U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

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

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

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: OLMS Rec'd 12-2-2001 B OLMS DRDA

1. FILE NUMBER: 046-777

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	2000
Through	12	31	2000

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: ☐
(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: ☐
(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: ☐

THOMAS MILLER (2) 046-777
TEAMSTERS AFL-CIO 520
LU 481
ROOM 203
2840 ADAMS AVENUE
SAN DIEGO, CA 92116 12/2000

4. AFFILIATION OR ORGANIZATION NAME
TEAMSTERS AFL-CIO

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

6. DESIGNATION NUMBER
481

7. UNIT NAME (if any)
NONE

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

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

First Name

Last Name

P.O. Box • Building and Room Number (if any)

Number and Street

City

State ZIP Code + 4

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

Item Number	
14	OUTSIDE ACCOUNTANT : THEFELD & ASSOCIATES, CPAs
24	THE LOCAL HAS PLEDGED TO PAY EACH OF THE 13 (THIRTEEN) RETIREES OR THEIR ESTATES $1,000 IN THE EVENT OF THEIR DEMISE. AS OF DECEMBER 31, 2000, 9 (NINE) RETIREES HAVE NOT MADE A CLAIM.

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: X _____ PRESIDENT (If other title, see instructions.)
3/28/01 (619) 282-2187
Date Telephone Number

77. SIGNED: X _____ TREASURER (If other title, see instructions.)
3/29/01 (619) 282-2187
Date Telephone Number

During the Reporting Period Did Your Organization:

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

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

18. How many members did your organization have at the end of the reporting period? 2969

19. What is the date of your organization's next regular election of officers? MO 11 YEAR 2001

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? $ 5000000

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	$ ~~6 - $44~~ per ~~MONTH~~ *(Month, Year, etc.)*
(b) Initiation Fees	$ ~~150 - $350~~
(c) Transfer Fees	$ ~~5 and 1 MO DUE~~
(d) Work Permits	$ ~~NONE~~ per ~~NONE~~ *(Month, Year, etc.)*

	Yes	No
22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? *(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*		X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?	X	

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

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 046 — 777

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		464250	575014
	26. Accounts Receivable		0	0
	27. Loans Receivable	1		
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	
	30. Fixed Assets	5	23868	21349
	31. Other Assets	3	0	
	32. TOTAL ASSETS		488118	596363

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8		
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	0	
	37. TOTAL LIABILITIES			
	38. NET ASSETS *(Item 32 less Item 37)*		488118	596363

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 4 6 — 7 7 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		68,955	56. To Officers	9	14,207.77
40. Per Capita Tax		0	57. To Employees	10	5,206.64
41. Fees		12,145.7	58. Per Capita Tax		19,848.5
42. Fines		0	59. Fees, Fines, Assessments, etc.		3,431.8
43. Assessments		0	60. Office & Administrative Expense	13	5,208.8
44. Work Permits		0	61. Educational & Publicity Expense		648.3
45. Sale of Supplies		0	62. Professional Fees		2,930.0
46. Interest		1,318.6	63. Benefits	11	7,750.8
47. Dividends		0	64. Contributions, Gifts & Grants	12	1,006.4
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	600	66. Direct Taxes		2,018.6
50. Loans Obtained	8		67. Withholding Taxes		717.35
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	234.6
52. On Behalf of Affiliates for Transmittal to Them		116.7	69. Loans Made	1	
53. From Members for Disbursement on Their Behalf		2.1	70. Repayment of Loans Obtained	8	
54. Other Receipts	14	58.24	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	246.96
55. TOTAL RECEIPTS		83,210	74. TOTAL DISBURSEMENTS		72,135.0

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

FILE NUMBER: 046 — 777

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: NONE Purpose: Security: Terms of Repayment:	0	0	0	0	
2. Name: Purpose: Security: Terms of Repayment:					
3. Name: Purpose: Security: Terms of Repayment:					
4. Totals from additional pages *(if any)*					
5. Totals of loans not listed above	0	0	0	0	
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in	⇧ Item 27 Column (A)	⇧ Item 69	⇧ Item 51	⇧ Item 75 with Explanation	⇧ Item 27 Column (B)

FILE NUMBER: 0 4 6 — 7 7 7

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

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	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. NONE	0
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. NONE	0
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 046 — 777

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*): NONE	0			0
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*: NONE	0	0		0
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles	0			0
6. Office Furniture and Equipment	37,980	16,631	21,349	
7. Other Fixed Assets	0	0		0
8. Totals of Lines 1 through 7	37,980	16,631	21349	

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. PROJECTOR	3,679	0	600	600
2.				
3.				
4.				
5. Totals from additional pages *(if any)*				
6. Totals of Lines 1 through 5	3,679		600	600
		7. Less Reinvestments		
		8. Net Sales		600

Enter the Total from Line 8 in ..... Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 4 6 — 7 7 7

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTER	2,346	2,346	2,346
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	2,346	2,346	2,346
	7. Less Reinvestments		0
	8. Net Purchases		2 3 4 6

Enter the Total from Line 8 in ⇧ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. NONE	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5					

Enter the Totals from Line 6 in ⇧ Item 34 Column (C) ⇧ Item 50 ⇧ Item 70 ⇧ Item 75 with Explanation ⇧ Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 046 — 777

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: MILLER, First Name: THOMAS Title: SEC/TREASURER	C	79089	3100	6305	0	88494
2. Last Name: TORRES, First Name: VICTOR Title: PRESIDENT	C	50462	3080	4045	0	57587
3. Last Name: VIRGILIO, First Name: ISABELL Title: RECORD SEC	C	38565	40	513	0	39118
4. Last Name: JOINER, First Name: MARK Title: TRUSTEE	C	379	1960	493	0	2832
5. Last Name: MCBRIDE, First Name: PATRICK Title: TRUSTEE	P	217	800	0	0	1017
6. Last Name: DODSON, First Name: STEVEN Title: TRUSTEE	C	0	1960	537		2497
7. Last Name: MAY, First Name: OLIVER Title: TRUSTEE	C	367	1960	488	0	2815
8. Totals from additional pages *(if any)*		213	1.120			1.333
9. Totals of Lines 1 through 8		169.292	14.020	12.381		195.693
				10. Less Deductions		53616
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		142077

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 6 — 7 7 7

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: A B L O G — First Name: H A Z E L Y N Position: B O O K K E E P E R Name of Affiliated Organization: N / A	34514	0	58	0	34572
2. Last Name: H E R N A N D E Z — First Name: P A T R I C I Position: F I E L D R E P Name of Affiliated Organization: N / A	28208	3040	4363	0	35611
3. Last Name — First Name Position Name of Affiliated Organization					
4. Last Name — First Name Position Name of Affiliated Organization					
5. Last Name — First Name Position Name of Affiliated Organization					
6. Totals from additional pages *(if any)*					
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	
8. Totals of Lines 1 through 7	62,722	3,040	4,421		70,183
			9. Less Deductions		18119
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		52064

SCHEDULE 11 — BENEFITS

FILE NUMBER: 046-777

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	WESTERN CONF. OF TEAMSTERS PENSION	52,464
2. HEALTH INSURANCE	TEAMSTERS FOOD & EMPLOYEES TRUST	22,919
3. GROUP LIFE INSURANCE	AMALGATED LIFE	180
4. LONG-TERM DISABILITY INSURANCE	CIGNA GROUP INSURANCE	1,945
5. Total from additional pages *(if any)*		0
6. Total of Lines 1 through 5		77508

Enter the Total from Line 6 ..... Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. UNITED WAY/CHAD/DEPT OF LABOR PARTIC	260
2. SAN DIEGO-IMPERIAL COUNT.LAB COUNCIL	189
3. SAN DIEGO HOSPICE	165
4. CA TEAMSTERS HISPANIC CAUCUS	400
5. SO CALIF / SO NEVADA JOINT COUNCIL 42	1,100
6. AMERICAN LUNG ASSOC (RESEARCH)	100
7. Total from additional pages *(if any)*	7,850
8. Total of Lines 1 through 7	10064

Enter the Total from Line 8 in ..... Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	15,150
2. SUPPLIES AND PRINTING	8,204
3. POSTAGE	6,670
4. TELEPHONE	4,614
5. UTILITIES	1,207
6. FLOWERS. CARDS, BIBLES, GIFT CERTIFICAT	3,116
7. Total from additional pages *(if any)*	13,127
8. Total of Lines 1 through 7	52088

Enter the Total from Line 8 in ..... Item 60

FILE NUMBER: 0 4 6 — 7 7 7

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. MISCELLANEOUS REFUNDS	655
2. OVERPAYMENT ON CHECKOFF	1,882
3. DIFFERENCE IN FEES	3,287
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	5 8 2 4

Enter the Total from Line 17 in ..... Item 54

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. LOST TIME WAGES	514
2. FUNDS FOR TRANSMITTAL	1,003
3. REFUND DUES	2,590
4. REFUND INITIATION & REINITIATION	1,385
5. REFUND - OTHER	1,328
6. ORGANIZING EXPENSE	2,666
7. MEETING AND COMMITTEE EXPENSE	6,120
8. STEWARD ALLOWANCE	2,008
9. ELECTION EXPENSE	1,224
10. CONFERENCE AND SEMINAR	148
11. OVERPAYMENT ON CHECKOFF	1,818
12. AUTO AND TRAVEL	3,892
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	2 4 6 9 6

Enter the Total from Line 17 in ..... Item 73

ORGANIZATION NAME: TEAMSTERS AFL-CIO

ENDING MM/DD/YYYY COVERED: 12/31/2000

FILE NUMBER: 046-777

PAGE 1 OF 3 ADDITIONAL PAGES

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

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: REEVES First Name: GUS Title: TRUSTEE	Status: N	213	1120	0	0	1333
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Totals		213	1120			1333

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

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

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
	Totals					

Schedule 12 — Contributions, Gifts & Grants

Description (A)	Amount (B)
JOHN S. LYONS FOUNDATION	800
FOUNDATION FOR WOMEN	50
ANIMAL ENRICHMENT DEPT (ZOO SOC. SD)	50
AMERICAN CANCER SOCIETY-RESEARCH	100
HERE LOCAL 30	100
SAN DIEGO FOOD BANK	100
JAMES R. HOFFA MEM SCHOLARSHIP FUND	600
CALRO	50
OVERNITE STRIKE FUND	6.000

Schedule 13 — Office & Administrative Expense

Description (A)	Amount (B)
INSURANCE (W.C. AND LIABILITY)	4,595
SURETY BOND PREMIUM	219
BANK SERVICE CHARGE	36
OFFICE CLEANING	1,800
DUES, SUBCRIPTIONS, RENEWALS	391
MAINTENANCE AGREEMENTS	3,511
JACKETS, HATS, WATCHES, ETC	2,575