

# FORM LM-2 LONG FORM LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$8,000,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND SUCH LABOR ORGANIZATIONS IN TRUSTEESHIP**

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	1. FILE NUMBER	2. PERIOD COVERED MO DAY  YEAR  From  Through	3. (a) AMENDED — If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP — If filing under hardship procedures check here: <input type="checkbox"/> (c) TERMINAL — If this is a terminal report, check here: <input type="checkbox"/> (d) TRUSTEESHIP—If the Labor Organization is under trusteeship, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters.)	
		First Name	Last Name
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
		P.O. Box - Building and Room Number	
		Number and Street	
7. UNIT NAME (if any)		City	
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No (If "No," provide address in Item 75.) <input type="checkbox"/>		State	ZIP Code + 4

75. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other 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: _____	_ PRESIDENT (If other title, see instructions.)	77. SIGNED: _____	TREASURER (If other title, see instructions.)
/ / Date	( ) — Telephone Number	/ / Date	( ) — Telephone Number

**COMPLETE ITEMS 10 THROUGH 21**

FILE NUMBER:

10 (a) During the reporting period did the labor organization 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?

Yes  No

10 (b) During the reporting period did an officer or employee paid \$10,000 or more by the labor organization also receive \$10,000 or more as an officer or employee of another labor organization in gross salaries, allowances, and other direct and indirect disbursements?

Yes  No

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund?

Yes  No

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions?

Yes  No

11(c). During the reporting period did the labor organization have a separate strike fund?

Yes  No

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

Yes  No

13. During the reporting period did the labor organization experience and/or discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)

Yes  No

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by an officer, employee or agent of the labor organization who handled union funds?

Yes  No

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale?

Yes  No

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

Yes  No

17. Did the labor organization have any contingent liabilities at the end of the reporting period?

18 (a) During the reporting period did the labor 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

18 (b) Enter the date of the labor organization's current Constitution and Bylaws.

19 What is the date of the labor organization's next regular election of officers?

20 How many members did the labor organization have at the end of the reporting period? (Total from the Members Line of Schedule 15)

21. What are the labor 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				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees		per		
(b) Working Dues/Fees		per		
(c) Initiation Fees		per		
(d) Transfer Fees		per		
(e) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 75 (Additional Information) as explained in the instructions for each item.

**STATEMENT A – ASSETS AND LIABILITIES**

Complete Schedules 1 Through 33 Before Completing Statement A

FILE NUMBER:

**ASSETS**

<b>ASSETS</b>	<b>Schedule Number</b>	<b>Start of Reporting Period (A)</b>	<b>End of Reporting Period (B)</b>
22. Cash			
23. Accounts Receivable	1		
24. Loans Receivable	2		
25. U.S. Treasury Securities			
26. Investments	7		
27. Fixed Assets	8		
28. Other Assets	9		
<b>29. TOTAL ASSETS</b>			

**LIABILITIES**

<b>LIABILITIES</b>	<b>Schedule Number</b>	<b>Start of Reporting Period (C)</b>	<b>End of Reporting Period (D)</b>
30. Accounts Payable	10		
31. Loans Payable	11		
32. Mortgages Payable			
33. Other Liabilities	12		
<b>34. TOTAL LIABILITIES</b>			

<b>35. NET ASSETS</b> (Item 29 Less Item 34)		
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**STATEMENT B – RECEIPTS AND DISBURSEMENTS**

Complete Schedules 1 Through 33 Before Completing Statement B

FILE NUMBER:

Item CASH RECEIPTS	SCH #	AMOUNT
36. Dues and Agency Fees	16	
37. Per Capita Tax	17	
38. Fees, Fines, Assessments, Work Permits	18	
39. Sale of Supplies	19	
40. Interest		
41. Dividends		
42. Rents	20	
43. Sale of Investments	3	
44. Sale of Fixed Assets	4	
45. Loans Obtained	11	
46. Repayments of Loans Made	2	
47. On Behalf of Affiliates for Transmittal to Them	21	
48. From Members for Disbursement on Their Behalf	22	
49. Other Receipts	23	
<b>50. TOTAL RECEIPTS</b>		

Item CASH DISBURSEMENTS	SCH #	AMOUNT
51. Contract Administration and Negotiation	24	
52. Organizing	25	
53. Political Activities	26	
54. Lobbying	27	
55. Contributions, Gifts, and Grants	28	
56. General Overhead	29	
57. Union Administration	30	
58. Benefits	31	
59. Per Capita Tax		
60. Strike Benefits		
61. Fees, Fines, Assessments, etc.		
62. Supplies for Resale		
63. Purchase of Investments	5	
64. Purchase of Fixed Assets	6	
65. Loans Made	2	
66. Repayment of Loans Obtained	11	
67. To Affiliates of Funds Collected on Their Behalf		
68. On Behalf of Individual Members		
69. Direct Taxes		
70. Officers		
71. Employees		
72. Subtotal		
73. Withholding Tax and Payroll Deductions		
73a. Total Withheld		
73b. Less Total Disbursed		
73c. Total Withheld But Not Disbursed		
<b>74. TOTAL DISBURSEMENTS (Line 70 – 71c)</b>		

**SCHEDULE 1 – ACCOUNTS RECEIVABLE AGING SCHEDULE**

FILE NUMBER:

Entity or Individual Name (A)	Total Account Receivable (B)	90 - 180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
Total of all itemized accounts receivable				
Totals from all other accounts receivable				
<b>Totals</b> (Total of Column (B) will be automatically entered in Item 23, Column (B))				

**SCHEDULE 2 – LOANS RECEIVABLE**

FILE NUMBER:

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. Name: (2020) Purpose:  Security:					Page 06 of 38

**SCHEDULE 3 – SALE OF INVESTMENTS**

FILE NUMBER:

Name and Address of Purchaser or Financial Management Firm (A)	Description (B)	Date of Sale (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total of all lines (D)-(G) above</b>						
			Less Reinvestments			
			<b>Net Sales</b>			

(The total from Net Sales Line will be automatically entered in Item 43.)

**SCHEDULE 4 – SALE OF FIXED ASSETS**

FILE NUMBER:

Name and Address of Purchaser (A)	Description (if land or buildings, give location) (B)	Date of Sale (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
<b>Total of all lines(D)-(G) above</b>								
				Less Reinvestments				
				<b>Net Sales</b>				

(The total from Net Sales Line will be automatically entered in Item 44.)



**SCHEDULE 5 – PURCHASE OF INVESTMENTS**

FILE NUMBER:

Name and Address of Seller or Financial Management Firm (A)	Description (B)	Date (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Cash Paid (G)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total of all lines above</b>						
				Less Reinvestments		
			(The total from Net Sales Line will be automatically entered in Item 63.)	<b>Net Sales</b>		

**SCHEDULE 6 – PURCHASE OF FIXED ASSETS**

FILE NUMBER:

Name and Address of Seller (A)	Description (if land or buildings, give location) (B)	Date of Purchase (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
<b>Total of all lines above</b>						
				Less Reinvestments		
			(The total from Net Sales Line will be automatically entered in Item 64.)	<b>Net Sales</b>		

**SCHEDULE 7 – INVESTMENTS**

FILE NUMBER:

Description (A)	Amount (B)
<b>Marketable Securities</b>	
A. Total Cost	
B. Total Book Value	
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B.	
(1)	
(2)	
(3)	
(4)	
<b>Other Investments</b>	
D. Total Cost	
E. Total Book Value	
F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.	
(1)	
(2)	
(3)	
(4)	
(5)	
<b>G. Total of Lines B and E</b> (Total from Line G will be automatically entered in Item 26, Column (B))	

**SCHEDULE 8 – FIXED ASSETS**

FILE NUMBER:

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
A. Land (give location)				
1.				
2.				
3.				
B. Buildings (give location)				
1.				
2.				
3.				
C. Automobiles and Other Vehicles				
D. Office Furniture and Equipment				
E. Other Fixed Assets				
F. <b>Totals of Lines A through E</b> (Column (D) Total will be automatically entered in Item 27, Column (B))				

**SCHEDULE 9 – OTHER ASSETS**

FILE NUMBER:

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
<b>Total</b> (Total will be automatically entered in Item 28, Column (B))	

**SCHEDULE 10 – ACCOUNTS PAYABLE AGING SCHEDULE**

FILE NUMBER:

Entity or Individual Name (A)	Total Account Payable (B)	90 - 180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
Total of all Itemized Accounts Payable				
Total from all other accounts payable				
<b>Totals</b> (Total for Column (B) will be automatically entered in Item 30, Column (D))				

**SCHEDULE 11 – LOANS PAYABLE**

FILE NUMBER:

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.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
<b>Total Loans Payable</b>					

Totals will be automatically entered in .....Item 31.....Item 45.....Item 66.....Item 75.....Item 31  
 Column (C)  
 with Explanation  
 Column (D)

**SCHEDULE 12 – OTHER LIABILITIES**

FILE NUMBER:

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
<b>Total Other Liabilities</b> (Total will be automatically entered in Item 33, Column (D))	



**SCHEDULE 13 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

FILE NUMBER:

(A) Name Last, First, MI			(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) Total
1 A									
B									
C									
2 A									
B									
C									
3 A									
B									
C									
4 A									
B									
C									

<b>TOTAL OFFICER DISBURSEMENTS</b>				
LESS DEDUCTIONS				
NET DISBURSEMENTS				

**SCHEDULE 14 – DISBURSEMENTS TO EMPLOYEES**

FILE NUMBER:

(A) Name Title Status Last, First, MI			(B)	(C)	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) Total
1 A									
B									
C									
2 A									
B									
C									
3 A									
B									
C									
4 A									
B									
C									
<b>TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS</b>									

<b>TOTAL EMPLOYEE DISBURSEMENTS</b>					
LESS DEDUCTIONS					
NET DISBURSEMENTS					

**SCHEDULE 15 – MEMBERSHIP STATUS**

FILE NUMBER:

Category of Membership (A)	Number (B)	Voter Eligibility (C)
1.		Yes
2.		Yes
3.		Yes
4.		Yes
5.		Yes
6.		Yes
7.		Yes
Members (Total of all lines above)		
Agency Fee Payers*		
<b>Total Members/Fee Payers</b> (Total of Members and Fee Payers Lines)		
*Agency Fee Payers are not considered members of the labor organization		

**DETAILED SUMMARY PAGE – SCHEDULES 16 THROUGH 23**

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

<b>SCHEDULE 16 DUES AND AGENCY FEES</b>	1. Named Payer Itemized Receipts		<b>Item 36</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		
<b>SCHEDULE 17 PER CAPITA TAX</b>	1. Named Payer Itemized Receipts		<b>Item 37</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		
<b>SCHEDULE 18 FEES, FINES, ASSESSMENTS , WORK PERMITS</b>	1. Named Payer Itemized Receipts		<b>Item 38</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Disbursements		
	4. Total Receipts (add Lines 1 through 3)		
<b>SCHEDULE 19 SALE OF SUPPLIES</b>	1. Named Payer Itemized Receipts		<b>Item 39</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		

<b>SCHEDULE 20 RENTS</b>	1. Named Payer Itemized Receipts		<b>Item 45</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		
<b>SCHEDULE 21 ON BEHALF OF AFFILIATES FOR TRANSMITTAL TO THEM</b>	1. Named Payer Itemized Receipts		<b>Item 47</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		
<b>SCHEDULE 22 FROM MEMBERS FOR DISBURSEMENTS ON THEIR BEHALF</b>	1. Named Payer Itemized Receipts		<b>Item 48</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		
<b>SCHEDULE 23 OTHER RECEIPTS</b>	1. Named Payer Itemized Receipts		<b>Item 49</b>
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		

**SCHEDULE 16 – DUES AND AGENCY FEES**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**SCHEDULE 17 – PER CAPITA TAX**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**SCHEDULE 18 – FEES, FINES, ASSESSMENTS, WORK PERMITS**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**SCHEDULE 19 – SALE OF SUPPLIES**

*Complete Itemization Pages BEFORE the Detailed Summary Page*

FILE NUMBER:

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			



**SCHEDULE 20 – RENTS**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**SCHEDULE 21 – ON BEHALF OF AFFILIATES FOR TRANSMITTAL TO THEM**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**SCHEDULE 22 – FROM MEMBERS FOR DISBURSEMENTS ON THEIR BEHALF**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**SCHEDULE 23 – OTHER RECEIPTS**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**DETAILED SUMMARY PAGE – SCHEDULES 24 THROUGH 30**

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

<b>SCHEDULE 24</b> <b>CONTRACT</b> <b>NEGOTIATION</b> <b>AND</b> <b>ADMINISTRATION</b>	1. Named Payee Itemized Disbursements		<b>Item</b> <b>51</b>
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	<b>4. Total Disbursements</b> (add Lines 1 through 3)		
<b>SCHEDULE 25</b> <b>ORGANIZING</b>	1. Named Payee Itemized Disbursements		<b>Item</b> <b>52</b>
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	<b>4 Total Disbursements</b> (add Lines 1 through 3)		
<b>SCHEDULE 26</b> <b>POLITICAL</b> <b>ACTIVITIES</b>	1. Named Payee Itemized Disbursements		<b>Item</b> <b>53</b>
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	<b>4. Total Disbursements</b> (add Lines 1 through 3)		
<b>SCHEDULE 27</b> <b>LOBBYING</b>	1. Named Payee Itemized Disbursements		<b>Item</b> <b>54</b>
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	<b>4. Total Disbursements</b> (add Lines 1 through 3)		
<b>SCHEDULE 28</b> <b>CONTRIBUTIONS,</b> <b>GIFTS, AND</b> <b>GRANTS</b>	1. Named Payee Itemized Disbursements		<b>Item</b> <b>55</b>
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	<b>4. Total Disbursements</b> (add Lines 1 through 3)		

<b>SCHEDULE 29</b> <b>GENERAL</b> <b>OVERHEAD</b>	1. Named Payee Itemized Disbursements		<b>Item</b> <b>56</b>
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	<b>4. Total Disbursements</b> (add Lines 1 through 3)		
<b>SCHEDULE 30</b> <b>UNION</b> <b>ADMINISTRATIO</b> <b>N</b>	1. Named Payee Itemized Disbursements		<b>Item</b> <b>57</b>
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	<b>4. Total Disbursements</b> (add Lines 1 through 3)		

**SCHEDULE 24 – CONTRACT NEGOTIATION AND ADMINISTRATION**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	<b>Total of All Transactions with this Payee/Payer for This Schedule</b>		

**SCHEDULE 25 – ORGANIZING**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	<b>Total of All Transactions with this Payee/Payer for This Schedule</b>		

**SCHEDULE 26 – POLITICAL ACTIVITIES**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	<b>Total of All Transactions with this Payee/Payer for This Schedule</b>		



**SCHEDULE 27 – LOBBYING**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
<b>Total of All Transactions with this Payee/Payer for This Schedule</b>			

**SCHEDULE 28 – CONTRIBUTIONS, GIFTS, AND GRANTS**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	<b>Total of All Transactions with this Payee/Payer for This Schedule</b>		

**SCHEDULE 29 – GENERAL OVERHEAD**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	<b>Total of All Transactions with this Payee/Payer for This Schedule</b>		

**SCHEDULE 30 – UNION ADMINISTRATION**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	<b>Total of All Transactions with this Payee/Payer for This Schedule</b>		

**SCHEDULE 31 – BENEFITS**

FILE NUMBER:

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
<b>Total of all lines above</b> (Total will be automatically entered in Item 55.)		

**75. ADDITIONAL INFORMATION SUMMARY**

FILE NUMBER: