


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 TRUSTESHIP**

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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">0 2 9 - 2 9 9</div>	2. PERIOD COVERED From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">0 1</td> <td style="text-align: center;">0 1</td> <td style="text-align: center;">2 0 0 2</td> </tr> <tr> <td style="text-align: center;">Through</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1 2</td> <td style="text-align: center;">3 1</td> <td style="text-align: center;">2 0 0 2</td> </tr> </table>	MO	DAY	YEAR	0 1	0 1	2 0 0 2	Through			1 2	3 1	2 0 0 2	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"/>
MO	DAY	YEAR													
0 1	0 1	2 0 0 2													
Through															
1 2	3 1	2 0 0 2													
4. AFFILIATION OR ORGANIZATION NAME STAGE & PICTURE OPERATORS AFL-CIO		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px;">G E O R G E</div> Last Name <div style="border: 1px solid black; padding: 2px;">D E T I T T A</div> P.O. Box · Building and Room Number (if any) <div style="border: 1px solid black; height: 20px;"></div> Number and Street <div style="border: 1px solid black; padding: 2px;">3 2 6 W E S T 4 8 T H S T R E E T</div> City <div style="border: 1px solid black; padding: 2px;">N E W Y O R K</div> State ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">N Y 1 0 0 3 6 - 1 3 1 4</div>													
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER <div style="display: flex; justify-content: space-around;"> 5 2 </div>														
7. UNIT NAME (if any) NONE															
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)															

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: <u>George DeTitta</u> Date: <u>3/26/03</u> Telephone Number: <u>212 399 0980</u> PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>John K... [Signature]</u> Date: <u>3/24/03</u> Telephone Number: <u>(212) 399-0980</u> TREASURER (If other title, see instructions.)
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03-104-072/029299 * 0 2 9 2 9 9 *

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?

19. What is the date of your organization's next regular election of officers? MO YEAR

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? \$

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>217 & 2.5% WAGE</u> per YEAR <u>750/2500</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>0</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per <u>0</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	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....		6 8 2 9 8 6	6 3 8 2 0 3
	26. Accounts Receivable.....		1 4 3 8 7 4	2 3 1 2 5 6
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		2 7 5 7 7 1 3	4 0 1 9 3 4 1
	29. Investments.....	2	1 2 5 3 0 5 3	4 4 7 4 2 4
	30. Fixed Assets.....	5	6 3 0 7 8 0	6 1 0 0 7 3
	31. Other Assets.....	3	1 4 3 7 9 3	1 7 6 0 3 2
	32. TOTAL ASSETS.....		5 6 1 2 1 9 9	6 1 2 2 3 2 9

LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....		7 5 3 9 8	8 2 3 7 6
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	1 7 4 4 1 8	1 8 2 0 2 0
	37. TOTAL LIABILITIES.....		2 4 9 8 1 6	2 6 4 3 9 6
	38. NET ASSETS (Item 32 less Item 37).....		5 3 6 2 3 8 3	5 8 5 7 9 3 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 3 7 8 9 2	56. To Officers.....	9		3 7 8 2 6 5
40. Per Capita Tax.....			0	57. To Employees.....	10		1 9 1 6 7 9
41. Fees.....			1 6 3 7 5 0	58. Per Capita Tax.....			5 0 7 3 5 7
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			2 6 0 0 3
43. Assessments.....			1 9 0 2 5 4 6	60. Office & Administrative Expense....	13		2 1 4 3 0 7
44. Work Permits.....			0	61. Educational & Publicity Expense...			5 8 2 2 3
45. Sale of Supplies.....			0	62. Professional Fees.....			1 2 4 1 6 0
46. Interest.....			8 6 1 0 8	63. Benefits.....	11		2 9 4 9 0 4
47. Dividends.....			1 9 3 4 9	64. Contributions, Gifts & Grants.....	12		2 5 7 2 0
48. Rents.....			1 0 0 0 0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		8 8 0 6 6 8	66. Direct Taxes.....			1 5 3 4 6 7
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			2 1 5 3 3 2
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		1 2 1 1 1 1 9
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behaf....			4 5 5 0 3	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		3 5 4 0 4	71. To Affiliates of Funds Collected on Their Behaf.....			0
				72. On Behalf of Individual Members...			4 3 8 1 1
				73. Other Disbursements.....	15		2 8 1 6 5 6
55. TOTAL RECEIPTS.....			3 6 8 1 2 2 0	74. TOTAL DISBURSEMENTS			3 7 2 6 0 0 3

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)
Marketable Securities	
1. Total Cost	4 4 2 8 4 6
2. Total Book Value	4 4 7 4 2 4
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) JOHN HANCOCK PFD INCOME STOCK	1 5 0 0 0 0
(b)	
(c)	
(d)	
Other Investments	
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	4 4 7 4 2 4
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. PREPAID EXPENSE	3 5 3 7 2
2. PREPAID PER CAPITA	1 4 0 0 0 0
3. UTILITIES SECURITY	6 6 0
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 7 6 0 3 2
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	3 0 4 9 6
2. ACCRUED EXPENSE	6 5 0 1 5
3. RESERVE FOR SEVERENCE PAY	4 1 7 4 6
4. BENEFIT FUND EXCHANGE	4 3 6 2 7
5. PAYROLL WITHHOLDING	1 1 3 6
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 8 2 0 2 0
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 WEST 48TH STREET, 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 8 6 1 4 6	4 3 8 0 5 0	9 0 0 0 0 0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	2 2 4 4 7	1 0 4 7 4	1 1 9 7 3	1 0 0 0 0
6. Office Furniture and Equipment	3 2 4 2 1 7	2 7 9 1 6 7	4 5 0 5 0	3 5 0 0 0
7. Other Fixed Assets	2 0 0 0 0	0	2 0 0 0 0	0
8. Totals of Lines 1 through 7	1 2 8 5 8 6 0	6 7 5 7 8 7	6 1 0 0 7 3	1 0 4 0 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. U.S. GOVERNMENT BONDS	1 8 3 7 5 0 9	1 8 3 7 5 0 9	1 9 2 9 6 9 8	1 9 2 9 6 9 8
2. CERTIFICATE OF DEPOSITS	1 9 4 5 2 0	1 9 4 5 2 0	1 9 6 3 6 3	1 9 6 3 6 3
3. PREFERRED STOCK	1 0 0 0 0 0	1 0 0 0 0 0	1 0 2 5 9 2	1 0 2 5 9 2
4. MUTUAL FUNDS	4 6 4 9 8 2	4 6 4 9 8 2	4 7 0 7 7 9	4 7 0 7 7 9
5. Totals from additional pages (if any)	2 1 5 7 9 5	2 1 5 7 9 5	2 1 6 0 9 7	2 1 6 0 9 7
6. Totals of Lines 1 through 5	2 8 1 2 8 0 6	2 8 1 2 8 0 6	2 9 1 5 5 2 9	2 9 1 5 5 2 9
	7. Less Reinvestments			2 0 3 4 8 6 1
	8. Net Sales			8 8 0 6 6 8
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. U.S. GOVERNMENT BONDS	3070364	3070364	3070364
2. PREFERRED STOCK	150000	150000	150000
3. MUTUAL FUNDS	2572	2572	2572
4. OFFICE CABINETS	3044	3044	3044
5. Totals from additional pages (if any)	20000	20000	20000
6. Totals of Lines 1 through 5	3245980	3245980	3245980
7. Less Reinvestments			2034861
8. Net Purchases			1 2 1 1 1 1 9
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 5 0 5 9	1 3 5 0	1 0 1 9 7	3 2 7 3	1 2 9 8 7 9
2.	FORD JOHN R. SECTY TREASURER	C	9 2 3 3 0	2 4 6 0	4 5 6 3	0	9 9 3 5 3
3.	FUNDUS JOHN K. VICE PRESIDENT	C	9 0 4 0 3	9 7 5	1 4 9 1	0	9 2 8 6 9
4.	STOCKLIN ROBERT BUSINESS REP.	N	8 9 4 2 0	2 1 6 0	1 6 8 7	0	9 3 2 6 7
5.	BRINK GARY J. RECORDING SECTY	N	6 0 3 9 5	3 0 3 5	4 2 6	0	6 3 8 5 6
6.	MAHONEY DANIEL M. BUSINESS REP.	P	3 1 0 7 9	3 0 0	4 0 0 6	0	3 5 3 8 5
7.	BARNES MICHAEL J. REGIONAL REP#2	C	2 8 9 5 7	2 2 5	0	0	2 9 1 8 2
8.	Totals from additional pages (if any)		2 2 0 1 5	7 7 7 5	2 0 6 9	0	3 1 8 5 9
9.	Totals of Lines 1 through 8		5 2 9 6 5 8	1 8 2 8 0	2 4 4 3 9	3 2 7 3	5 7 5 6 5 0
					10. Less Deductions	1 9 7 3 8 5	
The total from Line 11 is entered in Item 56					11. Net Disbursements	3 7 8 2 6 5	

*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.	HILL THOMAS MAINTENANCE	5 6 3 0 4	9 6 0	5 4 0	0	5 7 8 0 4
2.	MALDONADO CARMEN L. SECTY OF PRES.	4 4 5 5 2	9 6 0	0	0	4 5 5 1 2
3.	JENNINGS GEORGINA CLERK	3 9 0 6 5	9 6 0	0	0	4 0 0 2 5
4.	MCMAHON EILEEN CLERK	3 8 7 9 9	9 6 0	0	0	3 9 7 5 9
5.	VANDO IRMA SECRETARY	3 4 4 8 1	9 6 0	0	0	3 5 4 4 1
6.	Totals from additional pages (if any)	4 0 6 0 2	3 9 0	0	0	4 0 9 9 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	1 0 9 9 6	0	5 5 9	0	1 1 5 5 5
8.	Totals of Lines 1 through 7	2 6 4 7 9 9	5 1 9 0	1 0 9 9	0	2 7 1 0 8 8
				9. Less Deductions	7 9 4 0 9	
The total from Line 10 is entered in Item 57				10. Net Disbursements	1 9 1 6 7 9	

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 3 9 9 1 1
2. PENSION	L52 PENSION FUND, IATSE	4 7 8 0 7
3. ANNUITY	L52 RESERVE FUND, IATSE	6 3 9 0 6
4. DISABILTIY	HARTFORD LIFE INSURANCE	4 3 2 8 0
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 9 4 9 0 4
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE CONTRIBUTIONS	1 4 7 2 6
2. POLITICAL CONTRIBUTIONS	8 5 0
3. GIFTS & GRATUITIES	1 0 1 4 4
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 5 7 2 0
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. STAT., SUPPLIES & PRINTING	1 5 8 8 3
2. POSTAGE	2 4 9 9 0
3. OFFICE EXPENSE	1 3 5 3 9
4. TELEPHONE	2 4 3 1 9
5. EQUIP. RENTAL & MAINTENANCE	4 7 4 6 3
6. RENT & UTILITIES	1 6 3 6 8
7. Total from additional pages (if any)	7 1 7 4 5
8. Total of Lines 1 through 7	2 1 4 3 0 7
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. GUEST FEE ADMISSIONS	1 7 1 3 1
OFFICERS EXPENSE	
2. REIMBURSEMENT	3 4 7
3. SALARY REIMBURSEMENT	2 6 1 8
4. EXCHANGE	5 1 9 4
5. ADMINISTRATIVE EXPENSE REFUND	3 2 8 3
6. MISC.	6 8 3 1
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 5 4 0 4
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. DUES & FEES REFUND	2 8 7 4 7
2. CONVENTION & MEETING EXPENSE	3 1 5 0 5
3. GOLF & PICNIC OUTINGS	4 2 0 2 9
4. MEMBERSHIP FUNCTIONS	1 6 3 9 7
5. EXCHANGE	5 4 2 8
6. ELECTION	1 7 5 5 0
7. SPONSOR LOCAL 52, 401(K) PLAN	0
8. ADMINISTRATIVE EXPENSE	1 4 0 0 0 0
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 8 1 6 5 6
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2002

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>							
SCARDINO JR. JOHN REGIONAL REP#3	C		4 1 4 4	7 5	1 1 6 3	0	5 3 8 2
MALONE JAMES V. ELECTRIC REP.	N		3 8 8 5	9 7 5	2 7 2	0	5 1 3 2
OATES JOHN L. ELECTRIC REP.	P		3 3 6 7	2 2 5	1 8 7	0	3 7 7 9
KENNY PHILIP REGIONAL REP#5	C		3 3 6 7	6 0 0	0	0	3 9 6 7
REGNIER RICHARD REGIONAL REP#4	C		3 3 6 7	6 0 0	0	0	3 9 6 7
FINNERTY JOHN SGT AT ARMS	N		7 7 7	7 5 0	0	0	1 5 2 7
GRAZIADEI FRANK J. SOUND REP.	N		5 1 8	4 5 0	0	0	9 6 8
HIRST JOHN W. SOUND REP.	P		5 1 8	0	0	0	5 1 8

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

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>							
MCKENNA KEVIN	VIDEO REP.	C	5 1 8	2 2 5	0	0	7 4 3
WALSH RORY	GRIP REP.	N	5 1 8	9 0 0	0	0	1 4 1 8
MCDERMOTT THOMAS A.	PROPERTY	C	5 1 8	4 5 0	3 3 3	0	1 3 0 1
BOLES THOMAS J.	SHOP CRAFT REP.	C	5 1 8	4 5 0	0	0	9 6 8
HICKS ALAN	CHAIRPERSON BB	C	0	1 1 2 5	0	0	1 1 2 5
FORD HARRY C.	RECORDING SECTY	P	0	4 2 5	0	0	4 2 5
DOLAN JOHN P.	CHAIRPERSON BT	N	0	3 0 0	0	0	3 0 0
KELLY KATHLEEN M	ALLIED CRAFTS	C	0	2 2 5	1 1 4	0	3 3 9

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2002

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>						
DELANEY MICHAEL MEMBER BB	N	0	0	0	0	0
GARTLAND JAMES V. GRIP REP.	P	0	0	0	0	0
HICKS JOHN A. SGT AT ARMS	P	0	0	0	0	0

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

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>					
MCDONOUGH ADMIN. ASSIST.	2 6 4 4 4	7 5	0	0	2 6 5 1 9
GRUBER ADMIN. ASSIST.	1 4 1 5 8	3 1 5	0	0	1 4 4 7 3

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2002

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)		Disbursements for Official Business	Other Disbursements	Total
(B) Position <small>(Enter employee's job title.)</small>	(D)	Allowances (E)	(F)	(G)	(H)
(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:
12/31/2002

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:
12/31/2002

75. ADDITIONAL INFORMATION (continued)

Item Number	
14	<p data-bbox="262 292 1967 324">THE UNION AND SUBSIDIARY ARE AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF GOULD, KOBRICK AND SCHLAPP, P.C.</p> <p data-bbox="262 454 1967 552">SCHEDULE 9, COLUMN F PRESIDENT, AMOUNTS ARE 100% OF COSTS OF LEASED AUTOMOBILE. PERSONAL USE IS PERMITTED. THE USE OF THE VEHICLE WAS >50% FOR OFFICIAL BUSINESS.</p> <p data-bbox="262 617 1967 803">SCHEDULE 15 LINE 2: CONFERENCES AND MEETINGS EXPENSE LISTED ON LINE 2 DO NOT INCLUDE ANY AMOUNTS REPORTED ON SCHEDULE 9 AND 10. LINE 7: SPONSOR LOCAL 52, 401(K) PLAN ADMINISTRATIVE EXPENSE, THE UNION'S EXECUTIVE BOARD VOTED TO PAY THE ADMINISTRATIVE EXPENSES OF THE UNION SPONSORED COLLECTIVELY BARGAINED LOCAL 52, 401(K) PLAN THAT WERE INCURRED DURING THE 2001 PLAN YEAR.</p>

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2002

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>

