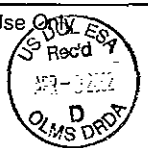



# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 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 0 2 9 - 2 9 9	2. PERIOD COVERED From: MO 0 1 DAY 0 1 YEAR 2 0 0 1 Through: MO 1 2 DAY 3 1 YEAR 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
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GEORGE DETITTA (2) 029-299  
 STAGE & PICTURE OPERATORS AFL-CIO 130  
 LU 52  
 326 WEST 48TH STREET  
 NEW YORK, NY 10036 12/2001  


8. MAILING ADDRESS

First Name: G E O R G E

Last Name: D E T I T T A

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

Number and Street: 3 2 6 W E S T 4 8 T H S T R E E T

City: N E W Y O R K

State: N Y ZIP Code + 4: 1 0 0 3 6 -

9. Are your organization's records kept at its mailing address? Yes  No   
 (If "No," provide address in Item 75.)

4. AFFILIATION OR ORGANIZATION NAME  
 STAGE & PICTURE OPERATORS AFL-CIO

5. DESIGNATION (Local, Lodge, etc.)  
 LU

6. DESIGNATION NUMBER  
 5 2

7. UNIT NAME (if any)  
 NONE

75. ADDITIONAL INFORMATION

Item Number	
-------------	--

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: George Detitta PRESIDENT  
 Date: 4-1-02 Telephone Number: 212 399 0980  
 (If other title, see instructions.)

77. SIGNED: John R. [Signature] TREASURER  
 Date: 4/1/02 Telephone Number: (212) 399-0980  
 (If other title, see instructions.)

*During the Reporting Period Did Your Organization:*

- 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  Yes  No
- 11. 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
- 12. Have a political action committee (PAC) fund? .....  Yes  No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  Yes  No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  Yes  No
- 15. Discover any loss or shortage of funds or other property? .....  Yes  No  
*(Answer "Yes" even if there has been repayment or recovery.)*
- 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? .....  Yes  No
- 17. Liquidate or reduce any liabilities without disbursement of cash? .....  Yes  No

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

- 18. How many members did your organization have at the end of the reporting period? 3 2 9 1
- 19. What is the date of your organization's next regular election of officers? MO 1 2 YEAR 2 0 0 4
- 20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your 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	
(a) Regular Dues/Fees	\$ <u>205 &amp; 2.5% wage</u> per <u>Year</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>750/2500</u>
(c) Transfer Fees	\$ <u>None</u>
(d) Work Permits	\$ <u>None</u> per <u>None</u> <i>(Month, Year, etc.)</i>

- 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....  Yes  No  
*(If the constitution and bylaws or practices/procedures have changed, see the instructions.)*
- 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  Yes  No
- 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  Yes  No

*(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)*

**STATEMENT A - ASSETS AND LIABILITIES**

FILE NUMBER: **0 2 9 - 2 9 9**

**Complete Schedules 1 Through 15 Before Completing Statement A**

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

	ASSETS		From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)	
<b>ASSETS</b>	25. Cash.....		5 1 1 0 8 3	6 8 2 9 8 6	
	26. Accounts Receivable.....		2 6 3 3 6 1	1 4 3 8 7 4	
	27. Loans Receivable.....	1	0	0	
	28. U.S. Treasury Securities.....		1 5 8 4 6 2 8	2 7 5 7 7 1 3	
	29. Investments.....	2	1 7 1 2 1 7 4	1 2 5 3 0 5 3	
	30. Fixed Assets.....	5	6 6 8 4 3 5	6 3 0 7 8 0	
	31. Other Assets.....	3	1 2 3 5 7 5	1 4 3 7 9 3	
	32. TOTAL ASSETS.....		4 8 6 3 2 5 6	5 6 1 2 1 9 9	
<b>LIABILITIES</b>	LIABILITIES		From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)	
	33. Accounts Payable.....		7 2 9 8 5	7 5 3 9 8	
	34. Loans Payable.....	8	0	0	
	35. Mortgages Payable.....		0	0	
	36. Other Liabilities.....	4	2 1 9 2 7 3	1 7 4 4 1 8	
37. TOTAL LIABILITIES.....		2 9 2 2 5 8	2 4 9 8 1 6		
38. NET ASSETS (Item 32 less Item 37).....		4 5 7 0 9 9 8	5 3 6 2 3 8 3		

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

FILE NUMBER: **0 2 9 - 2 9 9**

**Complete Schedules 1 Through 15 Before Completing Statement B**

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

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			5 8 3 1 8 1	56. To Officers.....	9		3 9 9 3 6 4
40. Per Capita Tax.....			0	57. To Employees.....	10		2 4 1 3 9 1
41. Fees.....			2 2 0 3 6 0	58. Per Capita Tax.....			4 1 2 7 3 8
42. Fines.....			0	59. Fees, Fines, Assessments, etc. ....			2 1 3 0 7
43. Assessments.....			2 1 5 0 3 9 8	60. Office & Administrative Expense....	13		2 1 9 9 1 7
44. Work Permits.....			0	61. Educational & PublicityExpense...			5 6 3 5 8
45. Sale of Supplies.....			0	62. Professional Fees.....			1 1 6 4 2 8
46. Interest.....			1 3 7 4 8 1	63. Benefits.....	11		2 7 0 7 2 9
47. Dividends.....			4 1 2 0	64. Contributions, Gifts & Grants.....	12		6 1 8 7 9
48. Rents.....			7 0 0 0	65. Supplies for Resale.....			2 7 6 9
49. Sale of Investments & Fixed Assets.....	6		1 1 9 6 6 1 8	66. Direct Taxes.....			1 5 3 8 7 8
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			2 4 7 1 1 8
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		1 8 3 2 6 0 1
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			5 2 5 0 2	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		9 5 0 8 4	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			5 0 0 1 5
				73. Other Disbursements.....	15		1 8 8 3 4 9
55. TOTAL RECEIPTS.....			4 4 4 6 7 4 4	74. TOTAL DISBURSEMENTS .....			4 2 7 4 8 4 1

Enter Amounts in Dollars Only -- Do Not Enter Cents

### SCHEDULE 1 – LOANS RECEIVABLE

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.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 2 9 - 2 9 9

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	1 2 5 8 7 8 2
2. Total Book Value	1 2 5 3 0 5 3
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) Pimco Total Return Fund Class C	3 0 2 9 4 0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 2 5 3 0 5 3
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. Prepaid expenses	1 1 4 1 6
2. Prepaid per capita	1 2 4 4 1 2
3. Utilities security	6 6 0
4. Exchange	7 3 0 5
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 4 3 7 9 3
The total from Line 7 is entered in ..... Item 31, Column (B)	

# SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Deferred dues income	2 5 5 3 8
2. Accrued expenses	6 2 2 4 7
3. Reserve for severance pay	3 6 3 8 6
4. Benefit fund exchange	4 6 9 9 8
5. Payroll withholding	2 5 3
6. Total from additional pages (if any)	2 9 9 6
7. Total of Lines 1 through 6	1 7 4 4 1 8
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **0 2 9 - 2 9 9**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 326 W48th St., NY, NY 10036	9 5 0 0 0		9 5 0 0 0	9 5 0 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): 326 W48th St., NY, NY 10036	8 2 4 1 9 6	3 6 3 1 4 3	4 6 1 0 5 3	9 0 0 0 0 0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	2 2 4 4 7	5 9 8 5	1 6 4 6 2	1 2 0 0 0
6. Office Furniture and Equipment	3 2 1 1 7 3	2 6 2 9 0 8	5 8 2 6 5	4 0 0 0 0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 2 6 2 8 1 6	6 3 2 0 3 6	6 3 0 7 8 0	1 0 4 7 0 0 0
The total from Line 8, Column (D) is entered in.....				Item 30, Column (B)

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Certificates of deposit	7 7 2 2 1 3	7 7 2 2 1 3	7 7 6 3 5 0	7 7 6 3 5 0
2. U.S. Government bonds	9 9 2 2 3 6	9 9 2 2 3 6	1 0 3 1 1 5 5	1 0 3 1 1 5 5
3. Municipal bonds	1 7 9 4 0 5	1 7 9 4 0 5	1 9 0 7 6 3	1 9 0 7 6 3
4. Common stocks	1 0 0 0 0	1 0 0 0 0	1 0 0 0 0	1 0 0 0 0
5. Totals from additional pages (if any)	3 0 4 5 5 2	3 0 4 5 5 2	3 0 4 5 5 2	3 0 4 5 5 2
6. Totals of Lines 1 through 5	2 2 5 8 4 0 6	2 2 5 8 4 0 6	2 3 1 2 8 2 0	2 3 1 2 8 2 0
7. Less Reinvestments				<b>1 1 1 6 2 0 2</b>
8. Net Sales				<b>1 1 9 6 6 1 8</b>
The total from Line 8 is entered in .....				Item 49

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 9 - 2 9 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Certificates of Deposit	75047	75047	75047
2. U.S. Government Bonds	2303622	2303622	2303622
3. Common Stocks	100000	100000	100000
4. Mutual Funds	462410	462410	462410
5. Totals from additional pages (if any)	7724	7724	7724
6. Totals of Lines 1 through 5	2948803	2948803	2948803
	7. Less Reinvestments		1116202
	8. Net Purchases		1832601
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

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. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) ..... with Explanation ..... Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 9 - 2 9 9

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	DETITTA GEORGE PRESIDENT	C	1 1 2 6 7 6	9 7 5	1 9 9 1 6	0	1 3 3 5 6 7
2.	FUNDUS JOHN K. VICE PRESIDENT	C	9 4 8 1 6	9 0 0	4 5 1 9	0	1 0 0 2 3 5
3.	FORD JOHN R. SECTY TREASURER	C	9 2 7 5 8	1 5 0 0	3 6 0 9	0	9 7 8 6 7
4.	MAHONEY DANIEL BUSINESS REP.	C	9 1 3 8 3	9 0 0	8 0 4 4	0	1 0 0 3 2 7
5.	STOCKLIN ROBERT CHAIRMAN BT	C	8 8 5 3 0	2 2 5	5 8 5	0	8 9 3 4 0
6.	BARNES MICHAEL REGIONAL REP# 2	C	2 8 2 3 5	7 5	0	0	2 8 3 1 0
7.	GARTLAND JAMES GRIP. REP	C	4 4 0 3	6 7 5	8 0 0	0	5 8 7 8
8. Totals from additional pages (if any)			2 1 9 4 6	8 7 5 0	3 6 8 9	0	3 4 3 8 5
9. Totals of Lines 1 through 8			5 3 4 7 4 7	1 4 0 0 0	4 1 1 6 2	0	5 8 9 9 0 9
					10. Less Deductions	1 9 0 5 4 5	
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements	3 9 9 3 6 4	

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 9 - 2 9 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. MCDONOUGH PAT ADMIN. ASISTANT	5 5 2 3 5	6 6 0	0	0	5 5 8 9 5
2. HILL THOMAS MAINTENANCE	5 9 0 5 0	0	0	0	5 9 0 5 0
3. JENNINGS GEORGIN CLERK	3 7 1 8 4	7 2 0	0	0	3 7 9 0 4
4. MCMAHON EILEEN CLERK	3 6 3 7 6	7 2 0	0	0	3 7 0 9 6
5. MALDONADO CARMEN SECTY OF PRES.	4 3 2 2 5	7 2 0	0	0	4 3 9 4 5
6. Totals from additional pages (if any)	9 6 2 2 0	1 4 1 0	9 7 2	0	9 8 6 0 2
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	2 3 3 1 4	0	4 3 8 4	0	2 7 6 9 8
8. Totals of Lines 1 through 7	3 5 0 6 0 4	4 2 3 0	5 3 5 6	0	3 6 0 1 9 0
			9. Less Deductions	1 1 8 7 9 9	
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements	2 4 1 3 9 1	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 2 9 - 2 9 9

Description (A)	To Whom Paid (B)	Amount (C)
1. Welfare	L52 Welfare Fund, IATSE	1 5 0 3 8 1
2. Pension	L52 Pension Fund, IATSE	5 1 7 0 2
3. Annuity	L52 Reserve Fund, IATSE	6 8 6 4 6
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 7 0 7 2 9
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Charitable contributions	4 5 0 2 7
2. Political contributions	6 2 5 0
3. Gifts & gratuities	1 0 6 0 2
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 1 8 7 9
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Stat., supplies & printing	2 0 6 9 8
2. Postage	3 6 2 5 1
3. Office expenses	3 3 7 5 4
4. Telephone	2 5 3 4 7
5. Equip. rental & maint.	4 3 5 9 8
6. Rent & utilities	2 0 5 3 5
7. Total from additional pages (if any)	3 9 7 3 4
8. Total of Lines 1 through 7	2 1 9 9 1 7
The total from Line 8 is entered in ..... Item 60	

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. Administrative expense reim.	1 0 2 0 0
2. Guest fee admissions	3 3 8 9 5
3. Officers expense reimbursement	4 4 8 5
4. Benefit contributions refund	3 1 3 0
5. Exchange	1 7 7 0 5
6. Miscellaneous	2 5 6 6 9
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	9 5 0 8 4
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Dues & fees refund	1 7 5 3 4
2. Convention & meetings	8 1 5 7 3
3. Golf & picnic outings	5 1 4 6 0
4. Labor day expense	4 6 3 5
5. Membership functions	5 7 5 5
6. Exchange	1 6 3 4 2
7. Election	1 1 0 5 0
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 8 8 3 4 9
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
**STAGE & PICTURE OPERATORS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2001**

FILE NUMBER: **0 2 9 - 2 9 9**

**SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
REGNIER RICHARD REGIONAL REP# 4	C	4 3 6 5	3 7 5	2 2 2	0	4 9 6 2
KENNY PHILIP REGIONAL REP# 5	C	3 8 6 2	6 0 0	0	0	4 4 6 2
SCARDINO JR. JOHN REGIONAL REP# 3	C	3 8 5 5	0	4 9 0	0	4 3 4 5
FORD HARRY C RECORDING SECTY	C	2 3 9 9	2 8 2 5	8 0 0	0	6 0 2 4
HICKS ALAN CHAIRMAN BB	C	2 0 7 2	1 0 5 0	8 0 0	0	3 9 2 2
FINNERTY JR. JOHN M SGT AT ARMS	C	2 0 7 2	4 5 0	8 0 0	0	3 3 2 2
MCKENNA KEVIN VIDEO REP	C	1 0 2 8	3 7 5	0	0	1 4 0 3
OATES JOHN L ELECTRIC REP	C	1 0 0 6	4 5 0	1 2 8	0	1 5 8 4

ORGANIZATION NAME:  
**STAGE & PICTURE OPERATORS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2001**

FILE NUMBER: **0 2 9 - 2 9 9**

**SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
HIRST	JOHN W SOUND REP	5 1 8	2 2 5	0	0	7 4 3
MCDERMOTT	THOMAS PROPERTY	5 1 8	5 2 5	0	0	1 0 4 3
BOLES	THOMAS SHOP CRAFT REP	2 5 1	6 0 0	3 2 3	0	1 1 7 4
DOLAN	GLYNIS MEMBER BT	0	7 5	0	0	7 5
BURKE	JOHN F MEMBER BB	0	1 5 0	0	0	1 5 0
KELLY	KATHLEE ALLIED CRAFTS	0	0	1 2 6	0	1 2 6
FINLAY	KENNETH MEMBER BT	0	0	0	0	0
MURPHY	RAYMOND MEMBER BT	0	9 7 5	0	0	9 7 5

ORGANIZATION NAME:  
**STAGE & PICTURE OPERATORS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2001**

FILE NUMBER: **0 2 9 - 2 9 9**

**SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
REILLY	ROBERT	C	0	7 5	0	0	7 5
MEMBER B3							
WRIGHT	THOMAS	C	0	0	0	0	0
MEMBER BT							
MILLER	WILLIAM	C	0	0	0	0	0
MEMBER BB							
KLATT	WILLIAM	C	0	0	0	0	0
MEMBER BB							

ORGANIZATION NAME:  
**STAGE & PICTURE OPERATORS AFL-CIO**

FILE NUMBER: **0 2 9 - 2 9 9**

ENDING DATE OF PERIOD COVERED:  
**12/31/2001**

**SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
O'CONNOR RECEPTIONIST ANNAMAR	1 6 4 1 8	2 5 5	0	0	1 6 6 7 3
BRINK ADMIN. CO GARY J	5 9 1 5 2	7 2 0	9 7 2	0	6 0 8 4 4
VANDO SECRETARY IRMA	2 0 6 5 0	4 3 5	0	0	2 1 0 8 5









ORGANIZATION NAME:  
**STAGE & PICTURE OPERATORS AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2001**

FILE NUMBER: **0 2 9 - 2 9 9**

**SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					



ORGANIZATION NAME:  
STAGE & PICTURE OPERATORS AFL-CIO

FILE NUMBER: 0 2 9 - 2 9 9

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## 75. ADDITIONAL INFORMATION

Item Number	
10	<p>The Union is using method (1) to report the consolidated totals of the following subsidiary:</p> <p>Local 52, I.A.T.S.E. Realty Corp. EIN# 13-3981134 326 West 48th Street, New York, NY 10036</p>

ORGANIZATION NAME:  
STAGE & PICTURE OPERATORS AFL-CIO

FILE NUMBER: 0 2 9 - 2 9 9

ENDING DATE OF PERIOD COVERED:  
12/31/2001

### 75. ADDITIONAL INFORMATION (continued)

Item Number	
11	<p>I.A.T.S.E. Local 52 Benefit Fund EIN# 13-3237986 326 West 48th Street, New York, NY 10036</p> <p>I.A.T.S.E. Local 52 Safety and Education Fund EIN# 13-3983288 326 West 48th Street, New York, NY 10036</p> <p>Pension Fund of Local 52, I.A.T.S.E. EIN# 51-6036518 Plan# 001 355 West 52nd Street, New York, NY 10019</p> <p>Welfare Fund of Local 52, I.A.T.S.E. EIN# 13-1858572 Plan# 501 355 West 52nd Street, New York, NY 10019</p> <p>Reserve Fund of Local 52, I.A.T.S.E. EIN# 13-2854858 Plan# 002 355 West 52nd Street, New York, NY 10019</p>

ORGANIZATION NAME:  
STAGE & PICTURE OPERATORS AFL-CIO

FILE NUMBER: 0 2 9 - 2 9 9

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	<p data-bbox="283 300 1980 332">The Union and Subsidiary are audited by the independent accounting firm of Gould, Kobrick &amp; Schlapp, P.C.</p> <p data-bbox="283 495 1980 560">Schedule 9, Column F President, amounts are 100% of costs of leased automobile. Personal use is permitted. The use of the vehicle was &gt;50% for official business.</p> <p data-bbox="283 625 1980 690">Schedule 15, Line 2 Conference and meeting expenses listed on Line 2 do not include any amounts reported on schedule 9 and 10.</p>