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| | | |
|---|---|---|
| U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 | FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT | Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019 |
| | MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN 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 E | 1. FILE NUMBER 545-511 | 2. PERIOD COVERED MO DAY YEAR From 01/01/2017 Through 12/31/2017 | 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"/> |
|----------------------------|---------------------------|---|--|

| | | | |
|--|--|---|------------------------------|
| 4. AFFILIATION OR ORGANIZATION NAME AIR TRAFFIC CONTROLLERS AFL-CIO | | 8. MAILING ADDRESS (Type or print in capital letters) | |
| 5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION | | 6. DESIGNATION NUMBER 0 | 7. UNIT NAME (if any) SPG |
| 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input type="radio"/> No <input type="radio"/> | | First Name JAMES L | Last Name BAILEY |
| | | P.O Box - Building and Room Number | |
| | | Number and Street 550 5TH AVE SE | |
| | | City ST. PETERSBURG | |
| | | State FL | ZIP Code + 4 33701 |

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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions.)

| | |
|---|---|
| 70. SIGNED: _____ PRESIDENT (If other title, see instructions) | 71. SIGNED: _____ TREASURER (If other title, see instructions) |
| Date: _____ Telephone Number: _____ | Date: _____ Telephone Number: _____ |

Add Additional Signatures

AI - Additional Information has been provided. Click "AI" to view or edit the text.
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COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER:545-511

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 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

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 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 any officer, employee or agent of the labor organization who handled union funds?

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? Yes No

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 No

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 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 | | | 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 69 (Additional Information) as explained in the instructions for each item.

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STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER:545-511

Complete Schedules 1 through 20 Before Completing Statement A

Cash Reconciliation : \$0

ASSETS

| ASSETS | Schedule Number | Start of Reporting Period (A) | End of Reporting Period (B) |
|------------------------------|-------------------|-------------------------------|-----------------------------|
| 22. Cash | | | |
| 23. Accounts Receivable | 1 | | \$0 |
| 24. Loans Receivable | 2 | | \$0 |
| 25. U.S. Treasury Securities | | | |
| 26. Investments | 5 | | \$0 |
| 27. Fixed Assets | 6 | | \$0 |
| 28. Other Assets | 7 | | \$0 |
| 29. TOTAL ASSETS | | \$0 | \$0 |

LIABILITIES

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

| | | |
|--------------------------------------|-----|-----|
| 35. NET ASSETS(Item 29 Less Item 34) | \$0 | \$0 |
|--------------------------------------|-----|-----|

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STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER:545-511

Complete Schedules 1 Through 20 Before Completing Statement B

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

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

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SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

Add Accounts Receivable

FILE NUMBER:545-511

| 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 | | | | |
| Total of all itemized accounts receivable | | | | |
| Total from all other accounts receivable | | | | |
| Totals (Total of Column(B) will be automatically entered in Item 23, Column (B)) | | | | |

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SCHEDULE 2 - LOANS RECEIVABLE

Add Loans Receivable

FILE NUMBER:545-511

| | 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) | |
| <input checked="" type="checkbox"/> Name: | | | | | | |
| 1 Purpose: | | | | | | |
| Security: | | | | | | |
| Terms of Repayment: | | | | | | |
| <input checked="" type="checkbox"/> Name: | | | | | | |
| 2 Purpose: | | | | | | |
| Security: | | | | | | |
| Terms of Repayment: | | | | | | |
| <input checked="" type="checkbox"/> Name: | | | | | | |
| 3 Purpose: | | | | | | |
| Security: | | | | | | |
| Terms of Repayment: | | | | | | |
| <input checked="" type="checkbox"/> Name: | | | | | | |
| 4 Purpose: | | | | | | |
| Security: | | | | | | |
| Terms of Repayment: | | | | | | |
| <input checked="" type="checkbox"/> Name: | | | | | | |
| Total of loans not listed above | | | | | | |
| Total of all lines above | | | | | | |
| Totals will be automatically entered in | | Item 24 Column (A) | Item 61 | Item 45 | Item 69 with Explanation | Item 24 Column (B) |

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|---|-------------|--|----------------------------|
| SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS | | Add Investments And Fixed Assets Purchases | FILE NUMBER:545-511 |
| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Cash Paid (D) |
| <input checked="" type="checkbox"/> 1 | | | |
| <input checked="" type="checkbox"/> 2 | | | |
| <input checked="" type="checkbox"/> 3 | | | |
| <input checked="" type="checkbox"/> 4 | | | |
| <input checked="" type="checkbox"/> 5 | | | |
| <input checked="" type="checkbox"/> 6 | | | |
| <input checked="" type="checkbox"/> 7 | | | |
| Total of all lines above | | | |
| | | Less Reinvestments | |
| (The total from Net Purchases Line will be automatically entered in Item 60.) | | Net Purchases | |

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SCHEDULE 5 - INVESTMENTS

FILE NUMBER:545-511

| Description (A) | Amount (B) |
|---|------------|
| Marketable Securities <input type="button" value="Add More Marketable Securities"/> | |

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.

| | | |
|---------------------------------------|--|--|
| <input checked="" type="checkbox"/> 1 | | |
| <input checked="" type="checkbox"/> 2 | | |
| <input checked="" type="checkbox"/> 3 | | |
| <input checked="" type="checkbox"/> 4 | | |
| <input checked="" type="checkbox"/> 5 | | |
| <input checked="" type="checkbox"/> 6 | | |
| <input checked="" type="checkbox"/> 7 | | |

| | |
|---|--|
| Other Investments <input type="button" value="Add More Other Investments"/> | |
|---|--|

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.

| | | |
|---------------------------------------|--|--|
| <input checked="" type="checkbox"/> 1 | | |
| <input checked="" type="checkbox"/> 2 | | |
| <input checked="" type="checkbox"/> 3 | | |
| <input checked="" type="checkbox"/> 4 | | |
| <input checked="" type="checkbox"/> 5 | | |
| <input checked="" type="checkbox"/> 6 | | |
| <input checked="" type="checkbox"/> 7 | | |

| | |
|--|--|
| G. Total of Lines B and E (Total will be automatically entered in Item 26, Column (B)) | |
|--|--|

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SCHEDULE 6 - FIXED ASSETS FILE NUMBER:545-511

| Description (A) | Cost or Other Basis (B) | Total Depreciation or Amount Expensed (C) | Book Value (D) | Value (E) |
|--|-------------------------|---|----------------|-----------|
| A. Land (give location) Add Land | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| B. Buildings (give location) Add Buildings | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| C. Automobiles and Other Vehicles | | | | |
| D. Office Furniture and Equipment | | | | |
| E. Other Fixed Assets | | | | |
| F. Totals of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B)) | | | | |

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SCHEDULE 7 - OTHER ASSETS Add Other Assets FILE NUMBER:545-511

| | Description (A) | Book Value (B) |
|---|--------------------|-------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| Total (Total will be automatically entered in Item 28, Column(B)) | | |

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SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

Add Accounts Payable

FILE NUMBER:545-511

| Entity or Individual Name (A) | Total Account Payable (B) | 90-180 Days Past Due (C) | 180+ Days Past Due (D) | Liquidated Account Payable (E) |
|--|------------------------------|--------------------------------|------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> 1 | | | | |
| <input checked="" type="checkbox"/> 2 | | | | |
| <input checked="" type="checkbox"/> 3 | | | | |
| <input checked="" type="checkbox"/> 4 | | | | |
| <input checked="" type="checkbox"/> 5 | | | | |
| <input checked="" type="checkbox"/> 6 | | | | |
| <input checked="" type="checkbox"/> 7 | | | | |
| Total of all itemized accounts payable | | | | |
| Total from all other accounts payable | | | | |
| Totals (Total for Column (B) will be automatically entered in Item 30, Column (D)) | | | | |

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SCHEDULE 9 - LOANS PAYABLE [Add Loans Payable](#) **FILE NUMBER:545-511**

| | 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) | |
| <input checked="" type="checkbox"/> 1 | | | | | | |
| <input checked="" type="checkbox"/> 2 | | | | | | |
| <input checked="" type="checkbox"/> 3 | | | | | | |
| <input checked="" type="checkbox"/> 4 | | | | | | |
| <input checked="" type="checkbox"/> 5 | | | | | | |
| <input checked="" type="checkbox"/> 6 | | | | | | |
| <input checked="" type="checkbox"/> 7 | | | | | | |
| 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) |

- Additional Information has been provided. Click "AI" to view or edit the text.
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SCHEDULE 10 - OTHER LIABILITIES

Add Other Liabilities

FILE NUMBER:545-511

| | Description (A) | Amount at End Of Period (B) |
|--|--------------------|-----------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| Total Other Liabilities (Total will be automatically entered in Item 33, Column (D)) | | |

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SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS Add Disbursements To Officers **FILE NUMBER:545-511**

| (A) Name | (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 | |
|---|--|----------------|--|--------------------------------|---|---|---------------------------------|---|
| <input checked="" type="checkbox"/> Last Name | First Name | Middle Initial | | | | | \$0 | |
| 1A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| I | Schedule 15 Representational Activities | % | Schedule 16 Political Activities and Lobbying | % | Schedule 17 Contributions | % | Schedule 18 General Overhead | % |
| Schedule 19 Administration | % | | | | | | | |
| <input checked="" type="checkbox"/> Last Name | First Name | Middle Initial | | | | | \$0 | |
| 2A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| I | Schedule 15 Representational Activities | % | Schedule 16 Political Activities and Lobbying | % | Schedule 17 Contributions | % | Schedule 18 General Overhead | % |
| Schedule 19 Administration | % | | | | | | | |
| <input checked="" type="checkbox"/> Last Name | First Name | Middle Initial | | | | | \$0 | |
| 3A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| I | Schedule 15 Representational Activities | % | Schedule 16 Political Activities and Lobbying | % | Schedule 17 Contributions | % | Schedule 18 General Overhead | % |
| Schedule 19 Administration | % | | | | | | | |
| <input checked="" type="checkbox"/> Last Name | First Name | Middle Initial | | | | | \$0 | |
| 4A | | | | | | | | |
| B | | | | | | | | |
| Total Officer Disbursements | | | | | | | | |
| Less Deductions | | | | | | | | |
| Net Disbursements | | | | | | | | |

AI - Additional Information has been provided. Click "AI" to view or edit the text.
 AI - Additional Information must be provided for this item. Click the "AI" to enter.

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SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

Add Disbursements To Employees

FILE NUMBER:545-511

| (A) Name | (B) Title | (C) Other Payee | (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 | | | |
|---|--|----------------------------|--|--------------------------------|---|---|---------------------------------|----------------------------|-------------------------------|----------------------------|
| <input checked="" type="checkbox"/> Last Name | First Name | Middle Initial | | | | | | | | |
| 1A | | | | | | | \$0 | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| I | Schedule 15 Representational Activities | <input type="checkbox"/> % | Schedule 16 Political Activities and Lobbying | <input type="checkbox"/> % | Schedule 17 Contributions | <input type="checkbox"/> % | Schedule 18 General Overhead | <input type="checkbox"/> % | Schedule 19 Administration | <input type="checkbox"/> % |
| <input checked="" type="checkbox"/> Last Name | First Name | Middle Initial | | | | | | | | |
| 2A | | | | | | | \$0 | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| I | Schedule 15 Representational Activities | <input type="checkbox"/> % | Schedule 16 Political Activities and Lobbying | <input type="checkbox"/> % | Schedule 17 Contributions | <input type="checkbox"/> % | Schedule 18 General Overhead | <input type="checkbox"/> % | Schedule 19 Administration | <input type="checkbox"/> % |
| <input checked="" type="checkbox"/> Last Name | First Name | Middle Initial | | | | | | | | |
| 3A | | | | | | | \$0 | | | |
| B | | | | | | | | | | |
| C | | | | | | | | | | |
| I | Schedule 15 Representational Activities | <input type="checkbox"/> % | Schedule 16 Political Activities and Lobbying | <input type="checkbox"/> % | Schedule 17 Contributions | <input type="checkbox"/> % | Schedule 18 General Overhead | <input type="checkbox"/> % | Schedule 19 Administration | <input type="checkbox"/> % |
| TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS | | | | | | | | | | |
| I | Schedule 15 Representational Activities | <input type="checkbox"/> % | Schedule 16 Political Activities and Lobbying | <input type="checkbox"/> % | Schedule 17 Contributions | <input type="checkbox"/> % | Schedule 18 General Overhead | <input type="checkbox"/> % | Schedule 19 Administration | <input type="checkbox"/> % |
| Total Employee Disbursements | | | | | | | | | | |
| Less Deductions | | | | | | | | | | |
| Net Disbursements | | | | | | | | | | |

AI - Additional Information has been provided. Click "AI" to view or edit the text.
***AI** - Additional Information must be provided for this item. Click the "AI" to enter.

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SCHEDULE 13 - MEMBERSHIP STATUS

Add Membership Statuses

FILE NUMBER:545-511

| | Category of Membership (A) | Number (B) | Voting Eligibility (C) |
|--|------------------------------------|---------------|------------------------------|
| 1 | | | Yes <input type="checkbox"/> |
| 2 | | | Yes <input type="checkbox"/> |
| 3 | | | Yes <input type="checkbox"/> |
| 4 | | | Yes <input type="checkbox"/> |
| 5 | | | Yes <input type="checkbox"/> |
| 6 | | | Yes <input type="checkbox"/> |
| 7 | | | Yes <input type="checkbox"/> |
| | Members (Total of all lines above) | | |
| | Agency Fee Payers* | | |
| | Total Members/Fee Payers | | |
| *Agency Fee Payers are not considered members of the labor organization. | | | |

AI - Additional Information has been provided. Click "AI" to view or edit the text.
***AI** - Additional Information must be provided for this item. Click the "AI" to enter.

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DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19

FILE NUMBER:545-511

Complete Itemization Pages BEFORE the Detailed Summary Page

| SCHEDULE 14 OTHER RECEIPTS | |
|--------------------------------------|-----|
| 1. Named Payer Itemized Receipts | \$0 |
| 2. Named Payer Non-itemized Receipts | \$0 |
| 3. All Other Receipts | |
| 4. Total Receipts | \$0 |

Item 48

| SCHEDULE 17 CONTRIBUTIONS, GIFTS & GRANTS | |
|---|-----|
| 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 | \$0 |

Item 52

| SCHEDULE 15 REPRESENTATIONAL ACTIVITIES | |
|---|-----|
| 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 | \$0 |

Item 50

| SCHEDULE 18 GENERAL OVERHEAD | |
|---|-----|
| 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 | \$0 |

Item 53

| SCHEDULE 16 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 | |
| 6. Total Disbursements | \$0 |

Item 51

| SCHEDULE 19 UNION ADMINISTRATION | |
|---|-----|
| 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 | \$0 |

Item 54

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SCHEDULE 14 - OTHER RECEIPTS Add Other Receipts FILE NUMBER:545-511

Show Payer: Delete Payer

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address (A) | | Purpose (C) | Date (D) | Amount (E) |
|---|----------------------|----------------|-------------|---------------|
| Name | | | | |
| P.O.Box | | | | |
| Street | | | | |
| City | | | | |
| State | <input type="text"/> | | | |
| Zip Code | | | | |
| <input type="button" value="More Receipts For This Payer"/> | | | | |
| (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 | | | | |

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SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

Add Representational Activities

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address (A) | | Purpose (C) | Date (D) | Amount (E) |
|-----------------------------------|----------------------|---|-------------|---------------|
| Name | | | | |
| P.O.Box | | | | |
| Street | | | | |
| City | | | | |
| State | <input type="text"/> | | | |
| Zip Code | | | | |
| More Disbursements For This Payee | | | | |
| (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 | | |

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SCHEDULE 16 - POLITICAL ACTIVITIES AND LOBBYING

Add Political Activities

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address (A) | |
|--|--------------------------------|
| Name | <input type="text"/> |
| P.O.Box | <input type="text"/> |
| Street | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text" value="v"/> |
| Zip Code | <input type="text"/> |
| <input type="button" value="More Disbursements For This Payee"/> | |
| (B) Type or Classification | |

| | Purpose (C) | Date (D) | Amount (E) |
|---|----------------|-------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 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 | | | |

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SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS

Add Gifts

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address (A) | |
|--|----------------------|
| Name | |
| P.O.Box | |
| Street | |
| City | |
| State | <input type="text"/> |
| Zip Code | |
| <input type="button" value="More Disbursements For This Payee"/> | |
| (B) Type or Classification | |

| | Purpose (C) | Date (D) | Amount (E) |
|---|-------------|----------|------------|
| <input checked="" type="checkbox"/> | | | |
| 1 | | | |
| <input checked="" type="checkbox"/> | | | |
| 2 | | | |
| <input checked="" type="checkbox"/> | | | |
| 3 | | | |
| <input checked="" type="checkbox"/> | | | |
| 4 | | | |
| <input checked="" type="checkbox"/> | | | |
| 5 | | | |
| <input checked="" type="checkbox"/> | | | |
| 6 | | | |
| <input checked="" type="checkbox"/> | | | |
| 7 | | | |
| 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 | | | |

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SCHEDULE 18 - GENERAL OVERHEAD

Add Overheads

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address (A) | | Purpose (C) | Date (D) | Amount (E) |
|--|----------------------|---|----------|------------|
| Name | | | | |
| P.O.Box | | | | |
| Street | | | | |
| City | | | | |
| State | <input type="text"/> | | | |
| Zip Code | | | | |
| <input type="button" value="More Disbursements For This Payee"/> | | | | |
| (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 | | |

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SCHEDULE 19 - UNION ADMINISTRATION

Add Administration

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

| Name and Address (A) | | Purpose (C) | Date (D) | Amount (E) |
|---|----------------------|---|----------|------------|
| Name | | | | |
| P.O.Box | | | | |
| Street | | | | |
| City | | | | |
| State | <input type="text"/> | | | |
| Zip Code | | | | |
| More Disbursements For This Payee | | | | |
| (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 | | |

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SCHEDULE 20 - BENEFITS

Add Benefits

FILE NUMBER:545-511

| | Description (A) | To Whom Paid (B) | Amount (C) |
|--|--------------------|---------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| Total of all lines above (Total will be automatically entered in Item 55.) | | | |

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