

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">038 - 130</div>	2. PERIOD COVERED <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">2003</td> </tr> <tr> <td style="text-align: center;">From</td> <td></td> <td></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">31</td> <td style="border: 1px solid black; text-align: center;">2003</td> </tr> <tr> <td style="text-align: center;">Through</td> <td></td> <td></td> </tr> </table>	MO	DAY	YEAR	01	01	2003	From			12	31	2003	Through			3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
MO	DAY	YEAR																
01	01	2003																
From																		
12	31	2003																
Through																		
4. AFFILIATION OR ORGANIZATION NAME AFL-CIO		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px;">ROBERT</div>																
		Last Name <div style="border: 1px solid black; padding: 2px;">HEENAN</div>																
5. DESIGNATION (Local, Lodge, etc.) BCTC		P.O. Box - Building and Room Number (if any) <div style="border: 1px solid black; height: 20px;"></div>																
6. DESIGNATION NUMBER 		Number and Street <div style="border: 1px solid black; padding: 2px;">1375 VIRGINIA DR</div>																
7. UNIT NAME (if any) NA		City <div style="border: 1px solid black; padding: 2px;">FT WASHINGTON</div>																
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		State ZIP Code + 4 PA 19034 - <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></div>																
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																		

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>Robert Keenan</u> PRESIDENT Date: <u>3/24/04</u> Telephone Number: <u>215-541-7500</u> (If other title, see instructions.)	77. SIGNED: <u>James T Jones</u> TREASURER Date: <u>3/24/04</u> Telephone Number: <u>215-541-7500</u> (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- 10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes No
- 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes No
- 12. Have a political action committee (PAC) fund? Yes No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No
- 15. Discover any loss or shortage of funds or other property? Yes No
(Answer "Yes" even if there has been repayment or recovery.)
- 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? Yes No
- 17. Liquidate or reduce any liabilities without disbursement of cash? Yes No

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

- 18. How many members did your organization have at the end of the reporting period?
- 19. What is the date of your organization's next regular election of officers? MO: YEAR:
- 20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$
- 21. What are your organization's rates of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 13.75 per MTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 60/400
(c) Transfer Fees	\$ NA
(d) Work Permits	\$ NA per NA <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 3 8 - 1 3 0

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

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 3 8 - 1 3 0**

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

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

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					
			with Explanation		Column (B)

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 038 - 130

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
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	0
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. PRE PAID ITEMS	3 7 0 2 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 7 0 2 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	9 0 2 3 3
2. ESCROW FUND	2 9 4 9 3
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 1 9 7 2 6
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 038 - 130

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): FT WASHINGTON PA	2 0 0 0 0 0		2 0 0 0 0 0	2 0 0 0 0 0
2. Totals from additional pages (if any)	1 6 9 8 4 2		1 6 9 8 4 2	1 6 9 8 4 2
3. Buildings (give location): FT WASHINGTON PA	3 1 7 2 5 0 3	2 0 5 1 7 4 7	1 1 2 0 7 5 6	5 0 0 0 0 0 0
4. Totals from additional pages (if any)	9 2 1 4 2 8		9 2 1 4 2 8	1 0 1 2 2 5 1
5. Automobiles and Other Vehicles	9 0 0 1 8 7	0	9 0 0 1 8 7	9 0 0 0 0 0
6. Office Furniture and Equipment	3 0 2 7 1 5	0	3 0 2 7 1 5	2 0 0 0 0 0
7. Other Fixed Assets	1 0 5 2 6 1	0	1 0 5 2 6 1	5 5 0 0 0
8. Totals of Lines 1 through 7	5 7 7 1 9 3 6	2 0 5 1 7 4 7	3 7 2 0 1 8 9	7 5 3 7 0 9 3
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. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in				Item 49

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 3 8 - 1 3 0

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. AUTOS	5 8 7 5 7 5	5 8 7 5 7 5	0
2. +			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	5 8 7 5 7 5	5 8 7 5 7 5	0
7. Less Reinvestments			0
8. Net Purchases			0

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. MTG FT WAHINGTON PA	1 0 0 0 0 0 0	0	1 6 7 7 4 2	0	8 3 2 2 5 8
2. MTG READING	1 2 8 7 9 7	0	7 6 6 0	0	1 2 1 1 3 7
3. MTG GLOUSTER	2 7 3 1 2	0	2 2 6 3 1	0	4 6 8 1
4. AUTOS	2 9 7 3 7 8	0	1 5 8 5 9 2	0	1 3 8 7 8 6
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	1 4 5 3 4 8 7	0	3 5 6 6 2 5	0	1 0 9 6 8 6 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: 038 - 130

(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.	HEENAN ROBERT BUSINESS MGR	C	8 0 6 0 0	0	0	0	8 0 6 0 0
2.	BORGMAN FRED PRES	C	7 8 6 2 4	0	0	0	7 8 6 2 4
3.	DANESE THOMAS REC SECY	C	7 8 6 2 4	0	0	0	7 8 6 2 4
4.	HEADLEY PAUL FIN SECY	C	7 8 6 2 4	0	0	0	7 8 6 2 4
5.	MAZZA MIKE VICE PRES	C	7 8 6 2 4	0	0	0	7 8 6 2 4
6.	JONES JAMES TREAS	C	7 8 6 2 4	0	0	0	7 8 6 2 4
7.							
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			4 7 3 7 2 0	0	0	0	4 7 3 7 2 0
					10. Less Deductions		2 1 7 0 0 1
The total from Line 11 is entered in Item 56					11. Net Disbursements		2 5 6 7 1 9

*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: 038 - 130

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. JANEKA BA	7 8 6 2 4	0	0	0	7 8 6 2 4
2. JONES BA	7 8 6 2 4	0	0	0	7 8 6 2 4
3. JONES BA	7 8 6 2 4	0	0	0	7 8 6 2 4
4. KUBIK BA	7 8 6 2 4	0	0	0	7 8 6 2 4
5. PETERPAUL BA	7 8 6 2 4	0	0	0	7 8 6 2 4
6. Totals from additional pages (if any)	1 9 1 4 4 9 6	0	0	0	1 9 1 4 4 9 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	0	0	0	0	0
8. Totals of Lines 1 through 7	2 3 0 7 6 1 6	0	0	0	2 3 0 7 6 1 6
9. Less Deductions			9 3 1 7 8 9		
The total from Line 10 is entered in Item 57			10. Net Disbursements 1 3 7 5 8 2 7		

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 3 8 - 1 3 0

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	INTL IUOE WASHINGTON DC	2 1 0 3 6 5
2. HEALTH WELFARE	LOCAL UNION 542 H&W	5 9 2 4 2 5
3. SUB	LOC 542	1 1 6 0 6
4. ANNUITY	LOC 542	3 4 6 3 1 1
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 1 6 0 7 0 7
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. BANQUETS ADS	1 6 7 8 4
2. DONATIONS ADS	1 3 3 0 0
3. BANQUET TICKETS	2 6 5 7 4
4. BIBLES	1 3 2 6
5. FLOWERS	2 2 6 3
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 0 2 4 7
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. DISTRICT OFFICE OPER EXP	3 0 2 7 4 5
2. G & A EXPENSES OPERATING	2 9 2 4 5 5
3. INTEREST EXP	7 2 8 9 8
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	6 6 8 0 9 8
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. INS REIMB	2 9 9 9
2. ORG GRANTS	1 0 9 5 5 6
3. AUTO REIMB BA	2 4 2 8 8
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 3 6 8 4 3
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. BA INSURANCE	3 9 0 0 0
2. BA COMMUNICATION	2 1 2 1 9
3. RENTAL EXPENSES	7 6 8 5 2
4. MEETING EXP	1 1 9 3 8
5. DEPRICIATION EXP	4 7 5 3 8 0
6. AUTO	2 0 4 7 6 0
7. GOOD WELFARE	1 2 8 6 2 5
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	9 5 7 7 7 4
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

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>					
PRISCOPO CHARLES ASST BUS MGR	7 9 3 5 2	0	0	0	7 9 3 5 2
PRESTON CECIL BA	7 8 6 2 4	0	0	0	7 8 6 2 4
BARWICK ART BA	0	0	0	0	0
GRANT MIKE BA	7 8 6 2 4	0	0	0	7 8 6 2 4
REILLY JAMES BA	7 8 6 2 4	0	0	0	7 8 6 2 4

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

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>					
SMITH BA CARLOS	7 8 6 2 4	0	0	0	7 8 6 2 4
HOUCK BA BART	7 8 6 2 4	0	0	0	7 8 6 2 4
SOLLENBERGER SECY SUSAN	2 3 5 3 5	0	0	0	2 3 5 3 5
HOLT BA TIM	7 8 6 2 4	0	0	0	7 8 6 2 4
MCGROGAN CLERK GEORGE	0	0	0	0	0

ORGANIZATION NAME:
AFL-CIO

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ENDING DATE OF PERIOD COVERED:
12/31/2003

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)
DORTON GRADY MAINT	6 8 3 2 8	0	0	0	6 8 3 2 8
KALABACH CAROLYN SECY	3 8 7 1 4	0	0	0	3 8 7 1 4
SMITH FRED SECURITY	2 0 8 0 0	0	0	0	2 0 8 0 0
MILLSON NICOLE SECY	3 9 0 1 6	0	0	0	3 9 0 1 6
THORNTON PATRICK ACCT	5 1 0 0 0	0	0	0	5 1 0 0 0

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

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>					
SCHMITT BA ROBERT	7 8 6 2 4	0	0	0	7 8 6 2 4
BERNHARD SECY DANA	1 1 8 5 5	0	0	0	1 1 8 5 5
MANGINI SECY MARY	0	0	0	0	0
BANKARD MAINT FRANK	7 8 6 2 4	0	0	0	7 8 6 2 4
KELLY BA RON	0	0	0	0	0

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

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>					
HUPP BA JAMES	7 8 6 2 4	0	0	0	7 8 6 2 4
BACHMAN BA PAUL	7 8 6 2 4	0	0	0	7 8 6 2 4
HAMEL OFFICE JOE	9 1 0 0	0	0	0	9 1 0 0
MCNESBY SECY JANET	4 0 9 7 6	0	0	0	4 0 9 7 6
HUGHES BA LAWERENCE	7 8 6 2 4	0	0	0	7 8 6 2 4

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

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>					
MOSTEK GARY BA	7 8 6 2 4	0	0	0	7 8 6 2 4
DOOLEY TOM BA	7 8 6 2 4	0	0	0	7 8 6 2 4
ASCIONE VINCE BA	7 8 6 2 4	0	0	0	7 8 6 2 4
DANESE MATT OFFICE	3 7 5 4 4	0	0	0	3 7 5 4 4
FERGUSON GALE SECY	0	0	0	0	0

ORGANIZATION NAME: AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2003

FILE NUMBER: 038 - 130

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>					
GOSLIN MARIA SECY	3 9 4 6 8	0	0	0	3 9 4 6 8
BENNETT WALT OFFICE	7 8 6 2 4	0	0	0	7 8 6 2 4
TRAYER GLEN OFFICE	7 8 6 2 4	0	0	0	7 8 6 2 4
DEFEO SABRINA SECY	2 4 4 8 0	0	0	0	2 4 4 8 0
WALSH ROBERT BA	7 8 6 2 4	0	0	0	7 8 6 2 4

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

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)
KEEFER DENNIS BA	7 8 6 2 4	0	0	0	7 8 6 2 4
SNYDER KRISTIN SECY	1 5 0 9 6	0	0	0	1 5 0 9 6

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

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)	
OTHER SITES	1 6 9 8 4 2		1 6 9 8 4 2	1 6 9 8 4 2	

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION

Item Number	
12	FEC LU 542 COO136739 PA BUREAU

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION (continued)

Item Number	
14	FIRM OF US TAX CONSULTANTS 2801 MAXWELL ST PHILA PA

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	FIRST UNION MTG COLLATERIAL BLDG FT WAHINGTON

ORGANIZATION NAME:
AFL-CIO

FILE NUMBER: 038 - 130

ENDING DATE OF PERIOD COVERED:
12/31/2003

TRUSTEE SIGNATURES

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.)

Trustee Sign: _____	TRUSTEE	Trustee Sign: _____	TRUSTEE
_____	_____	_____	_____
Date	Telephone Number	Date	Telephone Number