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

# FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires 07-31-2004

**FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN $10,000 IN TOTAL ANNUAL RECEIPTS**

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 MAR 17 2003 J OLMS DRDA

1. FILE NUMBER: 020-022

2. PERIOD COVERED

| | MO | DAY | YEAR |
|---|---|---|---|
| From | 01 | 01 | 2002 |
| Through | 12 | 31 | 2002 |

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 X of the instructions and check here:

ERMA MITCHELL 4 20022
HOTEL EMPL, RESTAURANT EMPL AFL-CIO 09A
LU 441
8701 ARLIE RD
AMARILLO, TX 79108-1964 12/2002

4. AFFILIATION OR ORGANIZATION NAME: AFL-CIO

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

6. DESIGNATION NUMBER:

7. UNIT NAME (if any):

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

First Name: ERMA

Last Name: MITCHELL

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

Number and Street: 6012 JAMESON

City: AMARILLO

State: TX ZIP Code + 4: 79106-8634

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

Item Number

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.)

20. SIGNED: Erma Mitchell — PRESIDENT (If other title, see instructions.)
03/04/2003 (806) 468-7518
Date — Telephone Number

21. SIGNED: Jamie Tomberlin — TREASURER (If other title, see instructions.)
03/04/03 (806) 351-1461
Date — Telephone Number

03-077-014/020022 *020022*

**Enter Amounts in Dollars Only — Do Not Enter Cents**

FILE NUMBER: —

*Complete Items 9 through 18.*

9. 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? ..... Yes ☐ No ☒
*(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*

10. Did your organization change its rates of dues and fees during the reporting period? ..... Yes ☐ No ☒
*(If "Yes," report the new rates in Item 19 on page 1.)*

11. Did your organization discover any loss or shortage of funds or property during the reporting period? ..... Yes ☐ No ☒
*(If "Yes," provide details in Item 19 on page 1. Answer "Yes" even if there has been repayment or recovery.)*

12. Was your organization insured by a fidelity bond during the reporting period? ..... Yes ☒ No ☐

If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person. $

13. How many members did your organization have at the end of the reporting period? 30

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.). $ 8884

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.). $ 0

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). *(If $10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.)* $ 7163

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.). $ 8015

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.). $ 1800

*Please be sure to:*

- *Enter your union's 6-digit file number in Item 1.*
- *Report a time period of no more than one year in Item 2.*
- *Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.*
- ***FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.*