900	30,549		379,987
			9. Less Deductions		112,509
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		267,478

SCHEDULE 11 — BENEFITS

FILE NUMBER: 5 0 6 — 6 5 5

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages *(if any)*		105,722
6. Total of Lines 1 through 5		105722
Enter the Total from Line 6 ..... Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Labor organizations	15,195
2. Civic and charitable	6,232
3. Political	2,750
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	24177
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)*	168,867
8. Total of Lines 1 through 7	168867
Enter the Total from Line 8 in ..... Item 60	

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)*	287,713
17. Total of Lines 1 through 16	2 8 7 7 1 3
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)*	217,116
17. Total of Lines 1 through 16	2 1 7 1 1 6
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: Hotel Employees and Restaurant Employees Local 30

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 506-655

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: REINKING First Name: KEITH Title: EXECUTIVE BOARD	C	0	750	43	0	793
Last Name: O'GORMAN First Name: BARBARA Title: EXECUTIVE BOARD	C	0	750	0	0	750
Last Name: COCHRAN First Name: KIM Title: EXECUTIVE BOARD	N	0	525	0	0	525
Last Name: WALLINGFORD First Name: ANITA Title: TRUSTEE	C	0	0	0	0	0
Last Name: PERRY First Name: MARY Title: TRUSTEE	C	0	0	0	0	0
Last Name: COOPPEDGE First Name: HOMER Title: TRUSTEE	C	0	0	0	0	0
Last Name: First Name: Title:						
Last Name: First Name: Title:						
Totals		0	2,025	43	0	2,068

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 5 0 6 – 6 5 5

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: Hotel Employees and Restaurant Employees Local 30

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 506 – 655

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: GARCIA First Name: MARICRUZ Position: ORGANIZER Name of Affiliated Organization:	11880	0	0	0	11880
Last Name: TRUE First Name: JENNIFER Position: ORGANIZER Name of Affiliated Organization:	12981	0	0	0	12981
Last Name: RHODES First Name: MOLLY Position: RESEARCH ASST Name of Affiliated Organization:	9935	0	1004	0	10939
Last Name: MALDONADO First Name: DIANA Position: CLERICAL Name of Affiliated Organization:	38487	0	585	0	39072
Last Name: DUARTE First Name: SUSAN Position: CLERICAL Name of Affiliated Organization:	28103	0	43	0	28146
Totals	101,386	0	1,632	0	103,018

ORGANIZATION NAME: Hotel Employees and Restaurant Employees Local 30

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 506-655

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: RODRIGUEZ First Name: IRMA Position: CLERICAL Name of Affiliated Organization:	18407	0	0	0	18407
Last Name: DIAZ First Name: JERRY Position: BUSINESS AGENT Name of Affiliated Organization:	8892	0	1488	0	10380
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	27,299	0	1,488	0	28,787

H.E.R.E. AFL-CIO LOCAL 30

LM File No. 506-655

December 31, 2000

Line 75 - Additional Information

Item number

11 Labor Union 401(k) Plan
2831 Camino del Rio South
San Diego, Ca 92138
The purpose of this fund is to provide members and employees with retirement benefits.

San Diego Hotel & Restaurant Employees Fund
2831 Camino del Rio South, Suite 31
San Diego, Ca 92108
The purpose of this fund is to provide members and employees with medical, hospital and welfare benefits.

Santel Federal Credit Union
1831 Fourth Avenue, San Diego, CA 92101
Individual retirement accounts set up at the credit union.
The purpose of this fund is to provide office employees with retirement benefits.

Hotel Employees & Restaurant Employees International Union Pension Fund
P.O. Box 6557
Aurora, Il 60598
The purpose of this fund is to provide employees with retirement benefits.

Security Life Insurance Co.
P.O. Box 26118
New York, NY 10087
The purpose of this fund is to provide employees' beneficiaries with life insurance benefits.

Mainstay Mutual Funds
P.O. Box 8401
Boston, Ma 02266
Individual retirement accounts set up at the mutual fund company. The purpose of this fund is to provide office employees with retirement benefits.

14 An independent audit was performed by Patrick L. Sullivan, Certified Public Accountant.

Continued

H.E.R.E. AFL-CIO LOCAL 30

LM File No. 506-655

December 31, 2000

Line 75 - Additional Information (continued)

Item number	
16	Jef Eatchel, Secretary-Treasurer of H.E.R.E. Local 30 received $50,000. from H.E.R.E. International.
21d	Work permits are $.75 per hour, $3.75 to $4.00 per shift, or a maximum of $28.00 per month.
23	Land and building at 121 Juniper Street, San Diego, Ca are secured by a first trust deed payable to San Diego National Bank. A note payable to San Diego National Bank is secured by three bank certificates of deposit totaling $202,956.
24	Local 30, along with other unions, has guaranteed a $200,000. line of credit with Scripps Bank on behalf of United Labor Foundation.
56 & 57	Included in item 56 and 57 (Schedule 9 and 10, Column F) are disbursements for the operation and maintenance of union leased and owned automobiles which are used less than 50% of the time for personal use.

H.E.R.E. AFL-CIO LOCAL 30

LM File No. 506-655

December 31, 2000

Schedule 11 - Benefits

(A) Description	(B) To Whom Paid	(C) Amount
Pension	Trust funds	$ 60,943
Health & welfare	Trust funds	27,476
Sports event tickets	Sports teams	8,354
Dues paid	Local union	4,284
Death benefits	Member's beneficiaries	4,550
Sick benefits	Members	105
Theater tickets	Theater	10
Total benefits		$105,722

H.E.R.E. AFL-CIO LOCAL 30

LM File No. 506-655

December 31, 2000

Schedule 13 - Office & Administrative Expense

(A) Description	(B) Amount
Printing, stationery and office supplies	$ 33,666
Telephone	24,218
Insurance	9,468
Postage	6,943
Janitorial service	3,640
Petty cash expenditures	3,960
Utilities	5,041
Office equipment repair and maintenance	1,881
Scavenger	1,286
Bank service charges	971
Pest control	234
Travel and lodging	54,262
Equipment lease	10,076
Dues and subscriptions	1,000
Building repair, maintenance and supplies	2,824
Office rent	6,151
Temporary office help	3,246
Total office and administrative expense	$ 168,867

H.E.R.E. AFL-CIO LOCAL 30

LM File No. 506-655

December 31, 2000

Schedule 14 - Other Receipts

(A) Description	(B) Amount
Gross proceeds from United Way /Day at La Costa golf tournaments	$ 65,462
International burial benefits	1,250
Refund of overpaid invoices	39
Reimbursed travel expense and organizing expense	155,802
Old outstanding checks written off	6,538
Sale of theater tickets to members	894
Transfer from H.R.R.E Local 105	51,647
Refund of expense allowances	1,314
Refund from San Diego Gas & Electric	1,359
Reimbursed picnic expense	420
Reimbursed postage and printing expense	262
Other reimbursed expense	2,526
Donations from members	200
Total other receipts	$ 287,713

H.E.R.E. AFL-CIO LOCAL 30

LM File No. 506-655

December 31, 2000

Schedule 15 - Other Disbursements

(A) Description	(B) Amount
Other payroll deductions forwarded	$ 55,744
Day at La Costa golf tournament:	
Expenses	47,476
Net proceeds remitted to H.E.R.E. Training Trust	10,423
Negotiation, meeting and organizing expense	34,546
Mortgage payment:	
Principal	23,469
Interest	19,870
Refund of dues and fees	5,918
Expenses reimbursed to International Union	2,641
Checks returned by bank as dishonored	344
Golf tournaments	2,438
Luncheons and dinners	1,328
Staff training	72
Franchise Tax Board filing fee	10
Reimbursement to H.E.R.E Local 105	200
Payment to International Union for past permit fees	12,000
Picket expense	627
Interest and late fees	10
Total other disbursements	$ 217,116

Patrick L. Sullivan
CERTIFIED PUBLIC ACCOUNTANT

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Hotel Employees and Restaurant Employees
Union of San Diego, Local 30
121 Juniper Street
San Diego, CA 92101

We have audited the Labor Organization Annual Report Form LM-2 and the accompanying schedules of the Hotel Employees and Restaurant Employees Union of San Diego, Local 30 for the year ended December 31, 2000. This report is the responsibility of the Union's management. Our responsibility is to express an opinion on this report based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

The report was prepared on a form prescribed by the Department of Labor and, therefore, includes only that information required to be presented by the form. Accordingly, the accompanying report is not intended to present financial position and results of operations in conformity with generally accepted accounting principles. This report is intended solely for filing with regulatory agencies and is not intended for any other purpose.

In our opinion, the Labor Organization Annual Report (Form LM-2) and accompanying schedules of the Hotel Employees and Restaurant Employees Union of San Diego, Local 30 for the year ended December 31, 2000 presents fairly, in all material respects, the information shown therein in accordance with the applicable provision of the form including instructions thereto.

Patrick L. Sullivan

March 2, 200