


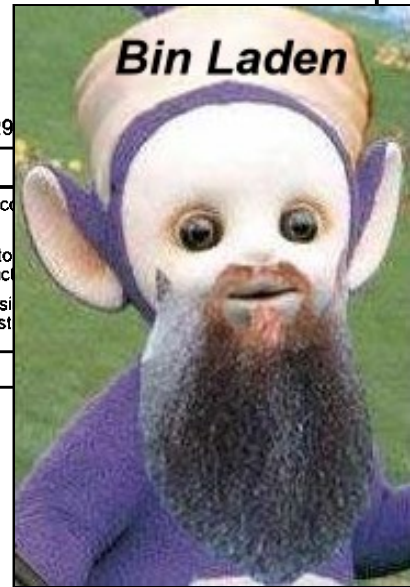
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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

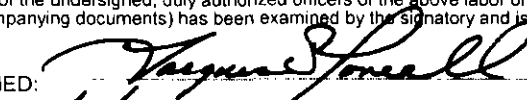
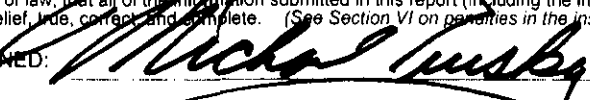
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Office Use Only  E	1. FILE NUMBER 0 4 3 - 5 3 6	2. PERIOD COVERED From MO 0 1 DAY 0 1 YEAR 2 0 0 4 Through MO 1 2 DAY 3 1 YEAR 2 0 0 4	3. (a) AMENDED - If this is an amended report or filed report, check here: (b) TERMINAL - If your organization ceased to exist, check here. (c) SUBSIDIARY - If this is a report for a subsidiary of your union as defined in Section X of the instructions.
	4. AFFILIATION OR ORGANIZATION NAME FOOD AND COMMERCIAL WKRS AFL-CIO		8. MAILING ADDRESS First Name: JACQUES Last Name: LOVEALL P.O. Box - Building and Room Number (if any): SUITE 100 Number and Street: 2200 PROFESSIONAL DR City: ROSEVILLE State: CA ZIP Code + 4: 95661 - 7744
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION 588		6. DESIGNATION NUMBER	
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			



75. ADDITIONAL INFORMATION	
Item Number	

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

76. SIGNED:  4/15/2005 Date 916 786 0588 Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  Date Telephone Number	TREASURER (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"/> |
| 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"/> | |
| 12. Have a political action committee (PAC) fund? | <input checked="" type="checkbox"/> | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <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"/> | |
| 15. Discover any loss or shortage of funds or other property? | | <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 checked="" type="checkbox"/> | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <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? 2 2 9 8 9
19. What is the date of your organization's next regular election of officers? MO YEAR
1 2 2 0 0 6
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	\$ 25.00 - \$51.00 per MONTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 100.00-\$510.00
(c) Transfer Fees	\$ 25.00
(d) Work Permits	\$ NONE per N/A <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 |
| <i>(If the constitution and bylaws or practices/procedures have changed, see the instructions.)</i> | | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input checked="" type="checkbox"/> | |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | <input checked="" type="checkbox"/> |

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

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

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1 2 7 2 9 7 0
2. Total Book Value	1 1 8 5 4 5 6
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 1 8 5 4 5 6
The total from Line 7 is entered in Item 28, Column (B)	

Description (A)	Book Value (B)
1. MEMBERSHIP UNIT	2 8 0 0 0
2. DEPOSITS	1 6 0 0
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 9 6 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 9 3 7 9
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 6 2 0 4
The total from Line 7 is entered in Item 35, 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): SAME AS ABOVE	4 6 3 1 0 3 0	1 7 4 6 1 3 3	2 8 8 4 8 9 7	
4. Totals from additional pages (if any)	2 1 7 9 0 0	1 7 6 9 4 5	4 0 9 5 5	
5. Automobiles and Other Vehicles	2 6 6 6 0 7	1 6 0 2 6 8	1 0 6 3 3 9	
6. Office Furniture and Equipment	1 0 6 4 6 4 5	9 9 1 1 4 5	7 3 5 0 0	
7. Other Fixed Assets	0	0	0	
8. Totals of Lines 1 through 7	7 2 6 0 6 6 2	3 0 7 4 4 9 1	4 1 8 6 1 7 1	
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. GOVERNMENT DEBT SECURITIES	1 0 1 0 0 9	1 0 1 0 0 9	1 0 0 0 0 0	1 0 0 0 0 0
2. CORPORATE DEBT SECURITIES	4 8 0 4 8	4 8 0 4 8	4 8 0 0 0	4 8 0 0 0
3. COMMON STOCKS	8 2 4 7 6	8 2 4 7 6	3 3 3 6 1	3 3 3 6 1
4. OFFICE FURNITURE AND EQUIPMENT	2 1 2 6	0	4 0 0	4 0 0
5. Totals from additional pages (if any)	4 2 6 7 0 2 3	1 8 9 5 5 8 7	1 1 2 5 0 0 0	1 0 9 5 0 0 0
6. Totals of Lines 1 through 5	4 5 0 0 6 8 2	2 1 2 7 1 2 0	1 3 0 6 7 6 1	1 2 7 6 7 6 1
7. Less Reinvestments				0
8. Net Sales			1 2 7 6 7 6 1	
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. CORPORATE DEBT SECURITIES	21249	21249	21249
2. COMMON STOCKS	100070	100070	100070
3. BUILDING IMPROVEMENTS - 2007 YOSEMITE BLVD., MODESTO, CA	3828	3828	3828
4. OFFICE FURNITURE AND EQUIPMENT	25418	25418	25418
5. Totals from additional pages (if any)	32445	32445	32445
6. Totals of Lines 1 through 5	183010	183010	183010
		7. Less Reinvestments	0
		8. Net Purchases	183010

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 4 4 2 2 0 0	0	2 4 4 2 2 0 0	0	0
2. CALIFORNIA TRUST & BANK	2 2 5 0 0 0	1 2 0 0 0 0 0	3 1 5 5 3 8	0	1 1 0 9 4 6 2
3. G.M.A.C.	2 8 6 4 6	0	2 8 6 4 6	0	0
4. M.B. CR. CORP.	6 6 5 2 9	0	2 6 9 1 9	0	3 9 6 1 0
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	2 7 6 2 3 7 5	1 2 0 0 0 0 0	2 8 1 3 3 0 3	0	1 1 4 9 0 7 2

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 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>		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.	LOVEALL JACQUES PRESIDENT	1 8 7 6 5 7	0	6 6 9 9	0	1 9 4 3 5 6
2.	LOVEALL JACK PRESIDENT	3 8 6 7 7 3	0	3 8 6 1 9	0	4 2 5 3 9 2
3.	TURSKY MICHAEL SECRETARY-TREAS	1 9 1 5 1 4	0	6 5 7 6	0	1 9 8 0 9 0
4.	PERCELL SHERYL RECORDER	1 1 8 1 2 6	9 1 8 0	4 2 2 0	0	1 3 1 5 2 6
5.	AMBROSI JOE VICE PRESIDENT	1 4 0 5 2 1	9 1 8 0	4 6 3 2	0	1 5 4 3 3 3
6.	BERNS MARK VICE PRESIDENT	7 9 2 2 6	9 1 8 0	4 2 7 8	0	9 2 6 8 4
7.	BRANDON OBIE VICE PRESIDENT	1 4 3 5 8 5	0	4 7 7 7	0	1 4 8 3 6 2
8. Totals from additional pages (if any)		5 3 3 6 6 1	6 9 3 6 0	2 9 6 4 9	0	6 3 2 6 7 0
9. Totals of Lines 1 through 8		1 7 8 1 0 6 3	9 6 9 0 0	9 9 4 5 0	0	1 9 7 7 4 1 3
				10. Less Deductions	7 8 8 0 2 2	
The total from Line 11 is entered in				Item 56	11. Net Disbursements	1 1 8 9 3 9 1

*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 7 0 6 9	0	0	0	3 7 0 6 9
ANDRADE MARIA 2. BUSINESS REP N/A	5 4 9 8 5	9 1 8 0	5 5 9 9	0	6 9 7 6 4
BATCHELOR KAREN 3. OFFICE CLERICAL N/A	1 6 2 1 1	0	0	0	1 6 2 1 1
BERNIS JEFF 4. BUSINESS REP N/A	6 6 4 9 2	9 1 8 0	4 6 4 1	0	8 0 3 1 3
BERNIS KIM 5. OFFICE CLERICAL N/A	3 5 9 1 7	0	0	0	3 5 9 1 7
6. Totals from additional pages (if any)	2 6 3 8 2 4 4	1 6 6 5 2 5	1 1 9 8 6 7	0	2 9 2 4 6 3 6
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	2 7 5 9 0	0	0	0	2 7 5 9 0
8. Totals of Lines 1 through 7	2 8 7 6 5 0 8	1 8 4 8 8 5	1 3 0 1 0 7	0	3 1 9 1 5 0 0
				9. Less Deductions	1 0 9 6 6 3 3
The total from Line 10 is entered in			10. Net Disbursements	2 0 9 4 8 6 7	

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	9 4 7 0 2 7
2. WORKERS' COMPENSATION INSURANCE	INSURANCE COMPANY	9 3 0 7 7
3. LIFE INSURANCE	INSURANCE COMPANY	3 9 7 9
4. LIFE INSURANCE	INTERNATIONAL UNION	6 8 7 0
5. Total from additional pages (if any)		8 5 3 4 3
6. Total of Lines 1 through 5		1 1 3 6 2 9 6
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

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

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. EXPENSE REIMB. FROM INT'L UNION	2 7 6 0 0 0
2. EXP. REIM. FROM UFCW TRUST FUNDS	5 8 3 4 3
3. SICK LEAVE REIMBURSEMENTS	7 8 3 4
4. OTHER REIMBURSEMENTS	3 8 0 1 9
5. EXCHANGE - PAC	1 0 0 0 0
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 9 0 1 9 6
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. DUES ALLOCATION - PAC	9 6 0 4 6
2. NEGOTIATIONS EXPENSE	3 9 6 2 1
3. ORGANIZING EXPENSES	1 2 2 8 2 7
4. PROMOTIONALS	1 0 1 7 6 2
5. SPONSORSHIPS	2 8 7 6 0
6. LOCAL ASSISTANCE	3 2 0 0 0
7. INTEREST EXPENSE AND LOAN FEES	4 6 0 2 4 0
8. RENTAL EXPENSE	1 6 1 1 7 6
9. TRANSPORTATION EQUIP. EXPENSES	1 6 4 9 5 8
10. PRINCIPAL PYMNT ON TR DEED MTG.	9 5 4 7 8
11. REFUND OF DUES	7 2 9 8 8
12. ADVISORY BOARD EXPENSES	8 7 2 0
13. AGENTS EXPENSES	2 7 8 1 9 6
14. TRAVEL AND LODGING	3 2 9 5 6
15. MEETINGS, CONFERENCES AND CONV.	4 3 0 7 6
16. Total from additional pages (if any)	6 1 8 2 8 7
17. Total of Lines 1 through 16	2 3 5 7 0 9 1
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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

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 AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2004

SCHEDULE 5 – FIXED ASSETS: BUILDINGS *(continued)*

Description of Buildings <i>(give location)</i> (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
2007 YOSEMITE BLVD, MODESTO CA	2 1 7 9 0 0	1 7 6 9 4 5	4 0 9 5 5	

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2004

SCHEDULE 6 – SALE OF INVESTMENTS AND FIXED ASSETS (continued)

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
OTHER FIXED ASSETS	4267023	1895587	1125000	1095000

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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>							
CARLISLE ANDREA	VICE PRESIDENT	C	0	1 4 5 5	0	0	1 4 5 5
CARLISLE MICHAEL	VICE PRESIDENT	C	0	3 2 5 5	0	0	3 2 5 5
CIOTTI JOSEPH	VICE PRESIDENT	N	1 0 3 0 2 6	9 1 8 0	6 9 5 0	0	1 1 9 1 5 6
GOFF STEVE	VICE PRESIDENT	N	1 3 7 6 5 2	9 1 8 0	6 2 4 5	0	1 5 3 0 7 7
HAMMOND CINDY	VICE PRESIDENT	C	0	2 4 0 0	0	0	2 4 0 0
LOVEALL ADAM	VICE PRESIDENT	C	1 3 5 1 2 6	9 1 8 0	5 6 3 1	0	1 4 9 9 3 7
LOVEALL JACQUES	VICE PRESIDENT	P	0	0	0	0	0
MCDANIEL JACQUELINE	VICE PRESIDENT	C	0	1 2 0 0	0	0	1 2 0 0

ORGANIZATION NAME: FOOD AND COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2004

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

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>						
MANELSKI DEREK VICE PRESIDENT	C	0	1 2 0 0	0	0	1 2 0 0
MEDINAS BEATRICE VICE PRESIDENT	C	0	3 0 0 0	0	0	3 0 0 0
MICHELETTI JOHN VICE PRESIDENT	C	8 0 6 7 7	9 1 8 0	5 6 8 1	0	9 5 5 3 8
PERRIN MICHAEL VICE PRESIDENT	C	0	3 0 0 0	0	0	3 0 0 0
SALTON RICHARD VICE PRESIDENT	C	7 7 1 8 0	9 1 8 0	5 1 4 2	0	9 1 5 0 2
THURN LORI VICE PRESIDENT	C	0	2 4 0 0	0	0	2 4 0 0
WEST EDWARD VICE PRESIDENT	C	0	3 0 0 0	0	0	3 0 0 0
WONG ALBERT VICE PRESIDENT	C	0	2 5 5 0	0	0	2 5 5 0

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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>		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)*					
RAYNES	DAVID	0	0	0	0	0
VICE PRESIDENT	P					

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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>					
BODINE STEVE BUSINESS REP N/A	4 8 7 6 5	9 1 8 0	7 3 9 4	0	6 5 3 3 9
BOUCHARD LESLIE EXEC SECRETARY N/A	8 0 4 2 6	0	9 3	0	8 0 5 1 9
BRANDON ERIC BUSINESS REP N/A	7 5 1 8 5	9 1 8 0	6 2 1 6	0	9 0 5 8 1
CARLTON KIMBERLY EXEC SECRETARY N/A	5 3 8 8 8	0	0	0	5 3 8 8 8
CHIARA PATRICIA OFFICE CLERICAL N/A	2 9 5 6 7	0	0	0	2 9 5 6 7

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO
 ENDING DATE OF PERIOD COVERED:
12/31/2004

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>					
COWDREY GERALDINE OFFICE CLERICAL N/A	3 6 2 5 0	0	0	0	3 6 2 5 0
CRESPILLO LINDA OFFICE SECRETARY N/A	4 8 9 3 3	0	0	0	4 8 9 3 3
FERGUSON DARIN BUSINESS REP N/A	7 9 1 2 6	1 0 3 8 0	4 9 0 8	0	9 4 4 1 4
FOSSI MARGIE EXECUTIVE SECY N/A	5 9 9 8 4	0	0	0	5 9 9 8 4
GENTRY MICHAEL BUSINESS REP N/A	8 0 6 7 7	9 1 8 0	5 2 4 5	0	9 5 1 0 2

ORGANIZATION NAME: FOOD AND COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2004

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>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
GLAZER ORGANIZING DIR N/A	RICHARD		1 4 4 6 4 6	9 1 8 0	6 1 1 6	0	1 5 9 9 4 2
HEISE GRVNCE. DEP. COOR. N/A	JOHN		1 0 4 9 3 4	9 1 8 0	5 4 8 2	0	1 1 9 5 9 6
HUETTER OFFICE CLERICAL N/A	ALICIA		3 0 4 4 7	0	0	0	3 0 4 4 7
JOHNSON TRANS COOR N/A	KEVIN		3 8 0 8 1	2 4 0 0	1 1 8 2 7	0	5 2 3 0 8
KIEHLMIEIER BUSINESS REP N/A	TERRI		7 8 4 3 7	9 1 8 0	6 1 1 7	0	9 3 7 3 4

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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 BUSINESS REP N/A	9 0 0 3 3	0	4 2 0 9	0	9 4 2 4 2
OLIVEIRA OFFICE CLERICAL N/A	3 3 4 4 5	0	0	0	3 3 4 4 5
PASLEY OFFICE CLERICAL N/A	3 6 9 4 0	0	0	0	3 6 9 4 0
PATE ASST. ORG. DIR. N/A	1 0 3 0 2 6	9 1 8 0	6 0 7 3	0	1 1 8 2 7 9
PERCELL OFFICE CLERICAL N/A	1 2 6 9 7	0	0	0	1 2 6 9 7

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
12/31/2004

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>					
PERRY OFFICE SECY N/A	3 5 9 2 6	0	0	0	3 5 9 2 6
PLANK JANITOR N/A	4 5 9 7 2	0	0	0	4 5 9 7 2
RALLS DATA PROCESSOR N/A	4 5 6 9 4	0	4 3	0	4 5 7 3 7
RAMONT BUSINESS REP N/A	4 5 1 4 0	9 1 8 0	5 1 5 6	0	5 9 4 7 6
RAUCH EXECUTIVE SECY N/A	5 6 9 4 6	0	1 2 7	0	5 7 0 7 3

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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>					
REYNON CINDY OFFICE CLERICAL N/A	3 0 7 5 4	0	0	0	3 0 7 5 4
RISON DOUG TRANSP COOR N/A	7 9 3 1 7	6 0 0 0	6 1 8 5	0	9 1 5 0 2
SAMOVILLE SANDRA EXECUTIVE SECY N/A	5 0 8 1 0	0	1 7 7	0	5 0 9 8 7
SARAGINA AMBER OFFICE CLERICAL N/A	1 9 5 2 9	0	0	0	1 9 5 2 9
SLUSSER BRET BUSINESS REP N/A	7 9 2 2 6	9 1 8 0	5 6 5 2	0	9 4 0 5 8

ORGANIZATION NAME: FOOD AND COMMERCIAL WKRS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2004

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

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
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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>					
THOMPSON ERNIE BUSINESS REP N/A	9 0 2 5 8	8 6 5	5 2 9 0	0	9 6 4 1 3
TRUMBULL JAY BUSINESS REP N/A	4 8 4 9 3	9 1 8 0	5 5 5 8	0	6 3 2 3 1
TSANG PATRICIA ACCT MANAGER N/A	1 0 5 4 2 3	0	0	0	1 0 5 4 2 3
TULOWITSKY MARK BUSINESS REP N/A	8 0 6 7 7	9 1 8 0	3 8 5 9	0	9 3 7 1 6
VALENZUELA CARLOS BUSINESS REP N/A	7 9 2 2 6	9 1 8 0	7 3 0 6	0	9 5 7 1 2

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 11 – BENEFITS (continued)

Description (A)	To Whom Paid (B)	Amount (C)
EMPLOYERS INDUSTRY BENEFITS	U.F.C.W. INTERNATIONAL	7 9 2 6 5
401(K) ADMINISTRATION FEES	INTERNATIONAL UNION	2 2 6 6
DEATH BENEFITS	BENEFICIARIES	2 0 0 0
HEALTH AND WELFARE BENEFITS	ST. HELENA HOSPITAL	1 8 1 2

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
EQUIPMENT RENTAL	7 6 5 8
COMPUTER EXPENSES	2 1 8 6 4
INSURANCE	1 8 7 1 5
MAINTENANCE AND REPAIRS	4 9 1 0 6
BUILDING EXPENSES	1 0 2 2 5 5
UTILITIES	1 1 8 4 3
JANITORIAL	7 8 0 0
STORAGE EXPENSE	9 2 5 0
MOVING EXPENSES	9 1 5 0

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 0 4 3 - 5 3 6

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 15 – OTHER DISBURSEMENTS (continued)

Description (A)	Amount (B)
AUTO GASOLINE AND OIL	8 5
AUTO INSURANCE	2 5 9 8
OTHER PAYROLL WITHHOLDINGS	6 1 5 6 0 4

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2004

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. 94-6116912; 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 BENEFITS TO ELIGIBLE MEMBERS AND BENEFICIARIES. THE ADDRESS OF THE PLAN IS 1277 TREAT BOULEVARD, WALNUT CREEK, CALIFORNIA 94597-7975</p>

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
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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. THE ACCOUNTS AND ACTIVITIES OF THIS PAC FUND ARE NOT INCLUDED IN THIS LM-2 FILING AS CAMPAIGN STATEMENTS ARE FILED WITH THE FOLLOWING STATE AND LOCAL AGENCIES:</p> <p>SECRETARY OF STATE - POLITICAL REFORM DIVISION LOS ANGELES COUNTY - REGISTRAR-RECORDER SAN FRANCISCO COUNTY - REGISTRAR OF VOTERS AND RECORDER PLACER COUNTY CLERK - REGISTRAR OF VOTERS</p>

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
12/31/2004

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 AND COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

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

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 AND COMMERCIAL WKRS AFL-CIO

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

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION (continued)

Item Number	
23	<ol style="list-style-type: none"><li data-bbox="296 277 1997 349">1. 2200 PROFESSIONAL DRIVE, ROSEVILLE, CALIFORNIA 95661-7744 BUILDING AND LAND IS ENCUMBERED BY MORTGAGE (STATEMENT A, LINE 35)<li data-bbox="296 349 1997 479">2. MONEY MARKET FUNDS, TIME CERTIFICATES OF DEPOSIT, CORPORATE DEBT SECURITIES AND COMMON STOCKS HELD IN THE MORGAN STANLEY AND MERRILL LYNCH BROKERAGE ACCOUNTS ARE PLEDGED AS COLLATERAL ON A \$1,109,462 LOAN PAYABLE WITH CALIFORNIA BANK & TRUST.<li data-bbox="296 479 1997 544">3. CONTRACT PAYABLE TO M.B. CR. CORP. TOTALING \$39,610 SECURED BY TRANSPORTATION EQUIPMENT.

ORGANIZATION NAME:
FOOD AND COMMERCIAL WKRS AFL-CIO

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12/31/2004

75. ADDITIONAL INFORMATION (continued)

Item Number	
75	<p data-bbox="294 276 2005 316">SCHEDULE 9, COLUMN (F) - PERSONAL USE OF EMPLOYER PROVIDED AUTOMOBILE</p> <p data-bbox="294 341 2005 414">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>