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.

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


## COMPLETE ITEMS 10 THROUGH 21

10. 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 $\square$ No $\mathbf{X}$

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

Yes
 No $\mathbf{X}$

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section $X$ of these Instructions? $\square$ No X
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?

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) $\square$ $\square^{\text {No }} \mathbf{X}$
14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?
$\$ 160,000$
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 $\square^{\text {No }} \mathbf{X}$
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? $\qquad$ № $\mathbf{X}$
17. Did the labor organization have any contingent liabilities at the end of the reporting period?
18. 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 $\square$ No $\mathbf{X}$
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 Members Line of Schedule 13)
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 |  |  |  |  | $\$ 19$ |
| (b) Working Dues/Fees |  |  |  |  |  |
| (c) Initiation Fees Period | $\$ 19$ |  |  |  |  |
| (d) Transfer Fees |  |  |  |  |  | If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

Complete Schedules 1 Through 20 Before Completing Statement A


Complete Schedules 1 Through 20 Before Completing Statement B

| Item CASH RECEIPTS | sch\# |
| :--- | ---: |
| 36. Dues and Agency Fees | AMOUNT |
| 37. Per Capita Tax |  |
| 38. Fees, Fines, Assessments, Work Permits |  |
| 39. Sale of Supplies |  |
| 40. Interest | $\$ 0,744$ |
| 41. Dividends | $\$ 0$ |
| 42. Rents | 30 |
| 43. Sale of Investments and Fixed Assets | $\$ 7,616$ |
| 44. Loans Obtained | 9 |
| 45. Repayments of Loans Made | $\$ 0$ |
| 46. On Behalf of Affiliates for Transmittal to Them |  |
| 47. From Members for Disbursement on Their Behalf |  |
| 48. Other Receipts | 14 |
| 49. TOTAL RECEIPTS | $\$ 0$ |


| Item CASH DISBURSEMENTS | sch \# | AMOUNT |
| :--- | ---: | ---: |
| 50. Representational Activities | 15 | $\$ 134,759$ |
| 51. Political Activities and Lobbying | 16 | $\$ 0$ |
| 52. Contributions, Gifts, and Grants | 17 | $\$ 0$ |
| 53. General Overhead | 18 | $\$ 108,104$ |
| 54. Union Administration | 19 | $\$ 169,493$ |
| 55. Benefits | 20 | $\$ 97,263$ |
| 56. Per Capita Tax |  | $\$ 51,738$ |
| 57. Strike Benefits |  | $\$ 0$ |
| 58. Fees, Fines, Assessments, etc. |  | $\$ 0$ |
| 59. Supplies for Resale | 4 | $\$ 0$ |
| 60. Purchase of Investments and Fixed Assets | 2 |  |
| 61. Loans Made | 9 |  |
| 62. Repayment of Loans Obtained |  | $\$ 0$ |
| 63. To Affiliates of Funds Collected on Their Behalf |  |  |
| 64. On Behalf of Individual Members |  | $\$ 75,159$ |
| 65. Direct Taxes |  | $\$ 18,445$ |
| 66. Subtotal |  | $\$ 654,961$ |
| 67. Withholding Taxes and Payroll Deductions |  | $\$ 654,961$ |
| 67a. Total Withheld | $\$ 68,657$ |  |
| 67b. Less Total Disbursed | $\$ 68,657$ |  |
| 67c. Total Withheld But Not Disbursed |  |  |
| 68. TOTAL DISBURSEMENTS (Line 66-Line 67c) |  |  |


| $\begin{array}{c}\text { Entity or Individual Name } \\ \text { (A) }\end{array}$ | $\begin{array}{c}\text { Total Account } \\ \text { Receivable } \\ \text { (B) }\end{array}$ | $\begin{array}{c}\text { 90-180 Days } \\ \text { Past Due } \\ \text { (C) }\end{array}$ | $\begin{array}{c}\text { 180+ Days } \\ \text { Past Due } \\ \text { (D) }\end{array}$ |
| :--- | :---: | :---: | :---: | :---: |
| Account |  |  |  |
| Aeceivable |  |  |  |
| (E) |  |  |  |$]$

[^0]| 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. <br> (A) | Loans Outstanding at Start of Period (B) | Loans Made During Period (C) | Repayments Received During Period |  | Loans Outstanding at End of Period (E) |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | $\begin{aligned} & \text { Cash } \\ & \text { (D)(1) } \end{aligned}$ | 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.Total of loans not listed above | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5. Total of all lines above | \$0 | \$0 | \$0 | \$0 | \$0 |
| Totals will be automatically entered in | $\begin{gathered} \text { Item } 24 \\ \text { Column (A) } \end{gathered}$ | Item 61 | Item 45 | Item 69 with Explanation | $\begin{gathered} \text { Item } 24 \\ \text { Column (B) } \end{gathered}$ |



| Description (if land or buildings, give location) <br> (A) | Cost <br> (B) | Book Value (C) | Cash Paid (D) |
| :---: | :---: | :---: | :---: |
| 1. |  |  |  |
|  |  |  |  |
| Total of all lines above |  |  |  |
| (The total from Net Purchases Line will be automatically entered in Item 60.) |  | Less Reinvestments |  |
|  |  | Net Purchases | \$0 |



| Description <br> (A) | Cost or Other Basis <br> (B) | Total Depreciation or <br> Amount Expensed <br> (C) | Book Value (D) | Value (E) |
| :---: | :---: | :---: | :---: | :---: |
| A. Land |  |  |  |  |
| B. Buildings |  |  |  |  |
| C. Automobiles and Other Vehicles |  |  |  |  |
| D. Office Furniture and Equipment |  |  |  |  |
| E. Other Fixed Assets | \$8,923 | \$7,397 | \$1,526 | \$1,526 |
| F. Total of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B)) | \$8,923 | \$7,397 | \$1,526 | \$1,526 |


| Description <br> (A) | Book Value (B) |
| :---: | :---: |
| 1. |  |
|  |  |
| Total (Total will be automatically entered in Item 28, Column (B)) |  |


| Entity or Individual Name <br> (A) | Total Account Payable (B) | 90-180 Days Past Due (C) | $\begin{array}{\|c} 180+\text { Days Past } \\ \text { Due } \\ \text { (D) } \end{array}$ | Liquidated Account Payable <br> (E) |
| :---: | :---: | :---: | :---: | :---: |
| 1. Credit card due | \$5,904 |  |  |  |
|  |  |  |  |  |
| Total of all itemized accounts payable | \$5,904 |  |  |  |
| Totals from all other accounts payable |  |  |  |  |
| Totals (Total for Column (B) will be automatically entered in Item 30, Column (D)) | \$5,904 |  |  |  |


| Source of Loans Payable at Any <br> Time During the Reporting Period <br> (A) | Loans Owed at <br> Start of Period <br> (B) | Loans Obtained <br> During Period <br> (C) | Repayment Made During Period |  | Cash <br> (D)(1) |
| :--- | :---: | :---: | :---: | :---: | :---: |
| 1. |  |  |  |  |  |
| Other Than Cash |  |  |  |  |  |
| (D)(2) |  |  |  |  |  |


|  | Description <br> (A) | Amount at End of Period <br> (B) |
| :--- | :--- | :--- |
| 1. |  |  |
|  |  |  |

## SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS





## SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS






| TOTAL OFFICER DISBURSEMENTS | $\$ 183,254$ | $\$ 0$ | $\$ 0$ | $\$ 4,662$ |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| LESS DEDUCTIONS |  |  |  |  | $\$ 187,916$ |
| NET DISBURSEMENTS |  |  |  |  | $\$ 53,832$ |

## SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES




| TOTAL EMPLOYEE DISBURSEMENTS | $51,710.00$ | $\$ 0$ | $\$ 0$ |  |
| :--- | ---: | ---: | ---: | ---: |
| LESS DEDUCTIONS |  |  |  |  |
| NET DISBURSEMENTS |  |  |  |  |


| Category of Membership <br> (A) | Number <br> (B) | Voting Eligibility <br> (C) |  |
| :--- | :--- | :--- | :--- |
| 1. Dues paying members |  | 1,349 | Yes |
|  |  |  |  |
|  |  |  |  |

## Complete Itemization Pages BEFORE the Detailed Summary Page



| 1. Named Payer Itemized Receipts | $\$ 50,000$ |
| :--- | ---: |
| 2. Named Payer Non-itemized Receipts | $\$ 0$ |
| 3. All Other Receipts |  |
| 4. Total Receipts (add Lines 1 through 3) | $\$ 50,000$ |



| 1. Named Payee Itemized Disbursements | $\$ 0$ |
| :--- | ---: |
| 2. Named Payee Non-itemized Disbursements | $\$ 0$ |
| 3. To Officers | $\$ 0$ |
| 4. To Employees | $\$ 0$ |
| 5. All Other Disbursements |  |
| 6.Total Disbursements (add Lines 1 through 5) |  |


|  |
| :---: |
| SCHEDULE 15 |
| REPRESENTA- |
| TIONAL |
| ACTIVITIES |


| 1. Named Payee Itemized Disbursements | $\$ 10,000$ |
| :--- | ---: |
| 2. Named Payee Non-itemized Disbursements | $\$ 18,793$ |
| 3. To Officers | $\$ 93,959$ |
| 4. To Employees | $\$ 0$ |
| 5. All Other Disbursements | ITEM |
| 6. Total Disbursements (add Lines 1 through 5) | $\$ 12,007$ |


| SCHEDULE 18 |
| :---: |
| GENERAL |
| OVERHEAD |


| 1. Named Payee Itemized Disbursements | $\$ 0$ |
| :--- | ---: |
| 2. Named Payee Non-itemized Disbursements | $\$ 67,437$ |
| 3. To Officers | $\$ 0$ |
| 4. To Employees | $\$ 25,855$ |
| 5. All Other Disbursements | $\$ 14,812$ |
| 6. Total Disbursements (add Lines 1 through 5) | $\$ 108,104$ |

 POLITICAL
ACTIVITIES AND LOBBYING

| 1. Named Payee Itemized Disbursements | $\$ 0$ |
| :--- | ---: |
| 2. Named Payee Non-itemized Disbursements | $\$ 0$ |
| 3. To Officers | $\$ 0$ |
| 4. To Employees | $\$ 0$ |
| 5. All Other Disbursements | ITEM |
| 6. Total Disbursements (add Lines 1 through 5) |  |


|  |
| :---: |
| SCHEDULE 19 |
| UNION |
| ADMINISTRATION |


| 1. Named Payee Itemized Disbursements | $\$ 9,000$ |
| :--- | ---: |
| 2. Named Payee Non-itemized Disbursements | $\$ 31,932$ |
| 3. To Officers | $\$ 93,959$ |
| 4. To Employees | $\$ 25,855$ |
| 5. All Other Disbursements | $\$ 8,747$ |
| 6. Total Disbursements (add Lines 1 through 5) | $\$ 169,493$ |

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date <br> (D) | Amount (E) |
| :---: | :---: | :---: | :---: |
| Name LIUNA PSW | Organizing Reimbursements | 03/09/20 | \$50,000 |
| P.O. Box |  |  |  |
| City Sacramento |  |  |  |
| State CA |  |  |  |
| Zip Code |  |  |  |
| (B) Type or Classification |  |  |  |
| Organizing Reimbursements |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  | \$50,000 |
|  | Total Non-Itemized Transactions with this Payee/Payer |  |  |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | \$50,000 |

## SCHEDULE 15 -REPRESENTATIONAL ACTIVITIES

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose (C) | Date <br> (D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| Name Embassy Suites | Lodging | 03/02/20 | \$10,000 |
| P.O. Box <br> Street |  |  |  |
| City Memphis |  |  |  |
| State TN |  |  |  |
| Zip Code |  |  |  |
| (B) Type or Classification |  |  |  |
| Travel |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  | \$10,000 |
|  | Total Non-Itemized Transactions with this Payee/Payer |  | \$12,489 |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | \$22,489 |

## SCHEDULE 15 -REPRESENTATIONAL ACTIVITIES

## Complete Itemization Pages BEFORE the Detailed Summary Page



## SCHEDULE-16-POLITICAL ACTIVITIES AND LObBYING

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date <br> (D) | Amount (E) |
| :---: | :---: | :---: | :---: |
| Name |  |  |  |
|  |  |  |  |
| Street |  |  |  |
| City |  |  |  |
| State |  |  |  |
| Zip Code |  |  |  |
| (B) Type or Classification |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  |  |
|  | Total Non-Itemized Transactions with this Payee/Payer |  |  |
|  | Total of All Transactions with this Payee/Payer for This S |  | \$0 |

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date (D) | Amount (E) |
| :---: | :---: | :---: | :---: |
| Name P.O. Box <br> Street <br> City <br> State <br> Zip Code |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| (B) Type or Classification |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  |  |
|  | Total Non-Itemized Transactions with this Payee/Payer |  |  |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | \$0 |

## SCHEDULE 18 -GENERAL OVERHEAD

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date (D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| Name Amazon |  |  |  |
| P.O. Box |  |  |  |
| treet |  |  |  |
| City Seattle |  |  |  |
| State WA |  |  |  |
| Zip Code |  |  |  |
| (B) Type or Classification |  |  |  |
| Supplies |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  |  |
|  | Total Non-Itemized Transactions with this Payee/Payer |  | \$6,569 |
|  | Total of All Transactions with this Payee/Payer for This S |  | \$6,569 |

SCHEDULE 18 - GENERAL OVERHEAD

## Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date (D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| Name Eberts \& Harrison |  |  |  |
| P.O. Box |  |  |  |
| Street |  |  |  |
| City Columbia |  |  |  |
| State MD |  |  |  |
| Zip Code |  |  |  |
| (B) Type or Classification |  |  |  |
| Insurance |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  |  |
|  | Total Non-Itemized Transactions with this Payee/Payer |  | \$15,325 |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | \$15,325 |

SCHEDULE 18 - GENERAL OVERHEAD

## Complete Itemization Pages BEFORE the Detailed Summary Page



SCHEDULE 18 - GENERAL OVERHEAD

## Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date <br> (D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| Name State Farm |  |  |  |
| P.O. Box |  |  |  |
| Street |  |  |  |
| City Mandeville |  |  |  |
| State LA |  |  |  |
| Zip Code |  |  |  |
| (B) Type or Classification |  |  |  |
| Insurance |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  |  |
|  | Total Non-Itemized Transactions with this Payee/Payer |  | \$5,499 |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | \$5,499 |

## SCHEDULE 19 - UNION ADMINISTRATION

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date <br> (D) | Amount (E) |
| :---: | :---: | :---: | :---: |
| ```Name Leo Gannon P.O. Box Street City Hernando State FL Zip Code``` |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| (B) Type or Classification |  |  |  |
| Consulting |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  |  |
|  | Total Non-Itemized Transactions with this Payee/Payer |  | 12,000 |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | 12,000 |

## SCHEDULE 19 - UNION ADMINISTRATION

## Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date <br> (D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| Name Minahan \& Muther | Legal | 06/04/20 | \$9,000 |
| P.O. Box |  |  |  |
| Street |  |  |  |
| City Denver |  |  |  |
| State CO |  |  |  |
| Zip Code |  |  |  |
| (B) Type or Classification |  |  |  |
| Legal |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  | 9,000 |
|  | Total Non-Itemized Transactions with this Payee/Payer |  | 4,932 |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | 13,932 |

## SCHEDULE 19 - UNION ADMINISTRATION

## Complete Itemization Pages BEFORE the Detailed Summary Page



## SCHEDULE 19 - UNION ADMINISTRATION

## Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address <br> (A) | Purpose <br> (C) | Date <br> (D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| Name Stephen Graszler P.O. Box <br> Street <br> City Eagle <br> State MI <br> Zip Code |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| (B) Type or Classification |  |  |  |
| Consulting |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total Itemized Transactions with this Payee/Payer |  |  |
|  | Total Non-Itemized Transactions with this Payee/Payer |  | 5,500 |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | 5,500 |


| Description <br> (A) | To Whom Paid <br> (B) | Amount (C) |
| :---: | :---: | :---: |
| 1. Health Benefits | TRS | \$19,193 |
| 2. Disability Benefits | Military Benefits Assn | \$12,805 |
| 3. Pension Benefits | LIUNA Staff and Affiliates Pension Fund | \$58,364 |
| 4. Health Benefits | Humana | \$3,199 |
| 5. Health Benefits | Health Nat Federal Services | \$3,199 |
| 6. Life Insurance | USAA Life Insurance | \$503 |
|  |  |  |
| Total of all lines above (Total will be automatically entered in Item 55.) |  | \$97,263 |

## 69. ADDITIONAL INFORMATION SUMMARY

Schedule 8, Row1:Schedule 8, Row1:
Schedule 13, Row1:Schedule 13, Row1:Members with full voting rights
Schedule 13, Row1:Schedule 13, Row1:


[^0]:    Form LM-2 (Revised 2010)

