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

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN

Form Approved
Office of Management and Budget

No: 1245-0003 Expires: 09/30/2021

TOTAL ANNUAL RECEIPTS AND 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 544-423	2. PERIOD COVERED MO DA From 01/01/20	AY YEAR	here: (b) HARDSHIP - If fili	s is an amended report, check ng under the hardship
E		Through 12/31/20	020	procedures, check he (c) TERMINAL - If this	ere: s is a terminal report, check here:
4. AFFILIATION OR ORGANIZATION NATURE LABORERS 5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION 7. UNIT NAME (if any) LIUNA - NATIONAL GUARD COMPANY 9. Are your organization's recomprovide address in Item 69.)	UNCIL ords kept at its mailing addr	DESIGNATION NUMBER 1,776 ress? (If "No,"	8. MAILING ADDRESS (Ty First Name BIENVENIDO P.O. Box - Building and Ro P O BOX 1794 Number and Street City ABITA SPRINGS State LA		Last Name BANCHS ZIP Code + 4 70420
69. ADDITIONAL INFORMATION	N (Text entered will appear	on last page of form.	To enter comments, pr	ress the "General Addition	
Each of the undersigned, duly authorize this report (including the information cor and complete. (See Section VI on penal	ntained in any accompanying doc	uments) has been examine	d by the signatory and is, to	the best of the undersigned's k	nowledge and belief, true, correct,
^{70. SIGNED:} Janet Vallotton		PRESIDENT	71. SIGNED: BIE	NVENIDO BANCHS	TREASURER
04/06/2021 Date	209-691-5446 Telephone Number	(If other title, see instructions.)	<u>04/06/2</u>		(If other title, see instructions.)

COMPLETE ITEMS 10 THROUGH 21					FILE N	JMBER: 544	1-423
10. During the reporting period did the labor organization creparticipate in the administration of a trust or other fund or organization of the instructions, which provides benefits for members.	ganization, as	19. What is the date of election of officers?	of the labor org	janiz	ation's next	regular	06/2021
beneficiaries?	Yes No X	20. How many member the end of the reporting					
11(a). During the reporting period did the labor organization action committee (PAC) fund?	Yes No X	21. What are the labo a minimum and maxir					
11(b). During the reporting period did the labor organization organization as defined in Section X of these Instructions?	have a subsidiary Yes No X	Rat	es of Du	ies	and F	ees	
12. During the reporting period did the labor organization ha review of its books and records by an outside accountant or		Dues/Fees	Amount		Unit	Minimum	Maximum
auditor/representative?	Yes No X	(a) Regular Duce/Fees	\$19	per	Pay Period	\$19	\$19
13. During the reporting period did the labor organization dis or shortage of funds or other assets? (Answer "Yes" even if repayment or recovery.)	there has been	(a) Regular Dues/Fees					
. ,	Yes No X			per			
14. What is the maximum amount recoverable under the lab fidelity bond for a loss caused by any officer, employee or accordanization who handled union funds?	gent of the labor	(b) Working Dues/Fees					
	\$160,000			per			
15. During the reporting period did the labor organization act of any assets in any manner other than by purchase or sale?		(c) Initiation Fees					
16. Were any of the labor organization's assets pledged as a encumbered in any other way at the end of the reporting per	riod?			per			
endambered in any early way at the end of the reporting per	No X	(d) Transfer Fees					
17. Did the labor organization have any contingent liabilities the reporting period?	at the end of Yes No X			ber			
18. During the reporting period did the labor organization ha in its constitution and bylaws, other than rates of dues and for practices/procedures listed in the instructions?		(e) Work Permits					

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

Assets

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		\$284,901	\$307,266
23. Accounts Receivable	1		
24. Loans Receivable	2		
25. U.S. Treasury Securities		\$0	\$0
26. Investments	5		
27. Fixed Assets	6	\$2,244	\$1,526
28. Other Assets	7		
29. TOTAL ASSETS		\$287,145	\$308,792

Liabilities

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8	\$8,762	\$5,904
31. Loans Payable	9		
32. Mortgages Payable		\$0	\$0
33. Other Liabilities	10		
34. TOTAL LIABILITIES		\$8,762	\$5,904

35. NET ASSETS (Item 29 Less Item 34)	\$278,383	\$302,888

STATEMENT B - RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 20 Before Completing Statement B

Item CASH RECEIPTS	SCH#	AMOUNT
36. Dues and Agency Fees		\$574,744
37. Per Capita Tax		\$0
38. Fees, Fines, Assessments, Work Permits		\$0
39. Sale of Supplies		\$0
40. Interest		\$7,616
41. Dividends		\$0
42. Rents		\$0
43. Sale of Investments and Fixed Assets	3	
44. Loans Obtained	9	
45. Repayments of Loans Made	2	
46. On Behalf of Affiliates for Transmittal to Them		\$0
47. From Members for Disbursement on Their Behalf		\$44,966
48. Other Receipts	14	\$50,000
49. TOTAL RECEIPTS		\$677,326

Item CASH DISBURSEMEN	ITS	SCH#	AMOUNT
50. Representational Activities		15	\$134,759
51. Political Activities and Lobbyin	g	16	\$0
52. Contributions, Gifts, and Grant	ts	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			\$0
60. Purchase of Investments and I	Fixed Assets	4	
61. Loans Made		2	
62. Repayment of Loans Obtained	I	9	
63. To Affiliates of Funds Collecte	d on Their Behalf		\$0
64. On Behalf of Individual Membe	ers		\$75,159
65. Direct Taxes			\$18,445
66. Subtotal			\$654,961
67. Withholding Taxes and Payroll Deductions			
67a. Total Withheld	\$68,657		
67b. Less Total Disbursed	\$68,657		
67c. Total Withheld But Not Di	isbursed		\$0
68. TOTAL DISBURSEMENTS (L	ine 66-Line 67c)		\$654,961

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. Total of all itemized accounts receivable				
13. Totals from all other accounts receivable	\$0	\$0	\$0	\$0
14.Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))	\$0	\$0	\$0	\$0

Form LM-2 (Revised 2010)

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans Outstanding at	Loans Made	Repayments Received	Loans Outstanding at	
business enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
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	Item 24 Column (A)	Item 61	Item 45	ltem 69 with Explanation	ltem 24 Column (B)

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
Total of all lines above				
	(The total fr	om Net Salos Lino	Less Reinvestments	
	(The total from Net Sales Line will be automatically entered in Item 43.)		Net Sales	\$0

SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

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

SCHEDULE 5 - INVESTMENTS FILE NUMBER: 544-423

Description (A)	Amount (B)
Marketable Securities	
A. Total Cost	\$0
B. Total Book Value	\$0
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B. Also, list each subsidiary for which separate reports are attached.	
Other Investments	
D. Total Cost	\$0
E. Total Book Value	\$0
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.	
G. Total of Lines B and E (Total will be automatically entered in Item 26, Column (B))	\$0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (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 (A)	Book Value (B)
1.	
Total (Total will be automatically entered in Item 28, Column (B))	

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
Credit card due	\$5,904			
Total of all itemized accounts payable	\$5,904			
Totals from all other accounts payable Totals (Total for Column (P)) will be automatically entered in Item 30, Column (D))	ΦE 00.4			
Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))	\$5,904			

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 Cash (D)(1)	Made During Period Other Than Cash (D)(2)	Loans Owed at End of Period (E)
1.					
Total Loans Payable					
Totals will be automatically entered in	Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

Description (A)	Amount at End of Period (B)
1.	
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))	

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

								<u></u>			
	(A) Name	(B) Title		(C) Status	Gross Disbursem	D) s Salary nents (before ductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAI	L
1 A	Last Name Vallotton		First Name Ja'net	e Middle Initial							
В	Recording Se					\$74,146			\$3,923	\$	78,069
С	С										
I	Sched Representation		50%	Schedule 16 Political Activities and			Schedule 17 Contributions	Schedule 18 General Overhea		chedule 19 ministration	50%
2 A	Last Name Banchs		First Name Ben	e Middle Initial		# 400 400			ф 7 20	0.4	00.047
В	Business Ma	nager/Sec Trea	ì			\$109,108			\$739	\$1	09,847
С	С										•
I	Sched Representation		50%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea		chedule 19 ministration	50%
3 A	Last Name Andrews		First Name Jayme	e Middle Initial							
В	Auditor					\$0					\$0
С	С					_					
I	Sched Representation		100%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea		chedule 19 ministration	
4 A	Last Name Arnold		First Name Kristen	e Middle Initial							
В	Auditor		KIISICII			\$0					\$0
С	С										
ı	Sched Representation		100%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea		chedule 19 ministration	
^Б А	Last Name Adelbai		First Name Christina	e Middle Initial							
В	E-Board					\$0					\$0
С	С										
ı	Sched Representation		100%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea		chedule 19 ministration	

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

	(A) Name	(B) Title		(C) Status	Gros Disbursen	(D) s Salary nents (before eductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTA	AL.
6 A	Last Name Herzfeldt		st Name ed	e Middle Initial							
В	E-Board					\$0					\$0
С	С										
ı	Sched Representation	ule 15 onal Activities	00%	Schedule 16 Political Activities and			Schedule 17 Contributions	Schedule 18 General Overhe		chedule 19 Iministration	
7 A	Last Name Salazar		st Name ike	e Middle Initial							
В	E-Board					\$0					\$0
С	С										
I	Sched Representation		00%	Schedule 16 Political Activities and			Schedule 17 Contributions	Schedule 18 General Overhe		chedule 19 dministration	
8 A	Last Name White		st Name	e Middle Initial							
В	E-Board	170	24111			\$0					\$0
С	С										
I	Sched Representation		00%	Schedule 16 Political Activities and			Schedule 17 Contributions	Schedule 18 General Overhe		chedule 19 dministration	
9 A	Last Name Bruns		st Name	e Middle Initial							
В	E-Board					\$0					\$0
С	С										
I	Sched Representation		00%	Schedule 16 Political Activities and			Schedule 17 Contributions	Schedule 18 General Overhe		chedule 19 dministration	
				1				T		T	
TOTA	AL OFFICER	DISBURSEME	NTS			\$183,254	\$(\$0	\$4,662	\$	187,916
LES	S DEDUCTION	ONS									53,832
NET	DISBURSE	MENTS								\$	134,084

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

	(A) Name	(B) Title		(C) Other Payer	Gros Disbursei	(D) ss Salary ments (befo eductions)	ore	(E) Allowances Disbu	rsed		(F) Disbursements r Official Business		(G) er Disburs not reporte (D) througl	ed in	(H TOT	
1 A	Last Name Banchs		st Name onda	e Middle Initial L		054.74	40									#54.740
В	Admin					\$51,71	10									\$51,710
C	None															
ı		dule 15 onal Activities		Schedule 16 Political Activities an				Schedule 17 Contributions	•		Schedule 18 General Overhea	ıd	50%		chedule 19 ministration	50%
															T	
2. TOT	AL RECEIVED BY	ALL OTHER EMPLO	YEES M	AKING \$10,000 OR LESS					_	_						\$0
I	Sched Representation	ule 15 onal Activities	0	Schedule 16 Political Activities an		0		Schedule 17 Contributions		0	Schedule 18 General Overhea	ad	0		chedule 19 Iministration	0
тот	AL EMPLOY	'EE DISBURSE	MENT	-S		51,710.0	00		\$0		\$0			\$0		\$51,710
LES	S DEDUCTI	ONS														14,825
NE	DISBURSE	MENTS														\$36,885

Category of Membership (A)	Number (B)	Voting Eligibility (C)
Dues paying members	1,349	Yes X
Members (Total of all lines above)	1,349	
Agency Fee Payers*	0	
Total Members/Fee Payers	1,349	
*Agency Fee Payers are not considered members of the labor organization.		

1	A Named Bayes Haminad Bassints		1		F	1
	Named Payer Itemized Receipts	\$50,000	_		Named Payee Itemized Disbursements	\$0
	2. Named Payer Non-itemized Receipts	\$0]		2. Named Payee Non-itemized Disbursements	\$0
SCHEDULE 14	3. All Other Receipts SCHEDULE 17 3		3. To Officers	\$0		
OTHER RECEIPTS	4. Total Receipts (add Lines 1 through 3)	\$50,000	ITEM 48	CONTRIBUTIONS, GIFTS,& GRANTS	4. To Employees	\$0
				5. All Other Disbursements		
					6.Total Disbursements (add Lines 1 through 5)	\$0
	Named Payee Itemized Disbursements	\$10,000]		Named Payee Itemized Disbursements	\$0
	Named Payee Non-itemized Disbursements	\$18,793	ĺ		Named Payee Non-itemized Disbursements	\$67,437
	3. To Officers	\$93,959	1	SCHEDULE 18 GENERAL OVERHEAD	3. To Officers	\$0
REPRESENTA-	4. To Employees	\$0	ITEM		4. To Employees	\$25,855
TIONAL ACTIVITIES	5. All Other Disbursements	\$12,007	50	OVERNIEAD	5. All Other Disbursements	\$14,812
	6. Total Disbursements (add Lines 1 through 5)	\$134,759			6. Total Disbursements (add Lines 1 through 5)	\$108,104
	Named Payee Itemized Disbursements	\$0			Named Payee Itemized Disbursements	\$9,000
	Named Payee Non-itemized Disbursements	\$0			2. Named Payee Non-itemized Disbursements	\$31,932
SCHEDULE 16	3. To Officers	\$0		SCHEDULE 19	3. To Officers	\$93,959
POLITICAL 4. ACTIVITIES AND LOBBYING 5.	4. To Employees	\$0	ITEM	UNION ITEM ADMINISTRATION	4. To Employees	\$25,855
	5. All Other Disbursements		51		5. All Other Disbursements	\$8,747
	6. Total Disbursements (add Lines 1 through 5)	\$0			6. Total Disbursements (add Lines 1 through 5)	\$169,493

SCHEDULE 14 - OTHER RECEIPTS

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)			
Name LIUNA PSW	Organizing Reimbursements	03/09/20	\$50,000			
P.O. Box						
Street						
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 Non-Itemized Transactions with this Payee/Payer				
	Total of All Transactions with this Payee/Payer for This Sche	\$50,000				

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

	Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name P.O. Box	Embassy Suites	Lodging	03/02/20	\$10,000
Street				
City	Memphis			
State	TN			
Zip Code				
(B) Type o	r 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

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name United Airlines			
P.O. Box			
Street			
^{City} Chicago			
State IL			
Zip Code			
(B) Type or Classification			
Travel			
	Total Itemized Transactions with this Payee/Payer	<u> </u>	
	Total Non-Itemized Transactions with this Payee/Payer		\$6,304
	Total of All Transactions with this Payee/Payer for This Schedule		\$6,304

SCHEDULE - 16 - POLITICAL ACTIVITIES AND LOBBYING

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
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 Sched	dule	\$0

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
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 Schedule		\$0

SCHEDULE 18 - GENERAL OVERHEAD

	Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name	Amazon			
P.O. Box				
Street				
City	Seattle			
State	WA			
Zip Code				
(B) Type o	r 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 Sched	dule	\$6,569

SCHEDULE 18 - GENERAL OVERHEAD

Name and Address (A)	Purpose (C)	Date (D)	Amount (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 Sched	dule	\$15,325

SCHEDULE 18 - GENERAL OVERHEAD

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Enterprise Fleet Management			
P.O. Box			
Street			
^{City} Kansas			
State MO			
Zip Code			
(B) Type or Classification			
Auto Lease Expense			
	Total Itemized Transactions with this Payee/Payer	•	
	Total Non-Itemized Transactions with this Payee/Payer		\$40,044
	Total of All Transactions with this Payee/Payer for This Sche	edule	\$40,044

SCHEDULE 18 - GENERAL OVERHEAD

Name and Address (A)	Purpose (C)	Date (D)	Amount (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 S	Schedule	\$5,499

FILE NUMBER:

SCHEDULE 19 - UNION ADMINISTRATION

Name and Address (A)	Purpose (C)	Date (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

Name and Address (A)	Purpose (C)	Date (D)	Amount (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

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name O'Connell & Associates			
P.O. Box			
Street			
^{City} Seattle			
State WA			
Zip Code			
(B) Type or Classification			
Legal			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		9,500
	Total of All Transactions with this Payee/Payer for This Schedule		9,500

SCHEDULE 19 - UNION ADMINISTRATION

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Stephen Graszler			
P.O. Box			
Street			
^{City} Eagle			
State MI			
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 (A)	To Whom Paid (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

FILE NUMBER: 544-423

Schedule 8, Row1:Schedule 8, Row1:

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

Schedule 13, Row1: Schedule 13, Row1: