


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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 2 9 - 2 9 9</div>	2. PERIOD COVERED <table style="width:100%; 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="border: 1px solid black; padding: 2px;">0 1</td> <td style="border: 1px solid black; padding: 2px;">0 1</td> <td style="border: 1px solid black; padding: 2px;">2 0 0 3</td> </tr> <tr> <td style="text-align: center;">Through</td> <td style="border: 1px solid black; padding: 2px;">1 2</td> <td style="border: 1px solid black; padding: 2px;">3 1 2 0 0 3</td> </tr> </table>	MO	DAY	YEAR	0 1	0 1	2 0 0 3	Through	1 2	3 1 2 0 0 3	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 3										
Through	1 2	3 1 2 0 0 3										

4. AFFILIATION OR ORGANIZATION NAME STAGE & PICTURE OPERATORS AFL-CIO	8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">G E O R G E</div> Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">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; width: 100%;"></div>
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 52
7. UNIT NAME (if any)	Number and Street <div style="border: 1px solid black; padding: 2px; display: inline-block;">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; display: inline-block;">N E W Y O R K</div> State ZIP Code + 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;">N Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 0 3 6</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 3 1 4</div>
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 VII on penalties in the instructions.)

76. SIGNED: <u><i>George DeTitta</i></u> PRESIDENT Date: <u>3-24-04</u> Telephone Number: <u>212 399 0980</u> (If other title, see instructions.)	77. SIGNED: <u><i>John Meola</i></u> TREASURER Date: <u>3/24/04</u> Telephone Number: <u>(212) 399-0980</u> (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(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 1 9
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>225 & 2.5% WAGE</u> per <u>YEAR</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>750/2500</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?
- (If the constitution and bylaws or practices/procedures have changed, see the instructions.)*
- Yes No
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 SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
			Item	Item
ASSETS	25. Cash.....		6 3 8 2 0 3	8 7 1 5 0 8
	26. Accounts Receivable.....		2 3 1 2 5 6	2 5 4 2 9 6
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		4 0 1 9 3 4 1	3 5 6 6 9 7 2
	29. Investments.....	2	4 4 7 4 2 4	1 4 5 0 0 5 6
	30. Fixed Assets.....	5	6 1 0 0 7 3	5 7 7 8 8 7
	31. Other Assets.....	3	1 7 6 0 3 2	1 4 9 3 5 4
	32. TOTAL ASSETS.....		6 1 2 2 3 2 9	6 8 7 0 0 7 3
LIABILITIES	33. Accounts Payable.....		8 2 3 7 6	8 6 2 8 6
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	1 8 2 0 2 0	2 0 6 5 1 2
	37. TOTAL LIABILITIES.....		2 6 4 3 9 6	2 9 2 7 9 8
	38. NET ASSETS (Item 32 less Item 37).....		5 8 5 7 9 3 3	6 5 7 7 2 7 5

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

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	1 4 9 9 6 4 1
2. Total Book Value	1 4 5 0 0 5 6
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) EATON VANCE LOW DURATION	1 1 6 8 7 6 8
(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	1 4 5 0 0 5 6
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. PREPAID EXPENSE	6 9 3 0 0
2. PREPAID PER CAPITA	8 0 0 5 4
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 4 9 3 5 4
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 2 3 9 9
2. ACCRUED EXPENSE	5 6 0 9 3
3. RESERVE FOR SEVERENCE PAY	4 9 1 7 0
4. BENEFIT FUND EXCHANGE	7 8 7 4 8
5. PAYROLL WITHHOLDING	1 0 2
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 0 6 5 1 2
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 STREET, NY NY 10036	8 2 4 1 9 6	4 0 9 1 4 9	4 1 5 0 4 7	9 0 0 0 0 0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	2 2 4 4 7	1 4 9 6 3	7 4 8 4	5 0 0 0
6. Office Furniture and Equipment	3 3 3 9 1 5	2 9 5 2 2 6	3 8 6 8 9	3 0 0 0 0
7. Other Fixed Assets	3 0 0 0 0	8 3 3 3	2 1 6 6 7	2 0 0 0 0
8. Totals of Lines 1 through 7	1 3 0 5 5 5 8	7 2 7 6 7 1	5 7 7 8 8 7	1 0 5 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	3 0 7 9 6 4 9	3 0 7 9 6 4 9	3 1 4 5 3 8 3	3 1 4 5 3 8 3
2. CERTIFICATE OF DEPOSITS	7 5 0 4 7	7 5 0 4 7	7 5 0 0 0	7 5 0 0 0
3. CORPORATE BONDS	1 1 0 0 0 0	1 1 0 0 0 0	1 1 3 2 3 6	1 1 3 2 3 6
4. PREFERRED STOCKS	1 5 0 0 0 0	1 5 0 0 0 0	1 5 2 8 2 3	1 5 2 8 2 3
5. Totals from additional pages (if any)	9 9 6 8 6	9 9 6 8 6	9 9 8 7 8	9 9 8 7 8
6. Totals of Lines 1 through 5	3 5 1 4 3 8 2	3 5 1 4 3 8 2	3 5 8 6 3 2 0	3 5 8 6 3 2 0
	7. Less Reinvestments			0
	8. Net Sales			3 5 8 6 3 2 0
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	2 6 8 6 1 4 7	2 6 8 6 1 4 7	2 6 8 6 1 4 7
2. CORPORATE BONDS	1 1 0 0 0 0	1 1 0 0 0 0	1 1 0 0 0 0
3. MUTUAL FUNDS	1 3 8 1 5 2 8	1 3 8 1 5 2 8	1 3 8 1 5 2 8
4. MACHINERY & EQUIPMENT	7 4 3 8	7 4 3 8	7 4 3 8
5. Totals from additional pages (if any)	1 2 2 6 0	1 2 2 6 0	1 2 2 6 0
6. Totals of Lines 1 through 5	4 1 9 7 3 7 3	4 1 9 7 3 7 3	4 1 9 7 3 7 3
7. Less Reinvestments			0
8. Net Purchases			4 1 9 7 3 7 3
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 2 0 7 6 8	8 2 5	1 5 9 2 1	3 2 7 3	1 4 0 7 8 7
2.	FUNDUS JOHN K. VICE PRESIDENT	C	9 7 6 5 8	9 0 0	4 1 8 0	0	1 0 2 7 3 8
3.	FORD JOHN R. SECTY TREASURER	C	9 6 2 5 6	2 1 7 5	8 9 9 4	0	1 0 7 4 2 5
4.	STOCKLIN ROBERT BUSINESS REP.	C	9 6 2 1 9	1 8 0 0	1 6 8 8	0	9 9 7 0 7
5.	BRINK GARY J. RECORDING SECTY	C	6 3 9 3 8	3 8 2 5	0	0	6 7 7 6 3
6.	BARNES MICHAEL J. REGIONAL REP. #2	C	3 0 3 7 2	1 5 0	0	0	3 0 5 2 2
7.	SCARDINO JR. JOHN REGIONAL REP. #3	C	4 3 3 8	7 5	1 2 4 7	0	5 6 6 0
8.	Totals from additional pages (if any)		1 0 7 1 3	3 9 7 5	6 3 3	0	1 5 3 2 1
9.	Totals of Lines 1 through 8		5 2 0 2 6 2	1 3 7 2 5	3 2 6 6 3	3 2 7 3	5 6 9 9 2 3
					10. Less Deductions	2 0 2 0 0 1	
The total from Line 11 is entered in Item 56					11. Net Disbursements	3 6 7 9 2 2	

*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 8 5 6 1	9 0 0	0	0	5 9 4 6 1
2. MALDONADO CARMEN L. SECTY OF PRESID.	5 1 7 9 2	9 0 0	0	0	5 2 6 9 2
3. GRUBER MICHELE V. ADMIN. ASSISTANT	4 5 3 1 2	9 0 0	0	0	4 6 2 1 2
4. JENNINGS GEORGINA CLERK	3 9 6 7 3	9 0 0	0	0	4 0 5 7 3
5. MCMAHON EILEEN CLERK	3 9 1 9 6	9 0 0	0	0	4 0 0 9 6
6. Totals from additional pages (if any)	3 5 5 4 0	9 0 0	0	0	3 6 4 4 0
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	8 6 3 8	0	0	0	8 6 3 8
8. Totals of Lines 1 through 7	2 7 8 7 1 2	5 4 0 0	0	0	2 8 4 1 1 2
			9. Less Deductions	8 3 2 4 9	
The total from Line 10 is entered in Item 57			10. Net Disbursements	2 0 0 8 6 3	

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

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

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

**SCHEDULE 14 -
OTHER RECEIPTS**

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

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

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

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

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)*					
KENNY PHILLIP REGIONAL REP. #5	C	3 2 7 1	5 2 5	0	0	3 7 9 6
REGINER RICHARD REGIONAL REP. #4	C	3 2 7 1	1 5 0	0	0	3 4 2 1
DOLAN JOHN P. CHAIRMAN BT	C	8 0 0	1 5 0	0	0	9 5 0
MALONE JAMES V. ELECTRIC REP.	C	6 4 2	6 0 0	1 9	0	1 2 6 1
GRAZIADEI FRANK J. SOUND REP.	C	5 4 1	3 7 5	0	0	9 1 6
WALSH RORY GRIP REP.	C	5 4 1	6 7 5	0	0	1 2 1 6
MCDERMOTT THOMAS A. PROPERTY	C	5 4 1	3 0 0	4 3	0	8 8 4
BOLES THOMAS J. SHOP CRAFT REP.	C	5 4 1	2 2 5	0	0	7 6 6

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

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

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

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</i>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>						
FINNERTY JOHN SGT-AT-ARMS	C	2 9 0	0	0	0	2 9 0
MCKENNA KEVIN VIDEO REP.	C	2 7 5	7 5	0	0	3 5 0
KELLY KATHLEEN M ALLIED CRAFTS	C	0	3 0 0	5 7 1	0	8 7 1
HICKS ALAN CHAIRMAN BB	C	0	6 0 0	0	0	6 0 0

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

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>					
VANDO SECRETARY	3 5 5 4 0	9 0 0	0	0	3 6 4 4 0

ORGANIZATION NAME:
STAGE & PICTURE OPERATORS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

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:
12/31/2003

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: 029 - 299

ENDING DATE OF PERIOD COVERED:
12/31/2003

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> <p>LOCAL 52 401(K) PLAN EIN# 13-4059105 PLAN# 005 355 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:

12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number

14

THE UNION AND SUBSIDIARY ARE AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF GOULD, KOBRICK & SCHLAPP, P.C.

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.

SCHEDULE 15

LINE 2: CONFERENCES AND MEETINGS EXPENSE LISTED ON LINE 2 DO NOT INCLUDE ANY AMOUNTS REPORTED ON SCHEDULES 9 OR 10.

