


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		1. FILE NUMBER 0 4 3 - 5 3 6		2. PERIOD COVERED MO DAY YEAR From 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"/>	
E				8. MAILING ADDRESS First Name JACK Last Name LOVEALL P.O. Box - Building and Room Number (if any) SUITE 100 Number and Street 2200 PROFESSIONAL DR City ROSEVILLE State ZIP Code + 4 CA 95661 - 7744			
4. AFFILIATION FOOD		5. DESIGNATION NUMBER LU 588 R		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
7. UNIT NAME (if any)							

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>Jack Loveall</u> Date: <u>4-20-03</u> Telephone Number: <u>916-786-5558</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Michael Tuskay</u> Date: <u>4/2/03</u> Telephone Number: <u>916-786-0588</u>	TREASURER (If other title, see instructions.)
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03-113-012/043536
* 0 4 3 5 3 6 *

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? 2 4 4 7 0
- 19. What is the date of your organization's next regular election of officers? MO 1 2 YEAR 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>31.00 - 49.00</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 <u>N/A</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 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 7 8 9 8 9 3	2 8 7 7 3 2 1
	26. Accounts Receivable.....			0	0
	27. Loans Receivable.....		1	1 0 4 5 6 2	0
	28. U.S. Treasury Securities.....			0	0
	29. Investments.....		2	1 4 1 9 1 2 4	1 0 1 9 8 4 5
	30. Fixed Assets.....		5	7 2 6 5 5 7 2	6 7 2 8 6 7 5
	31. Other Assets.....		3	2 9 1 0 0	4 4 1 0 0
	32. TOTAL ASSETS.....			1 0 6 0 8 2 5 1	1 0 6 6 9 9 4 1
LIABILITIES	33. Accounts Payable.....			0	0
	34. Loans Payable.....		8	3 6 9 1 8 5 8	3 4 1 2 3 9 4
	35. Mortgages Payable.....			3 6 3 6 5 1 0	3 5 5 4 7 4 8
	36. Other Liabilities.....		4	5 9 7 9 4	3 2 3 4 7
	37. TOTAL LIABILITIES.....			7 3 8 8 1 6 2	6 9 9 9 4 8 9
	38. NET ASSETS (Item 32 less Item 37).....			3 2 2 0 0 8 9	3 6 7 0 4 5 2

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

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: FRANK P. MENDOZA Purpose: SALE OF REAL PROP. Security: DEED OF TRUST Terms: PR, INT \$895/M	1 0 4 5 6 2	0	1 0 4 5 6 2	0	0
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	1 0 4 5 6 2	0	1 0 4 5 6 2	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27					
			with Explanation		Column (B)

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

FILE NUMBER: 0 4 3 - 5 3 6

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1 4 0 7 1 2 5
2. Total Book Value	1 0 1 9 8 4 5
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	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	1 0 1 9 8 4 5
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. MEMBERSHIP UNIT	2 8 0 0 0
2. DEPOSITS	1 1 0 0
3. DUE FROM POLITICAL ACTION COMM.	1 5 0 0 0
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 4 1 0 0
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. PAYROLL TAXES & OTHER WITH.	1 5 5 2 2
2. RENTAL SECURITY DEPOSITS	1 6 8 2 5
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 2 3 4 7
The total from Line 7 is entered 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): 2200 PROF. DR. ROSEVILLE, CA 95661	1 0 7 5 4 8 0		1 0 7 5 4 8 0	
2. Totals from additional pages (if any)	5 0 0 0		5 0 0 0	
3. Buildings (give location): 2200 PROF. DR. ROSEVILLE, CA	4 6 3 1 0 3 0	1 4 3 0 6 7 4	3 2 0 0 3 5 6	
4. Totals from additional pages (if any)	2 1 4 0 7 2	1 6 9 8 9 1	4 4 1 8 1	
5. Automobiles and Other Vehicles	2 3 4 1 6 1	6 6 5 9 6	1 6 7 5 6 5	
6. Office Furniture and Equipment	9 7 1 4 1 5	8 8 6 4 0 5	8 5 0 1 0	
7. Other Fixed Assets	4 0 9 2 6 0 5	1 9 4 1 5 2 2	2 1 5 1 0 8 3	
8. Totals of Lines 1 through 7	1 1 2 2 3 7 6 3	4 4 9 5 0 8 8	6 7 2 8 6 7 5	
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. UNITED STATES GOVERNMENT AGENCY OBLIGATION	1 2 5 0 1 9	1 2 5 0 1 9	1 2 0 0 0 0	1 2 0 0 0 0
2. CORPORATE DEBT SECURITIES	4 9 3 3 4	4 9 3 3 4	4 7 0 0 0	4 7 0 0 0
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	1 7 4 3 5 3	1 7 4 3 5 3	1 6 7 0 0 0	1 6 7 0 0 0
	7. Less Reinvestments			0
	8. Net Sales			1 6 7 0 0 0
The total from Line 8 is entered 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	1 2 0 2 9	1 2 0 2 9	1 2 0 2 9
2. TRANSPORTATION EQUIPMENT	1 4 5 9 3 6	1 4 5 9 3 6	1 4 5 9 3 6
3. COMMON STOCK	2 7 7 9 8	2 7 7 9 8	2 7 7 9 8
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1 8 5 7 6 3	1 8 5 7 6 3	1 8 5 7 6 3
7. Less Reinvestments			0
8. Net Purchases			1 8 5 7 6 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. UNIZAN BANK	2 6 4 2 4 8 8	0	9 5 2 8 6	0	2 5 4 7 2 0 2
2. FIRST SOURCE BANK	5 0 8 4 7 3	0	1 2 1 2 2 2	0	3 8 7 2 5 1
3. CALIFORNIA BANK & TRUST	4 2 5 0 0 0	0	1 0 0 0 0 0	0	3 2 5 0 0 0
4. M.B. CR. CORP.	1 1 5 8 9 7	0	2 2 6 3 4	0	9 3 2 6 3
5. Totals from additional pages (if any)	0	8 5 9 3 6	2 6 2 5 8	0	5 9 6 7 8
6. Totals of Lines 1 through 5	3 6 9 1 8 5 8	8 5 9 3 6	3 6 5 4 0 0	0	3 4 1 2 3 9 4
The total from Line 6 is entered 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.)</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.	LOVEALL JACK PRESIDENT	C	3 7 7 9 9 4	0	2 8 0 0 4	0	4 0 5 9 9 8
2.	TURSKY MICHAEL N SECRETARY-TREAS	N	1 6 5 1 9 8	6 6 5	4 5 3 3	0	1 7 0 3 9 6
3.	REGINATO LANCE SECRETARY-TREAS	P	9 0 0 9 8	6 6 5	4 0 1 8	0	9 4 7 8 1
4.	LOVEALL ADAM RECORDER	C	1 1 9 6 1 3	8 8 8 0	6 4 0 2	0	1 3 4 8 9 5
5.	AMBROSI JOE VICE PRESIDENT	C	1 1 9 6 1 3	8 8 8 0	3 5 8 1	0	1 3 2 0 7 4
6.	BERNS MARK VICE PRESIDENT	C	6 9 4 1 6	8 8 8 0	4 2 6 1	0	8 2 5 5 7
7.	BRANDON OBIE VICE PRESIDENT	C	1 3 5 7 1 2	0	6 5 4 7	0	1 4 2 2 5 9
8. Totals from additional pages (if any)			3 7 9 3 3 3	4 0 9 4 3	1 9 1 2 2	0	4 3 9 3 9 8
9. Totals of Lines 1 through 8			1 4 5 6 9 7 7	6 8 9 1 3	7 6 4 6 8	0	1 6 0 2 3 5 8
					10. Less Deductions	6 3 1 4 0 8	
The total from Line 11 is entered in Item 56					11. Net Disbursements	9 7 0 9 5 0	

*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 4 3 - 5 3 6

(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>					
ALLEN LORI 1. OFFICE CLERICAL N/A	3 6 2 0 6	0	0	0	3 6 2 0 6
ANDRADE MARIA 2. OFFICE CLERICAL N/A	3 7 7 4 9	7 3 3 5	3 8 2 2	0	4 8 9 0 6
BANUELOS JOE 3. BUSINESS REP N/A	5 1 9 6 0	1 3 3 0	1 9 8 9	0	5 5 2 7 9
BATCHELOR KAREN 4. OFFICE CLERICAL N/A	1 5 9 4 9	0	0	0	1 5 9 4 9
BERNS JEFF 5. BUSINESS REP N/A	4 9 2 8 0	8 8 8 0	4 2 8 3	0	6 2 4 4 3
6. Totals from additional pages (if any)	2 7 1 9 1 5 1	1 7 4 8 2 5	1 2 3 2 2 7	0	3 0 1 7 2 0 3
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 7 1 2 0	0	0	0	1 0 7 1 2 0
8. Totals of Lines 1 through 7	3 0 1 7 4 1 5	1 9 2 3 7 0	1 3 3 3 2 1	0	3 3 4 3 1 0 6
			9. Less Deductions	1 1 2 3 1 8 4	
The total from Line 10 is entered in Item 57			10. Net Disbursements	2 2 1 9 9 2 2	

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	6 7 3 9 0 7
2. WORKERS' COMPENSATION INSURANCE	INSURANCE COMPANY	4 6 5 9 1
3. LIFE INSURANCE	INSURANCE COMPANY	5 3 3 6
4. LIFE INSURANCE	INTERNATIONAL UNION	4 3 0 9
5. Total from additional pages (if any)		2 2 2 0 2
6. Total of Lines 1 through 5		7 5 2 3 4 5
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	6 5 7 1 2
2. OFFICE EXPENSES	1 3 2 1 9 9
3. TELEPHONE	1 1 3 6 5 3
4. POSTAGE AND SHIPPING	1 1 1 2 3 7
5. PRINTING	6 2 0 1 5
6. DUES AND SUBSCRIPTIONS	2 5 3 4
7. Total from additional pages (if any)	2 3 1 2 8 7
8. Total of Lines 1 through 7	7 1 8 6 3 7
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. INTL UNION STRIKE ASSISTANCE	6 2 8 0 5
2. EXPENSE REIMB. FROM INT'L UNION	1 1 1 4 3 7
3. EXPENSE REIM. FROM UFCW TR FUNDS	1 4 4 2 9 9
4. SICK LEAVE REIMBURSEMENTS	3 9 1 2
5. OTHER REIMBURSEMENTS	5 6 5 0 2
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 7 8 9 5 5

The total from Line 17 is entered in Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MEATCUTTERS INST. FEES & EXPENSE	1 1 4 4 5
2. MEATCUTTERS TRAINING EXPENSE	5 0 8 3
3. ORGANIZING EXPENSES	1 0 1 9 1
4. PROMOTIONALS	7 6 6 6 7
5. SPONSORSHIPS	2 4 6 0 4
6. HOUSING ALLOWANCE	2 1 0 0
7. INTEREST EXPENSE	5 9 8 1 2 2
8. RENTAL EXPENSE	1 2 0 7 2 7
9. TRANSPORTATION EQUIP. EXPENSES	2 9 0 8 9 1
10. PRINCIPAL PYMNT ON TR DEED MTG.	8 1 7 6 2
11. REFUND OF DUES	7 1 3 9 2
12. ADVISORY BOARD EXPENSES	1 1 7 2 0
13. AGENTS EXPENSES	2 5 9 2 6 7
14. TRAVEL AND LODGING	2 2 9 7 1
15. MEETINGS, CONFERENCES AND CONV.	7 7 7 9 2
16. Total from additional pages (if any)	5 8 6 9 5 0
17. Total of Lines 1 through 16	2 2 5 1 6 8 4

The total from Line 17 is entered in Item 73

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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>							
BROWN	JAMES		0	7 5 0	0	0	7 5 0
VICE PRESIDENT		C					
CARLISLE	MICHAEL		0	2 9 0 1	0	0	2 9 0 1
VICE PRESIDENT		C					
HAMMOND	CINDY		0	2 2 5 0	0	0	2 2 5 0
VICE PRESIDENT		C					
KOPCHAK	JOHN		0	2 2 5 0	0	0	2 2 5 0
VICE PRESIDENT		C					
LOVEALL	JACQUES		1 6 1 9 6 7	6 6 5	6 3 7 8	0	1 6 9 0 1 0
VICE PRESIDENT		C					
MEDINAS	BEATRIC		0	3 0 0 0	0	0	3 0 0 0
VICE PRESIDENT		C					
MICHELETTI	JOHN		6 9 0 2 3	8 8 8 0	4 4 6 3	0	8 2 3 6 6
VICE PRESIDENT		C					
MINOR	LORA		0	7 5 0	0	0	7 5 0
VICE PRESIDENT		P					

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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>							
PERRIN	MICHAEL	C	0	3 0 0 0	0	0	3 0 0 0
VICE PRESIDENT							
RAYNES	DAVID	C	8 7 1 7 6	0	2 7 9 6	0	8 9 9 7 2
VICE PRESIDENT							
SALTON	RICHARD	C	6 1 1 6 7	8 8 8 0	5 4 8 5	0	7 5 5 3 2
VICE PRESIDENT							
THURN	LORI	C	0	2 2 5 0	0	0	2 2 5 0
VICE PRESIDENT							
WEST	EDWARD	C	0	3 0 0 0	0	0	3 0 0 0
VICE PRESIDENT							
WONG	ALBERT	C	0	2 3 6 7	0	0	2 3 6 7
VICE PRESIDENT							
WYMAN	LINDA	P	0	0	0	0	0
VICE PRESIDENT							

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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.)</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>					
CHIARA PATRICIA OFFICE CLERICAL N/A	2 4 0 1 3	0	0	0	2 4 0 1 3
CIOTTI JOSEPH BUSINESS REP N/A	1 0 2 5 1 3	8 8 8 0	4 4 8 1	0	1 1 5 8 7 4
COWDREY GERALDINE OFFICE CLERICAL N/A	3 4 7 4 7	0	0	0	3 4 7 4 7
CRESPILO LINDA OFFICE SECRETARY N/A	4 9 6 6 6	0	0	0	4 9 6 6 6
FERGUSON DARIN SPECIAL REP N/A	6 8 3 0 3	1 0 0 8 0	5 1 1 8	0	8 3 5 0 1

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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.)</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>					
FOSSI EXECUTIVE SECY N/A	5 3 0 1 3	0	0	0	5 3 0 1 3
GENTRY BUSINESS REP N/A	7 8 7 1 3	8 8 8 0	4 5 2 0	0	9 2 1 1 3
GLAZER BUSINESS REP N/A	1 2 6 5 9 1	8 8 8 0	5 3 9 0	0	1 4 0 8 6 1
GOFF MEAT DIV COORDIN N/A	1 1 9 6 1 3	8 8 8 0	5 6 0 3	0	1 3 4 0 9 6
HEISE BUSINESS REP N/A	1 0 2 5 1 3	8 8 8 0	3 7 2 7	0	1 1 5 1 2 0

ORGANIZATION NAME: FOOD & COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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>					
HORN DATA PROCESSOR N/A	2 1 5 4 6	0	0	0	2 1 5 4 6
HUETTER OFFICE CLERICAL N/A	1 6 1 8 6	0	0	0	1 6 1 8 6
JOHNSON TRANS COOR N/A	4 5 4 1 3	0	1 3 8 8 4	0	5 9 2 9 7
KIEHLMEIER BUSINESS REP N/A	6 1 0 2 2	8 8 8 0	4 6 3 5	0	7 4 5 3 7
KRISTOFF BUSINESS REP N/A	7 8 7 1 3	8 8 8 0	3 0 8 0	0	9 0 6 7 3

ORGANIZATION NAME: FOOD & COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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>					
LEWIS TAMARA BUSINESS REP N/A	6 0 8 7 7	8 8 8 0	3 7 3 8	0	7 3 4 9 5
LOSADA BARBARA OFFICE CLERICAL N/A	3 0 3 6 6	0	0	0	3 0 3 6 6
MENCHACA CHRISTINE OFFICE CLERICAL N/A	2 6 8 3 7	0	0	0	2 6 8 3 7
MEYERS DONNA BUSINESS REP N/A	9 2 3 9 1	0	2 9 6 5	0	9 5 3 5 6
MITCHELL SANDRA OFFICE CLERICAL N/A	3 5 5 4 6	0	0	0	3 5 5 4 6

ORGANIZATION NAME: FOOD & COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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>					
MOLINARO WILLIAM BUSINESS REP N/A	8 7 5 9 3	0	2 6 2 2	0	9 0 2 1 5
MONEYPENNY SHELLY OFFICE CLERICAL N/A	3 5 2 3 4	0	0	0	3 5 2 3 4
MOORE MICHAEL SPECIAL REP N/A	4 8 6 0 8	6 5 8 5	1 6 6 9 0	0	7 1 8 8 3
OLIVEIRA CONNIE OFFICE CLERICAL N/A	2 5 7 7 1	0	0	0	2 5 7 7 1
PASLEY CHARIS OFFICE CLERICAL N/A	3 4 6 0 5	0	0	0	3 4 6 0 5

ORGANIZATION NAME: FOOD & COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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>					
PATE BUSINESS REP N/A	7 8 7 1 3	8 8 8 0	4 0 7 1	0	9 1 6 6 4
PERCELL OFFICE MANAGER N/A	1 0 2 2 1 3	8 8 8 0	3 7 1 7	0	1 1 4 8 1 0
PLANK JANITOR N/A	4 2 4 8 8	0	0	0	4 2 4 8 8
RALLS OFFICE CLERICAL N/A	4 4 1 8 7	0	0	0	4 4 1 8 7
RAUCH EXECUTIVE SECY N/A	4 8 0 1 3	0	1 4 4	0	4 8 1 5 7

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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.)</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>					
REYNON CINDY OFFICE CLERICAL N/A	2 9 0 4 4	0	0	0	2 9 0 4 4
RISON DOUG TRANSP COOR N/A	7 0 4 1 3	6 0 0 0	3 2 8 3	0	7 9 6 9 6
SAMOVILLE SANDRA OFFICE CLERICAL N/A	4 7 9 8 7	0	0	0	4 7 9 8 7
SEIPP LINDA OFFICE CLERICAL N/A	2 1 5 0 2	0	0	0	2 1 5 0 2
SLUSSER BRET BUSINESS REP N/A	6 9 4 1 6	8 8 8 0	7 3 0 3	0	8 5 5 9 9

ORGANIZATION NAME: FOOD & COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 0 4 3 - 5 3 6

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>					
STEELE OFFICE CLERICAL N/A	1 1 7 9 6	0	0	0	1 1 7 9 6
STEELE BUSINESS REP N/A	4 1 5 8 5	8 8 8 0	3 8 8 3	0	5 4 3 4 8
SUPAT BUSINESS REP N/A	6 1 2 8 3	8 8 8 0	4 9 2 3	0	7 5 0 8 6
TALMAGE OFFICE CLERICAL N/A	3 4 2 7 5	0	0	0	3 4 2 7 5
THOMPSON BUSINESS REP N/A	7 8 7 1 3	1 0 0 8 0	3 5 3 1	0	9 2 3 2 4

ORGANIZATION NAME: FOOD & COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

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.)</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>					
TSANG PATRICIA ACCT MANAGER N/A	9 7 6 9 0	0	0	0	9 7 6 9 0
TULOWITZKY MARK BUSINESS REP N/A	7 8 7 1 3	8 8 8 0	3 0 9 4	0	9 0 6 8 7
VALENZUELA CARLOS BUSINESS REP N/A	6 7 9 2 1	8 8 8 0	7 0 2 4	0	8 3 8 2 5

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 0 4 3 - 5 3 6

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 5 – FIXED ASSETS: LAND (continued)

Description of Land (give location) (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
2007 YOSEMITE BLVD, MODESTO, CA	5 0 0 0		5 0 0 0	

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: **0 4 3 - 5 3 6**

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION

Item Number	
11	<p>UNITED FOOD AND COMMERCIAL WORKERS - NORTHERN CALIFORNIA HEALTH AND WELFARE TRUST FUND; E.I.N. 94-6078804; P.N. 501</p> <p>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 1277 TREAT BOULEVARD, WALNUT CREEK, CALIFORNIA 94597-7975</p> <p>NORTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS WHOLESALE HEALTH AND WELFARE FUND; E.I.N. 94-3187938; P.N. 501</p> <p>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.</p> <p>UNITED FOOD AND COMMERCIAL WORKERS - NORTHERN CALIFORNIA EMPLOYERS JOINT PENSION PLAN E.I.N. 94-6313554; P.N. 001</p> <p>THE PURPOSE OF THE PLAN IS TO PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE PLAN IS 1277 TREAT BOULEVARD, WALNUT CREEK, CALIFORNIA 94597-7975</p> <p>RETAIL CLERKS SPECIALTY STORES PENSION FUND E.I.N. 94-6118912; P.N. 001</p> <p>THE PURPOSE OF THE FUND IS TO PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE FUND IS 1277 TREAT BOULEVARD, WALNUT CREEK, CALIFORNIA 94597-7975</p> <p>NORTHERN CALIFORNIA UNITED FOOD AND COMMERCIAL WORKERS INDIVIDUAL ACCOUNT PENSION PLAN E.I.N. 68-0161773; P.N. 001</p> <p>THE PURPOSE OF THE PLAN IS TO PROVIDE PENSION BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE PLAN IS 1277 TREAT BOULEVARD, WALNUT CREEK, CALIFORNIA 94597-7975</p>

ORGANIZATION NAME: FOOD & COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 4 3 - 5 3 6**

75. ADDITIONAL INFORMATION (continued)

Item Number	
12	<p>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:</p> <p>SECRETARY OF STATE - POLITICAL REFORM DIVISION LOS ANGELES COUNTY - REGISTRAR-RECORDER SAN FRANCISCO COUNTY - REGISTRAR OF VOTERS AND RECORDER SACRAMENTO COUNTY - ELECTIONS OFFICE</p>

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 0 4 3 - 5 3 6

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION (continued)

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

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 0 4 3 - 5 3 6

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
16	NAME OF OFFICER: JACK LOVEALL NAME OF LABOR ORGANIZATION: UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION OFFICER'S POSITION: VICE PRESIDENT

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 0 4 3 - 5 3 6

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	<ol style="list-style-type: none"><li data-bbox="283 300 1980 365">1. 2200 PROFESSIONAL DRIVE, ROSEVILLE, CALIFORNIA 95661-7744 BUILDING AND LAND IS ENCUMBERED BY MORTGAGE (STATEMENT A, LINE 35)<li data-bbox="283 389 1980 430">2. NOTES PAYABLE TO FINANCIAL INSTITUTIONS TALLING \$3,150,961 ARE SECURED BY EQUIPMENT.<li data-bbox="283 454 1980 560">3. COMMON STOCKS, CORPORATE DEBT SECURITIES, GOVERNMENT DEBT SECURITIES, MONEY MARKET FUNDS AND OTHER ASSETS HELD IN THE MORGAN STANLEY BROKERAGE ACCOUNT ARE PLEDGED AS COLLATERAL ON A \$425,000 LOAN PAYABLE WITH CALIFORNIA BANK & TRUST.<li data-bbox="283 584 1980 625">4. CONTRACT PAYABLE TO M.B. CR. CORP. TOTALING \$93,263 SECURED BY TRANSPORTATION EQUIPMENT.<li data-bbox="283 649 1980 690">5. CONTRACTS PAYABLE TO G.M.A.C. TOTALING \$59,678 SECURED BY TRANSPORTATION EQUIPMENT.

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 0 4 3 - 5 3 6

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION (continued)

Item Number	
75	<p data-bbox="283 300 1984 332">SCHEDULE 9, COLUMN (F) - PERSONAL USE OF EMPLOYER PROVIDED AUTOMOBILE</p> <p data-bbox="283 365 1984 430">THE LOCAL UNION PROVIDES AUTOMOBILES FOR REPRESENTATIVES OF THE UNION WHICH ARE USED MORE THAN 50% FOR BUSINESS. TOTAL DISBURSEMENTS FOR AUTOMOBILE EXPENSES ARE REPORTED IN COLUMN (F) OF SCHEDULE 9.</p>