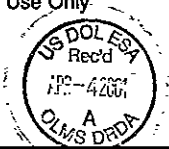


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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 	1. FILE NUMBER 0 4 3 - 5 3 6	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
--	---------------------------------	---	--

IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name
J A C K

Last Name
L O V E A L L

P.O. Box • Building and Room Number (if
S U I T E 1 0 0

Number and Street
2 2 0 0 P R O F E

City
R O S E V I L L E

State ZIP Code + 4
C A 9 5 6 6 1 - 7



4. AFFILIATION OR ORGANIZATION NAME
UFCW INTERNATIONAL UNION, AFL-CIO, CLC

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

6. DESIGNATION NUMBER
588

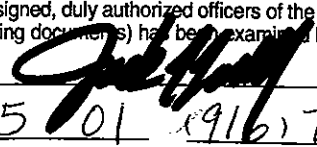
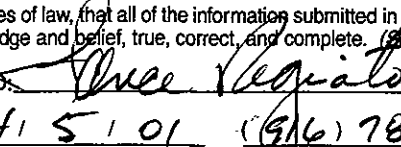
7. UNIT NAME (if any)

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

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number 10, 11, 12 14, 16, 23 25 & 29	SCHEDULES ATTACHED
--	--------------------

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:  PRESIDENT 77. SIGNED:  TREASURER
 Date: 4 1 5 0 1 Telephone Number: (916) 786-0588 Date: 4 1 5 1 0 1 Telephone Number: (916) 786-0588

During the Reporting Period Did Your Organization:

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

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 3 7 3 9
19. What is the date of your organization's next regular election of officers? MO YEAR
1 2 2 0 0 3
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>26.00 - 48.00</u> per <u>MONTH</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>0.00 - 510.00</u>
(c) Transfer Fees	\$ <u>25.00</u>
(d) Work Permits	\$ <u>NONE</u> per _____ <i>(Month, Year, etc.)</i>

- | | Yes | No |
|---|-----|----|
| 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?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | X | |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 4 3 — 5 3 6

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)
ASSETS	25. Cash.....			1 9 5 9 3 0 1	1 0 0 5 5 6 2
	26. Accounts Receivable.....			0	0
	27. Loans Receivable.....	1		1 0 7 9 5 7	1 0 6 3 3 2
	28. U.S. Treasury Securities.....			0	0
	29. Investments.....	2		1 5 1 0 0 9 4	1 7 2 3 8 9 5
	30. Fixed Assets.....	5		4 8 9 6 0 4 6	7 6 1 6 1 6 5
	31. Other Assets.....	3		2 8 0 0 0	2 9 1 0 0
	32. TOTAL ASSETS.....			8 5 0 1 3 9 8	1 0 4 8 1 0 5 4
LIABILITIES	33. Accounts Payable.....			0	0
	34. Loans Payable.....	8		7 1 5 3 7 3	3 4 2 9 6 9 3
	35. Mortgages Payable.....			3 7 8 0 4 3 3	3 7 1 1 8 4 7
	36. Other Liabilities.....	4		5 1 0 1 7	4 7 1 8 3
	37. TOTAL LIABILITIES.....			4 5 4 6 8 2 3	7 1 8 8 7 2 3
	38. NET ASSETS (Item 32 less Item 37).....			3 9 5 4 5 7 5	3 2 9 2 3 3 1

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 4 3 _ 5 3 6

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

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 4 3 - 5 3 6

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. Name: <u>FRANK P. MENDOZA</u> Purpose: <u>SALE OF REAL PROPERTY</u> Security: <u>DEED OF TRUST</u> Terms of Repayment: <u>PR. INT. PMT OF \$895/M</u>	107,957	0	1,625	0	106,332
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	1 0 7 9 5 7	0	1 6 2 5	0	1 0 6 3 3 2
Enter the Totals from Line 6 in	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

**SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 0 4 3 _ 5 3 6

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1,770,219
2. Total Book Value	1,723,895
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
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) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 7 2 3 8 9 5
Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. MEMBERSHIP UNIT	28,000
2. DEPOSITS	1,100
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 9 1 0 0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES AND OTHER WITHHOLDINGS	47,183
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 7 1 8 3
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 4 3 - 5 3 6

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): SCHEDULE ATTACHED	1,080,480		1,080,480	
2. Totals from additional pages (if any)				
3. Buildings (give location): SCHEDULE ATTACHED	4,655,678	1,330,435	3,325,243	
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	949,744	840,053	109,691	
7. Other Fixed Assets	4,032,605	931,854	3,100,751	
8. Totals of Lines 1 through 7	10,718,507	3,102,342	7 6 1 6 1 6 5	
Enter the Total from Line 8, Column (D) 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. UNITED STATES GOVERNMENT AGENCY OBLIGATIONS	100,900	100,900	100,000	100,000
2. CORPORATE BONDS	44,813	44,813	46,000	46,000
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	145,713	145,713	146,000	146,000
	7. Less Reinvestments			0
	8. Net Sales			1 4 6 0 0 0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 4 3 - 5 3 6

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FURNITURE AND EQUIPMENT	65,598	65,598	65,598
2. TRANSPORTATION EQUIPMENT	3,078,900	3,078,900	3,078,900
3. COMMON STOCKS	389,403	389,403	389,403
4. CORPORATE BONDS	74,039	74,039	74,039
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	3,607,940	3,607,940	3,607,940
7. Less Reinvestments			0
8. Net Purchases			3 6 0 7 9 4 0
Enter the Total from Line 8 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. UNITED NATIONAL BANK & TRUST CO.	0	2,733,750	4,794	0	2,728,956
2. FIRST SOURCE BANK	684,821	0	84,084	0	600,737
3. CALIFORNIA BANK & TRUST	0	100,000	0	0	100,000
4. UNION BANK OF CALIFORNIA	30,552	0	30,552	0	0
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	7 1 5 3 7 3	2 8 3 3 7 5 0	1 1 9 4 3 0	0	3 4 2 9 6 9 3
Enter the Totals from Line 6 in					
↑ Item 34 Column (C)		↑ Item 50	↑ Item 70	↑ Item 75 with Explanation	↑ Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 4 3 — 5 3 6

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</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)*					
1. Last Name: L O V E A L L First Name: J A C K Title: P R E S I D E N T Status: C	C	3 8 2 8 5 0	0	4 3 2 4 3	0	4 2 6 0 9 3
2. Last Name: R E G I N A T O First Name: L A N C E Title: S E C R E T A R Y - T R E A S Status: C	C	1 4 1 1 7 4	7 9 8 0	3 0 4 5	0	1 5 2 1 9 9
3. Last Name: B E R N S First Name: L E E Title: R E C O R D E R Status: C	C	1 4 9 9 3 3	0	9 9 9 9	0	1 5 9 9 3 2
4. Last Name: A M B R O S I First Name: J O E Title: V I C E P R E S I D E N T Status: C	C	8 2 2 7 1	7 9 8 0	2 3 8 5	0	9 2 6 3 6
5. Last Name: B E R N S First Name: M A R K Title: V I C E P R E S I D E N T Status: C	C	5 3 5 2 0	7 9 8 0	2 4 7 1	0	6 3 9 7 1
6. Last Name: B I L L I N G S First Name: C A R O L Y N Title: V I C E P R E S I D E N T Status: P	P	0	1 2 5 0	0	0	1 2 5 0
7. Last Name: B R A N D O N First Name: O B I E Title: V I C E P R E S I D E N T Status: C	C	1 0 8 2 9 6	7 9 8 0	1 9 5 4	0	1 1 8 2 3 0
8. Totals from additional pages (if any)		542,080	57,188	15,235	0	614,503
9. Totals of Lines 1 through 8		1,460,124	90,358	78,332	0	1,628,814
10. Less Deductions						6 2 4 5 8 8
Enter the Total from Line 11 in Item 56 →						1 0 0 4 2 2 6
*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 on page 1.)		

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 3 — 5 3 6

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>						
(C) Name of Affiliated Organization <i>(if applicable)</i>						
1.	Last Name A L E S S I First Name A N D Y Position B U S I N E S S R E P Name of Affiliated Organization	7 6 1 9 7	7 9 8 0	1 3 0 4	0	8 5 4 8 1
2.	Last Name A L L E N First Name L O R I Position O F F I C E C L E R I C A L Name of Affiliated Organization	3 5 3 3 5	0	0	0	3 5 3 3 5
3.	Last Name B A N U E L O S First Name J O E Position B U S I N E S S R E P Name of Affiliated Organization	7 6 1 9 7	7 9 8 0	9 7 6	0	8 5 1 5 3
4.	Last Name B A T C H E L O R First Name K A R E N Position O F F I C E C L E R I C A L Name of Affiliated Organization	1 7 6 4 3	0	0	0	1 7 6 4 3
5.	Last Name B E R N S First Name J E F F Position B U S I N E S S R E P Name of Affiliated Organization	9 7 3 2	1 9 9 5	4 5 0	0	1 2 1 7 7
6. Totals from additional pages <i>(if any)</i>		2,723,124	166,800	55,382		2,945,306
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		210,447	0	37	0	210,484
8. Totals of Lines 1 through 7		3,148,675	184,755	58,149	0	3,391,579
				9. Less Deductions		1 1 8 6 1 2 5
Enter the Total from Line 10 in.....			Item 57 ⇨	10. Net Disbursements		2 2 0 5 4 5 4

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 4 3 — 5 3 6

Description (A)	To Whom Paid (B)	Amount (C)
1. EMPLOYERS INDUSTRY BENEFITS	TRUST FUNDS	457,629
2. WORKERS' COMPENSATION INSURANCE	INSURANCE COMPANY	23,649
3. LIFE INSURANCE	INSURANCE COMPANY	5,215
4. LIFE INSURANCE	INTERNATIONAL UNION	2,342
5. Total from additional pages (if any)		17,112
6. Total of Lines 1 through 5		5 0 5 9 4 7
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE CONTRIBUTIONS	41,542
2. ACTIVE BALLOT CLUB	2,123
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 3 6 6 5
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	61,866
2. OFFICE EXPENSES	136,696
3. TELEPHONE	140,556
4. POSTAGE AND SHIPPING	167,281
5. PRINTING	67,563
6. DUES AND SUBSCRIPTIONS	2,981
7. Total from additional pages (if any)	320,654
8. Total of Lines 1 through 7	8 9 7 5 9 7
Enter the Total from Line 8 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. INTERNATIONAL UNION STRIKE ASSISTANCE	160,237
2. EXPENSE REIMB. FROM INT'L UNION	195,375
3. EXPENSE REIMB. FROM UFCW TRUST FUND	142,651
4. SICK LEAVE REIMBURSEMENTS	15,324
5. OTHER REIMBURSEMENTS	92,718
6. MISCELLANEOUS INCOME	250
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 0 6 5 5 5
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MEMBERSHIP SERVICES	25,035
2. ORGANIZING EXPENSES	101,285
3. PROMOTIONS	263,861
4. SPONSORSHIPS	41,315
5. HOUSING ALLOWANCE	2,150
6. LOAN FEES	33,750
7. LEGAL SETTLEMENT	112,500
8. RENTAL EXPENSE	165,093
9. TRANSPORTATION EQUIPMENT EXPENSES	244,695
10. INTEREST EXPENSE	421,353
11. PRINCIPAL PYMNT ON TRUST DEED MTGE.	68,586
12. REFUND OF DUES	82,598
13. EXECUTIVE BOARD EXPENSES	18,103
14. AGENTS EXPENSES	492,916
15. TRAVEL AND LODGING	27,172
16. Total from additional pages (if any)	930,888
17. Total of Lines 1 through 16	3 0 3 1 3 0 0
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
 IECW INTERNATIONAL UNION AFL-CIO, CLC
 ENDING DATE OF PERIOD COVERED:
 12/31/2000

FILE NUMBER: 0 4 3 - 5 3 6

PAGE 1 OF 17 ADDITIONAL PAGES

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

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: B R O W N First Name: J A M E S Title: V I C E P R E S I D E N T Status: C	C	0	3 0 0 0	0	0	3 0 0 0
Last Name: C A R L I S L E First Name: M I C H A E L Title: V I C E P R E S I D E N T Status: C	C	0	3 2 6 4	0	0	3 2 6 4
Last Name: C H A V E Z First Name: J O A N N E Title: V I C E P R E S I D E N T Status: P	P	0	4 0 0	0	0	4 0 0
Last Name: G O T S C H A L L First Name: K E N N E T H Title: V I C E P R E S I D E N T Status: C	C	1 1 6 5 7 6	0	4 0 2 7	0	1 2 0 6 0 3
Last Name: H A M M O N D First Name: C I N D Y Title: V I C E P R E S I D E N T Status: N	N	0	8 0 0	0	0	8 0 0
Last Name: K O P C H A K First Name: J O H N Title: V I C E P R E S I D E N T Status: N	N	0	8 0 0	0	0	8 0 0
Last Name: L O V E A L L First Name: J A C Q U E S Title: V I C E P R E S I D E N T Status: C	C	1 1 9 5 9 6	7 9 8 0	9 9 2	0	1 2 8 5 6 8
Last Name: M E D I N A First Name: M I C H A E L Title: V I C E P R E S I D E N T Status: P	P	0	2 5 0 0	0	0	2 5 0 0
Totals		2 3 6 1 7 2	1 8 7 4 4	5 0 1 9		2 5 9 9 3 5

ORGANIZATION NAME:
 IFCW INTERNATIONAL UNION AFL-CIO CLC
 ENDING DATE OF PERIOD COVERED:
 12/31/2000

FILE NUMBER: 0 4 3 - 5 3 6

PAGE 2 OF 17 ADDITIONAL PAGES

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. Use all capital letters.)</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)					
Last Name M E D I N A S First Name B E A T R I C Title V I C E P R E S I D E N T Status C		0	3 0 0 0	0		3 0 0 0
Last Name M I C H E L E T T I First Name J O H N Title V I C E P R E S I D E N T Status C		5 3 3 8 4	7 9 8 0	1 1 2 5	0	6 2 4 8 9
Last Name M I N O R First Name L O R A Title V I C E P R E S I D E N T Status N		0	8 0 0	0	0	8 0 0
Last Name P E R R I N First Name M I C H A E L Title V I C E P R E S I D E N T Status C		0	3 0 0 0	0	0	3 0 0 0
Last Name R A Y N E S First Name D A V I D Title V I C E P R E S I D E N T Status C		8 5 3 7 6	0	5 0 0 0	0	9 0 3 7 6
Last Name S A L T O N First Name R I C H A R D Title V I C E P R E S I D E N T Status C		4 5 8 4 9	7 9 8 0	6 6 6	0	5 4 4 9 5
Last Name T H U R N First Name L O R I Title V I C E P R E S I D E N T Status N		0	8 0 0	0	0	8 0 0
Last Name T U R S K Y First Name M I C H A E L Title V I C E P R E S I D E N T Status C		1 2 1 2 9 9	7 9 8 0	3 4 2 5		1 3 2 7 0 4
Totals		3 0 5 9 0 8	3 1 5 4 0	1 0 2 1 6		3 4 7 6 6 4

ORGANIZATION NAME
UFCW INTERNATIONAL UNION, AFL-CIO, CLC
 ENDING DATE OF PERIOD COVERED:
12/31/2000

FILE NUMBER: 0 4 3 - 5 3 6

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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. Use all capital letters.)</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>							
Last Name W E S T	First Name E D W A R D		0	3 0 0 0	0	0	3 0 0 0
Title V I C E P R E S I D E N T	Status C						
Last Name W O N G	First Name A L B E R T		0	9 0 4	0	0	9 0 4
Title V I C E P R E S I D E N T	Status N						
Last Name W Y M A N	First Name L I N D A		0	3 0 0 0	0	0	3 0 0 0
Title V I C E P R E S I D E N T	Status C						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Totals				6 9 0 4			6 9 0 4

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

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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. Use all capital letters.)</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>							
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
		Totals					

ORGANIZATION NAME:
 UFEW INTERNATIONAL UNION AFL CIO CLC
 ENDING DATE OF PERIOD COVERED:
 12/31/2000

FILE NUMBER: 0 4 3 - 5 3 6

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name B E R N K I M Position O F F I C E C L E R I C A L Name of Affiliated Organization	2 8 0 3 8	0	0	0	2 8 0 3 8
Last Name First Name B O T I C A M I C H A E L Position G R I E V D E P T C O O R D Name of Affiliated Organization	1 0 5 0 0 7	0	1 8 3 5	0	1 0 6 8 4 2
Last Name First Name B O U C H A R D L E S L I E Position E X E C S E C R E T A R Y Name of Affiliated Organization	6 1 9 6 3	0	5 9 1	0	6 2 5 5 4
Last Name First Name B R A N D O N E R I C Position B U S I N E S S R E P Name of Affiliated Organization	4 4 3 6 8	7 9 8 0	3 1 8 0	0	5 5 5 2 8
Last Name First Name C A R L T O N K I M Position E X E C S E C R E T A R Y Name of Affiliated Organization	4 7 6 9 6	0	0	0	4 7 6 9 6
Totals	2 8 7 0 7 2	7 9 8 0	5 6 0 6		3 0 0 6 5 8

ORGANIZATION NAME:
UFCW INTERNATIONAL UNION, AFL-CIO, CLC
 ENDING DATE OF PERIOD COVERED
 12/31/2000

FILE NUMBER: 0 4 3 — 5 3 6

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: C H I A R A First Name: P A T R I C I Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	2 4 0 0 0	0	0	0	2 4 0 0 0
Last Name: C I O T T I First Name: J O S E P H Position: B U S I N E S S R E P Name of Affiliated Organization:	7 7 3 9 6	7 9 8 0	2 6 2 6	0	8 8 0 0 2
Last Name: C O W D R E Y First Name: G E R A L D I Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 2 8 1 8	0	0	0	3 2 8 1 8
Last Name: C R E S P I L L O First Name: L I N D A Position: O F F I C E S E C R E T A R Y Name of Affiliated Organization:	4 3 8 7 3	0	0	0	4 3 8 7 3
Last Name: E N S B U R Y First Name: R I C H A R D Position: B U S I N E S S R E P Name of Affiliated Organization:	8 5 5 3 3	0	1 5 5 2	0	8 7 0 8 5
Totals	2 6 3 6 2 0	7 9 8 0	4 1 7 8		2 7 5 7 7 8

ORGANIZATION NAME:
 UFCW INTERNATIONAL UNION, AFL-CIO, CLC

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: FERGUSON First Name: DARIN Position: SPECIAL REP Name of Affiliated Organization:	5 2 2 6 3	7 9 8 0	2 1 4 4	0	6 2 3 8 7
Last Name: FOSSI First Name: MARGIE Position: EXECUTIVE SEC Name of Affiliated Organization:	3 9 8 8 9	0	0	0	3 9 8 8 9
Last Name: GENTRY First Name: MICHAEL Position: BUSINESS REP Name of Affiliated Organization:	6 8 1 1 7	7 9 8 0	3 0 0 2	0	7 9 0 9 9
Last Name: GULIANI First Name: JUDITH Position: EXECUTIVE SEC Name of Affiliated Organization:	3 3 8 5 6	0	0	0	3 3 8 5 6
Last Name: GLAZER First Name: RICHARD Position: BUSINESS REP Name of Affiliated Organization:	9 7 8 5 2	7 9 8 0	8 6 4	0	1 0 6 6 9 6
Totals	2 9 1 9 7 7	2 3 9 4 0	6 0 1 0		3 2 1 9 2 7

ORGANIZATION NAME:
UFCW INTERNATIONAL UNION, AFL-CIO, CLC

ENDING DATE OF PERIOD COVERED:
12/31/2000

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: G O F F First Name: S T E P H E N Position: B U S I N E S S R E P Name of Affiliated Organization:	7 7 3 9 6	7 9 8 0	3 5 5 4	0	8 8 9 3 0
Last Name: H E I S E First Name: J O H N Position: B U S I N E S S R E P Name of Affiliated Organization:	7 7 3 9 7	7 9 8 0	2 5 0 0	0	8 7 8 7 7
Last Name: H O R N First Name: G O L D I E Position: D A T A P R O C E S S O R Name of Affiliated Organization:	3 6 1 8 3	0	0	0	3 6 1 8 3
Last Name: J O H N S O N First Name: K E V I N Position: T R A N S C O O R Name of Affiliated Organization:	4 1 6 4 6	0	5 1 2 5	0	4 6 7 7 1
Last Name: K I E H L M E I E R First Name: T E R R I Position: B U S I N E S S R E P Name of Affiliated Organization:	4 5 5 8 9	7 9 8 0	2 0 8 5	0	5 5 6 5 4
Totals	2 7 8 2 1 1	2 3 9 4 0	1 3 2 6 4		3 1 5 4 1 5

ORGANIZATION NAME
 UFCW INTERNATIONAL UNION, AFL-CIO, CLC

ENDING DATE OF PERIOD COVERED.
 12/31/2000

FILE NUMBER: 0 4 3 - 5 3 6

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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. Use all capital letters.)</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>					
Last Name: K O Z L O S K I First Name: C A R L A Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	2 4 3 4 2	0	0	0	2 4 3 4 2
Last Name: K R I S T O F F First Name: R A Y M O N D Position: B U S I N E S S R E P Name of Affiliated Organization:	8 3 3 9 6	7 9 8 0	2 8 9 6	0	9 4 2 7 2
Last Name: L E W I S First Name: T A M A R A Position: B U S I N E S S R E P Name of Affiliated Organization:	4 5 4 4 5	7 9 8 0	1 2 6 1	0	5 4 6 8 6
Last Name: L O V E A L L First Name: A D A M Position: B U S R E P A S T L E G Name of Affiliated Organization:	9 5 4 7 1	7 9 8 0	1 1 5 7	0	1 0 4 6 0 8
Last Name: L O V E L A D Y First Name: J A S O N Position: B U S I N E S S R E P Name of Affiliated Organization:	1 0 6 6 3 9	0	2 3 4 4	0	1 0 8 9 8 3
Totals	3 5 5 2 9 3	2 3 9 4 0	7 6 5 8		3 8 6 8 9 1

ORGANIZATION NAME:
 U I E C W INTERNATIONAL UNION, AFL-CIO, CLC
 ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: M E N C H A C A First Name: C H R I S T I Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	2 5 9 2 7	0	0	0	2 5 9 2 7
Last Name: M E Y E R S First Name: D O N N A Position: B U S I N E S S R E P Name of Affiliated Organization:	8 5 3 7 6	0	2 0 1	0	8 5 5 7 7
Last Name: M I T C H E L L First Name: S A N D R A Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 3 5 4 3	0	0	0	3 3 5 4 3
Last Name: M O L I N A R O First Name: W I L L I A M Position: B U S I N E S S R E P Name of Affiliated Organization:	7 7 3 9 6	7 9 8 0	2 1 5 0	0	8 7 5 2 6
Last Name: M O N E Y P E N N Y First Name: D E L O R E S Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	2 9 7 3 4	0	0	0	2 9 7 3 4
Totals	2 5 1 9 7 6	7 9 8 0	2 3 5 1		2 6 2 3 0 7

ORGANIZATION NAME:
 UFCW INTERNATIONAL UNION, AFL-CIO, CLC

ENDING DATE OF PERIOD COVERED:
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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. Use all capital letters.)</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>					
Last Name: M O N E Y P E N N Y First Name: S H E L L Y Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 2 9 0 8	0	0	0	3 2 9 0 8
Last Name: M O O R E First Name: M I C H A E L Position: S P E C I A L R E P Name of Affiliated Organization:	5 8 9 6 8	7 9 8 0	1 3 9 3	0	6 8 3 4 1
Last Name: P A S L E Y First Name: C H A R I S Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 2 9 4 4	0	0	0	3 2 9 4 4
Last Name: P A T E First Name: T H O M A S Position: B U S I N E S S R E P Name of Affiliated Organization:	7 7 3 9 6	7 9 8 0	1 7 6 0	0	8 7 1 3 6
Last Name: P E R C E L L First Name: S H E R Y L Position: O F F I C E M A N A G E R Name of Affiliated Organization:	8 1 6 4 6	7 9 8 0	1 2 1 6	0	9 0 8 4 2
Totals	2 8 3 8 6 2	2 3 9 4 0	4 3 6 9		3 1 2 1 7 1

ORGANIZATION NAME:
 UFCW INTERNATIONAL UNION, AFL-CIO, CLC

ENDING DATE OF PERIOD COVERED:
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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. Use all capital letters.)</small>	Gross Salary <small>(before taxes and other deductions)</small>	Allowances <small>(E)</small>	Disbursements for Official Business <small>(F)</small>	Other Disbursements <small>(G)</small>	Total <small>(H)</small>
(B) Position <small>(Enter employee's job title.)</small>	(D)	(E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>	(D)	(E)	(F)	(G)	(H)
Last Name: P L A N K First Name: T I M O T H Y Position: J A N I T O R Name of Affiliated Organization:	4 0 5 2 5	0	0	0	4 0 5 2 5
Last Name: R A L L S First Name: S H E L L Y Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 5 6 1 8	0	0	0	3 5 6 1 8
Last Name: R A U C H First Name: D O N N A Position: E X E C U T I V E S E C Name of Affiliated Organization:	3 0 9 0 4	0	0	0	3 0 9 0 4
Last Name: R E Y N O N First Name: C I N D Y Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 0 6 5 3	0	0	0	3 0 6 5 3
Last Name: R I S O N First Name: D O U G Position: T R A N S P C O O R Name of Affiliated Organization:	6 5 8 9 6	6 0 0 0	2 7 1 8	0	7 4 6 1 4
Totals	2 0 3 5 9 6	6 0 0 0	2 7 1 8		2 1 2 3 1 4

ORGANIZATION NAME:
 UFCW INTERNATIONAL UNION, AFL-CIO, CLC

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: S A M O V I L L E First Name: S A N D R A Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 9 6 7 4	0	0	0	3 9 6 7 4
Last Name: S H A B A Z Z First Name: J E R R Y Position: P I C K E T E R Name of Affiliated Organization:	1 5 1 1 9	0	0	0	1 5 1 1 9
Last Name: S L U S S E R First Name: B R E T Position: B U S I N E S S R E P Name of Affiliated Organization:	5 6 1 7 5	7 9 8 0	3 4 4 5	0	6 7 6 0 0
Last Name: S U P A T First Name: P A U L Position: B U S I N E S S R E P Name of Affiliated Organization:	4 5 8 4 9	7 9 8 0	2 7 8 0	0	5 6 6 0 9
Last Name: T A L M A G E First Name: S A N D R A Position: O F F I C E C L E R I C A L Name of Affiliated Organization:	3 2 0 1 1	0	0	0	3 2 0 1 1
Totals	1 8 8 8 2 8	1 5 9 6 0	6 2 2 5		2 1 1 0 1 3

ORGANIZATION NAME UFCW INTERNATIONAL UNION, AFL-CIO, CLC
ENDING DATE OF PERIOD COVERED 12/31/2000

FILE NUMBER: 0 4 3 - 5 3 6

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: THOMPSON First Name: ERNIE Position: BUSINESS REP Name of Affiliated Organization:	7 7 3 9 6	9 1 8 0	2 0 5 8	0	8 8 6 3 4
Last Name: TSANG First Name: PATRICI Position: ACCT MANAGER Name of Affiliated Organization:	8 0 9 9 0	0	0	0	8 0 9 9 0
Last Name: TULOWITZKY First Name: MARK Position: BUSINESS REP Name of Affiliated Organization:	7 7 3 9 6	7 9 8 0	4 2 9	0	8 5 8 0 5
Last Name: TURSKY First Name: NORMA Position: OFFICE CLERICAL Name of Affiliated Organization:	1 4 6 3 5	0	0	0	1 4 6 3 5
Last Name: VALENZUELA First Name: CARLOS Position: BUSINESS REP Name of Affiliated Organization:	5 3 6 4 2	7 9 8 0	5 1 6	0	6 2 1 3 8
Totals	3 0 4 0 5 9	2 5 1 4 0	3 0 0 3		3 3 2 2 0 2

ORGANIZATION NAME:
 UFCW INTERNATIONAL UNION, AFL-CIO, CLC

ENDING DATE OF PERIOD COVERED
 12/31/2000

FILE NUMBER: 0 4 3 - 5 3 6

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: Z I M M E R M A N First Name: B O Y D Position: P I C K E T E R Name of Affiliated Organization:	1 4 6 3 0	0	0	0	1 4 6 3 0
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
Totals	1 4 6 3 0				1 4 6 3 0

ORGANIZATION NAME: _____
 ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____
 PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

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

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 588 - NORTHERN CALIFORNIA

FORM LM-2 - SCHEDULE

FILE NO. 043-536

DECEMBER 31, 2000

QUESTION 75 - ADDITIONAL INFORMATION

ITEM 10 - SUBSIDIARY ORGANIZATION

THE LOCAL OWNED 100% OF THE OUTSTANDING STOCK OF LONE EAGLE, INC. AND 498 HALL, INC. THE FINANCIAL ACTIVITY OF BOTH ENTITIES IS INCLUDED IN THIS FILING. ENTITIES WERE DISSOLVED DURING THE YEAR 2000.

ITEM 11 - TRUSTS

UNITED FOOD AND COMMERCIAL WORKERS - NORTHERN CALIFORNIA HEALTH AND WELFARE TRUST FUND;
E.I.N. 94-6078804; P.N. 501

THE PURPOSE OF THE FUND IS TO PROVIDE CERTAIN MEDICAL HOSPITAL, DENTAL, VISION, PRESCRIPTION, MENTAL HEALTH AND SICK LEAVE BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE FUND IS 190 N. WIGET LANE, WALNUT CREEK, CALIFORNIA.

NORTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS WHOLESALE HEALTH AND WELFARE FUND;
E.I.N. 94-3187938; P.N. 501

THE PURPOSE OF THE FUND IS TO PROVIDE CERTAIN MEDICAL, HOSPITAL, DENTAL, VISION AND PRESCRIPTION BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE FUND IS 1640 SOUTH LOOP ROAD, ALAMEDA, CALIFORNIA 94502.

UNITED FOOD AND COMMERCIAL WORKERS - NORTHERN CALIFORNIA EMPLOYERS JOINT PENSION PLAN
E.I.N. 94-6313554; P.N. 001

THE PURPOSE OF THE PLAN IS TO PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE PLAN IS 190 NORTH WIGET LANE, WALNUT CREEK, CALIFORNIA.

RETAIL CLERKS SPECIALTY STORES PENSION FUND
E.I.N. 94-6118912; P.N. 001

THE PURPOSE OF THE FUND IS TO PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE FUND IS 190 NORTH WIGET LANE, WALNUT CREEK, CALIFORNIA.

ITEM 12 - POLITICAL ACTION COMMITTEE

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 588 - NORTHERN CALIFORNIA - POLITICAL ACTION COMMITTEE IS A SEPARATE SEGREGATED FUND. CAMPAIGN STATEMENTS ARE FILED WITH THE FOLLOWING AGENCIES:

SECRETARY OF STATE - POLITICAL REFORM DIVISION
LOS ANGELES COUNTY - REGISTRAR-RECORDER
SAN FRANCISCO COUNTY - REGISTRAR OF VOTERS AND RECORDER
SACRAMENTO COUNTY - ELECTIONS OFFICE

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 588 - NORTHERN CALIFORNIA
FORM LM-2 - SCHEDULE
FILE NO. 043-536
DECEMBER 31, 2000

QUESTION 75 - ADDITIONAL INFORMATION (CONTINUED)

ITEM 14 - INDEPENDENT AUDITOR

AN ANNUAL AUDIT IS PERFORMED BY THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM OF MILLER, KAPLAN, ARASE & CO., LLP.

ITEM 16 - OFFICER PAID \$10,000 OR MORE FROM ANOTHER LABOR ORGANIZATION

<u>NAME OF OFFICER</u>	<u>NAME OF LABOR ORGANIZATION</u>	<u>OFFICER'S POSITION</u>
JACK LOVEALL	UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION	VICE PRESIDENT

ITEM 23 - ASSETS PLEDGED AS SECURITY

1. 2200 PROFESSIONAL DRIVE
ROSEVILLE, CALIFORNIA 95661-7744

BUILDING AND LAND IS ENCUMBERED BY MORTGAGE (STATEMENT A, LINE 35)
2. NOTES PAYABLE TO FINANCIAL INSTITUTIONS TOTTALLING \$3,329,693 ARE SECURED BY EQUIPMENT.
3. COMMON STOCKS, CORPORATE DEBT SECURITIES, GOVERNMENT DEBT SECURITIES, MONEY MARKET FUNDS AND OTHER ASSETS HELD IN THE MORGAN STANLEY DEAN WITTER BROKERAGE ACCOUNT ARE PLEDGED AS COLLATERAL ON A \$600,000 LINE OF CREDIT (DECEMBER 31, 2000 BALANCE \$100,000) WITH CALIFORNIA BANK & TRUST.

ITEM 25 - RESTATEMENT OF CASH - START OF REPORTING PERIOD

	<u>BALANCE AS PREVIOUSLY REPORTED</u>	<u>ADJUSTMENT</u>	<u>BEGINNING BALANCE AS RESTATED</u>	
CASH	<u>\$1,919,347</u>	<u>\$39,954</u>	<u>\$1,959,301</u>	
TO RECLASSIFY THE JANUARY 1, 2000 BALANCE OF A TIME CERTIFICATE OF DEPOSIT TO CASH. PREVIOUSLY REPORTED AS INVESTMENT				\$46,000
TO REMOVE THE UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 588 - NORTHERN CALIFORNIA POLITICAL ACTION COMMITTEE JANUARY 1, 2000 CASH FROM THE BEGINNING CASH BALANCE. SEE EXPLANATION FOR ITEM 12.				(6,046)
<u>TOTAL</u>				<u>\$39,954</u>

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 588 - NORTHERN CALIFORNIA
FORM LM-2 - SCHEDULE
FILE NO. 043-536
DECEMBER 31, 2000

QUESTION 75 - ADDITIONAL INFORMATION (CONTINUED)

ITEM 29 - RESTATEMENT OF INVESTMENTS - START OF REPORTING PERIOD

	<u>BALANCE AS PREVIOUSLY REPORTED</u>	<u>ADJUSTMENT</u>	<u>BEGINNING BALANCE AS RESTATED</u>
INVESTMENTS	<u>\$1,498,490</u>	<u>\$11,604</u>	<u>\$1,510,094</u>
TO RECLASSIFY THE JANUARY 1, 2000 BALANCE OF A TIME CERTIFICATE OF DEPOSIT TO CASH. PREVIOUSLY REPORTED AS INVESTMENTS			\$(46,000)
TO ADJUST THE JANUARY 1, 2000 BALANCE IN INVESTMENTS FROM THE COST BASIS OF REPORTING TO THE FAIR MARKET VALUE BASIS OF REPORTING			<u>57,604</u>
<u>TOTAL</u>			<u>\$11,604</u>

SCHEDULE 9, COLUMN (F) - PERSONAL USE OF EMPLOYER PROVIDED AUTOMOBILE

THE LOCAL UNION PROVIDES LEASED AUTOMOBILES FOR THE PRESIDENT OF THE UNION WHICH ARE USED MORE THAN 50% FOR BUSINESS. TOTAL DISBURSEMENTS FOR AUTOMOBILE EXPENSES ARE REPORTED IN COLUMN (F) OF SCHEDULE 9.

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 588 - NORTHERN CALIFORNIA
FORM LM-2 SCHEDULE
FILE NO. 043-536
JANUARY 1, 2000 TO DECEMBER 31, 2000

SCHEDULE 5 - FIXED ASSETS

DESCRIPTION (A)	COST OR OTHER BASIS (B)	TOTAL DEPRECIATION OR AMOUNT EXPENSED (C)	BOOK VALUE (D)
LAND:			
2200 PROFESSIONAL DRIVE ROSEVILLE, CA 95661-7744	\$ 1,075,480	N/A	\$ 1,075,480
2007 YOSEMITE BLVD. MODESTO, CA 95354	<u>5,000</u>	N/A	<u>5,000</u>
<u>TOTALS - LAND</u>	<u>\$ 1,080,480</u>	N/A	<u>\$ 1,080,480</u>
BUILDINGS:			
2200 PROFESSIONAL DRIVE ROSEVILLE, CA 95661-7744	\$ 4,441,606	\$ 1,176,554	\$ 3,265,052
2007 YOSEMITE BLVD. MODESTO, CA 95354	<u>214,072</u>	<u>153,881</u>	<u>60,191</u>
<u>TOTALS - BUILDINGS</u>	<u>\$ 4,655,678</u>	<u>\$ 1,330,435</u>	<u>\$ 3,325,243</u>

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Schedule 11 — Benefits

Description (A)	To Whom Paid (B)	Amount (C)
RETIREE HEALTH BENEFITS	INTERNATIONAL UNION	3,650
401(K) ADMINISTRATION FEES	INTERNATIONAL UNION	2,462
DEATH BENEFITS	BENEFICIARIES	11,000

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Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
EQUIPMENT LEASES	79,621
COMPUTER EXPENSES	30,234
INSURANCE	97,992
MAINTENANCE AND REPAIRS	5,534
MOVING EXPENSES	9,970
BUILDING EXPENSES	80,082
UTILITIES	10,591
JANITORIAL	6,630

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Ending Period

Schedule 15 — Other Disbursements

Description (A)	Amount (B)
MEETINGS, CONFERENCES AND CONV.	208,012
DUES ALLOCATION - POL. AC. COMM.	162,472
OTHER PAYROLL WITHHOLDINGS	560,404

