U.S. Department of Labor F.fi:ployment 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 TRUSTERSHIP

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: 07-31-2004

I his 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 INSTRUC	CTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
S Rec'd 9 0 4 6 - 7 7 7 From	RIOD COVERED MO DAY YEAR m 0 1 0 1 2 0 0 2 Ough 1 2 3 1 2 0 0 2 8. MAILING ADDRESS 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:
THUMAS MILLER (2) 046-777	First Name
TEAMSTERS AFL-CIO 520	THOMAS
LU 481	Last Name
ROUM 203 2840 ADAMS AVENUE	MILLER
SAN DIEGO, CA 921161495 12/2002	
Mandalahilandhahladh	P.O. Box · Building and Room Number (if any)
	ROOM 203
4. AFFILIATION OR ORGANIZATION NAME	Number and Classic
TEAMSTERS AFL-CIO	Number and Street 2 8 4 0 A D A M S A V E N U E
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUM	IBER Z 6 4 0 A D A W 3 A V E N O E
LU 481	City
7. UNIT NAME (if any)	SAN DIEGO
	7/D O - 1 - 1 /
9. Are your organization's records kept at its mailing address? Yes No. (If "No," provide address in Item 75.)	State C A 9 2 1 1 6 - 1 4 9 5
75. ADDITIONAL INFORMATION	
Item Number	
Each of the undersigned, duly authorized officers of the above labor organization, declare	s. 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	s, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)
X VIII V	ESIDENT 77. SIGNED: TREASURER
1 / / 640 000 0407 '	other title, (If other title, see instructions)
× 2/46/05	X 32 2 4 1 0 3
/ Date Telephone Number	Date Telephone Number

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During the Reporting Period Did Your Organization:			18. How many members did your
10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No X	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 1 2 0 0 4
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	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
12. Have a political action committee (PAC) fund?		X	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.)
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	(a) Regular Dues/Fees Rates of Dues and Fees 6 - 101 per MONTH (Month, Year, etc.)
14. Have an audit or review of its books and records by an outside accountant or by a parent body			(b) Initiation Fees \$\frac{150 - 250}{2.50}
auditor/representative?	X	Ш	(c) Transfer Fees \$ 0.50 NONE NONE
15. Discover any loss or shortage of funds or other property?		X	(d) Work Permits per (Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)			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/
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	corner than rates of dues and fees) or in practices/ procedures listed in the instructions?
	•	_	23. Were any of your organization's assets pledged
17. Liquidate or reduce any liabilities without disbursement of cash?		X	as security or encumbered in any other way at the end of the reporting period?
			24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.)		tails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

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

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

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	Loans		Repayments Recei	Repayments Received During Period								
period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)							
1.												
2.												
3.												
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	ltem 27 Column (A)	Item 69	Item 51	ltem 75with Explanation	item 27 Column (B)							

SCHEDULE 2 - INVESTMENTS

FILE NUMBER:	0	4	6	-	7	7	7

(OTHER THAN U.S. TREASURY SECURITIES) SCHEDULE 3 - OTHER ASSETS

Description Amount (A) (B)		Description (A)	Book Value (B)
Marketable Securities		1. None	0
1. Total Cost	0	2.	
2. Total Book Value	0	3.	
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.		4.	
(a) None	0	5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	0
(d)		The total from Line 7 is entered in	Item 31, Column (B)
Other Investments 4. Total Cost	0	SCHEDULE 4 - OTHER	RLIABILITIES
5. Total Book Value	0	Description (A)	Amount at End of Period (B)
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.		1. PAYROLL TAXES PAYABLE	1 4 2
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)		3.	
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	0	7. Total of Lines 1 through 6	1 4 2
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	Item 36, Column (D)
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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 4 6 - 7 7 7

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	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	C
6. Office Furniture and Equipment	3 8 5 7 7	22059	1 6 5 1 8	C
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	38577	22059	16518	0
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. COMPUTER	1130	0	10	10		
2. COPIER	2478	742	0	0		
3.						
4.						
5. Totals from additional pages (if any)						
6. Totals of Lines 1 through 5	3608	742	10	10		
	7. Less Reinvestments			0		
	8. Net Sales		1 0			
The total from Line 8 is entered in				Item 49		

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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. TITAN IV HARDWARE EQUIPMENT	1633	1633	1633
2. COMPUTERS	2087	2087	2087
3. FIRE PROOF FILE CABINET	485	485	485
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	4205	4205	4205
	7. Less Reinvestments		0
	8. Net Purchases		4 2 0 5
The total from Line 8 is entered in			Item 68

SCHEDULE 8 -- LOANS PAYABLE

			Repayment Mad	e During Period	0
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
1. None	0	0	0	0	0
2.					
3.		TTO A R			
4.					and the state of t
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in	Item 34 Column (C)	Item 50	Item 70	Item 75with Explanation	Item 34 Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 4 6 - 7 7 7

	(A) Name (List all persons who held office during the reporting perior they received no salary or other disbursements.)	d even if	G (bef	ross ore				d					Disbursem			0	the	r			-				
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	othe	r de					Allowa (E		es		Busines (F)		Di	sbur (ser (G)		nts			Tot (H			
1.	MILLER THOMAS SEC./TREASURER	С		8	8	4	1.	1	3	0	0 0)	4 3	7	L	·	3	0	0		Ç	9 6	0	8	2
2.	TORRES VICTOR PRESIDENT	С		5	8	6	0	9	3	0	0 0)	4 1	0 :	3	***	2	0	0		(5 5	9	1	7
3.	JOINER MARK VICE PRESIDENT	С				2	6	7	2	4	0 0)		(2	0	0			2	8	6	7
4.	VIRGILIO ISABELLA RECORDING SEC	С		3	8	9	5	6			0)		7)		1	0	0		3	3 9	1	3	5
5.	DODSON STEVEN TRUSTEE	С		_		3	9	5	2	4	0 0)	4	4			2	0	0			3	4	3	5
6.	OLIVER MAY TRUSTEE	С		***		5	7	3	2	4	0 0)	3	6	7		2	0	0			3	5	4	0
7.	BUCHANAN KEVIN TRUSTEE	С				1	7	9	2	4	0 0)	2	4	3		2	0	0			3	0	2	2
8. 7	Totals from additional pages (if any)																								
	Totals of Lines 1 through 8			1 8	7	3	9	0	15	6	0 0)	9 6 10. Less Dec			1	4	0	0	5	9	9	_		9
1	The total from Line 11 is entered in								Item 56				11. Net Disb	urse	ments			,	1	5	3	9	ξ) }	9
*Co	ode for Status (C): past officer - P; continuing officer - C; new offi	icer during t	he repo	rting	per	iod	- N	l. _	_				(If any officer your organiza	was i	not elec constil	ted at	a reg	gular iylav	elec vs, ex	tion ir plain	acco in Ite	ordar m 75	ice w .}	ith -	

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 6 - 7 7 7

(A) Name (List all employees who received mo from your organization and any affilia	re than \$10,000 in total disbursements ites.)		ross			•		Disbursements for Official	Othor				•
(B) Position (Enter employee's job title.)		(before taxes and		Other Disbursements Tota		al							
(C) Name of Affiliated Organization	(if applicable)		(D		3110)	(E)	_	(F)_	(G)	(H)			
ABLOG	HAZELYN		3 8	3	4 0		0	1 0 7	200	,	3 8	6	4 7
1. BOOKKEEPER													
N/A							_						
HERNANDEZ	PATRICIA		8	6	1 5	7	5 0	1624	0	,	1 0	9	8 9
2. FIELD REP										1			
N/A													
3.													
		<u> </u>											
4.													
	700	<u> </u>						-					
5.													
										<u></u>			
6. Totals from additional pages (if any)													
 Totals for all employees who, during the rep \$10,000 or less in total disbursements from any affiliates 	orting period, received your organization and				0		0	0	0				(
8. Totals of Lines 1 through 7			4	6 9	5 5		7 5 0	1731	200		4	9 (3 3 6
								9. Less Deduction	S	1 2	3	3	5
The total from Line 10 is entered in						Item 57		10. Net Disburseme	ents	3 7	3	0	1
								<u> </u>					

2 - 10

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 4 6 - 7 7 7

Description (A)	To Whom Paid (B)		Amount (C)			
1. PENSION	ENSION WCT PENSION TRUST FUND		4	9	2	1
2. HEALTH INSURANCE	TEAMSTERS & FOOD SEC EMP	3	4	9	4	4
3. GROUP LIFE INSURANCE	AMALGAMATED LIFE			2	3	0
4. LONG-TERM DISABILITY INSURANCE	L.I.N.A.		1	9	7	3
5. Total from additional pages (if any)					6	9
6. Total of Lines 1 through 5		9	2	1	3	7
The total from Line 6 is entered in		Ite	em 6	3		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amou (B)	ınt				
1. CALRO				5	0	
2. CCU MINISTRIES DISCRETION FUND			1	0	0	
3. DEPT OF LABOR PARTICIPATION			2	0	0	
4. HORIZON HOSPICE			1	0	0	
INTL BROTHERHOOD OF 5. TEAMSTERS		1	0	0	0	
6. J.R.H.M.S. FUND			3	0	0	
7. Total from additional pages (if any)		2	3	8	2	
8. Total of Lines 1 through 7		4	1	3	2	
The total from Line 8 is entered in Item 64						
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SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

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

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SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)			
1. OVERPAYMENT ON CHECKOFF	1	4	1	5
2. DIFFERENCES IN FEES		3	5	0
3. MISCELLANEOUS	1	4	1	2
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	3	1	7	7
The total from Line 17 is entered in	Item 54			

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amoun (B)	t						
1.WITNESS FEES		4	7	1				
2.FUNDS FOR TRANSMITTAL		2	6	5				
3.REFUND DUES	4	4	7	5				
4. REFUND-INITIATION & REINITIATION	1	4	4	8				
5.REFUND - OTHER		1	5	9				
6.MEETING & COMMITTEE EXPENSE	7	0	1	3				
7.STEWARD ALLOWANCE	4	2	1	5				
8.CONFERENCES & SEMINARS		3	0	0				
9. OVERPAYMENT ON CHECKOFF	1	4	2	8				
10. AUTO & TRAVEL	5	1	4	1				
11. ORGANIZING EXPENSE		6	0	0				
12.								
13.		•						
14.								
15.								
16. Total from additional pages (if any)								
17. Total of Lines 1 through 16	2 5	5	1	5				
The total from Line 17 is entered in	The total from Line 17 is entered in Item 73							

DRGANIZATION NAME: FEAMSTERS AFL-CIO	
NDING DATE OF PERIOD COVERED:	

SCHEDULE 11 - BENEFITS (continued)

Description (A)	To Whom Paid (B)	Amount (C)
INSURANCE - LEGAL SERVICES	WCT LEGAL SERVICES TRUST	6 9
		Apple -

FILE NUMBER:	0	4	6	-	7	7	7	
	ı –	-	-		_	-	-	

·		
ORGANIZATION NAME: TEAMSTERS AFL-CIO		
ENDING DATE OF PERIOD COVERED: 12/31/2002	 	

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS (continued)

Description	Amount			
(A)	(B)			
JC 42 CHARITY		9	6	5
JOHN S. LYONS FOUNDATION	1	0	0	0
LABOR EDUCATION FUND		1	0	0
SAN DIEGO LABOR COUNCIL		1	2	5
LABOR COUNCIL - TOY DRIVE			9	2
UNITED WAY	1	1	0	0

				•

RGANIZATION NAME:		F
EAMSTERS AFL-CIO		·
DING DATE OF PERIOD COVERED		

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)			
MAINTENANCE AGREEMENTS	1	7	6	7
OFFICE EQUIPMENT LEASE	2 ()	0	5
INSURANCE (W.C. AND LIABILITY)	7 :	5	9	0
SURETY BOND PREMIUM	2	2	3	0
BANK SERVICE CHARGES			4	0
OFFICE CLEANING	•	4	5	0
DUES, SUBSCRIPTIONS, RENEWALS	,	3	3	1
CREDIT CARD FEES		3	1	5
·				
	- 112			
		-		

12/31/2002

·	
ORGANIZATION NAME:	
TEAMSTERS AFL-CIO	
NDING DATE OF PERIOD COVERED:	

75 ADDITIONAL INCODMATION

12/31/2002

m Number		
14	OUTSIDE ACCOUNTANT: THEFELD & ASSOCIATES, CPAS INTERNATIONAL BROTHERHOOD OF TEAMSTERS	
	INTERNATIONAL BROTTLERIOOD OF TEAMOTERS	

• ,	
ORGANIZATION NAME:	
TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED:	
12/31/2002	

75. ADDITIONAL INFORMATION(continued)

THE LOCAL IS GOVERNED BY A UNIFORM CONSTITUTION PRESCRIBED BY THE INTERNATIONAL UNION, AND THE INTERNATIONAL UNION WILL FILE ON THE LOCAL'S BEHALF.	

DEGANIZATION NAME: TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	

75. ADDITIONAL INFORMATION (continued)

em Number	
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, 2002, 9 (NINE) RETIREES HAVE NOT MADE THEIR CLAIM.
: : : : : : : : : : : : : : : : : : : :	
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ORGANIZATION NAME:	
TEAMSTERS AFL-CIO	
NDING DATE OF PERIOD COVERED:	
12/31/2002	

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized off	cers of the above I	abor organization, declares	s, under the applicable per	nalties of law, that all of the infor	mation submitted in this	report (including the information	n contained in any
Each of the undersigned, duly authorized off accompanying documents) has been examil	ied by the signator	/ and is, to the best of the ι	undersigned's knowledge a	and belief, true, correct, and con	nplete. (See Section VI	on penalties in the instructions.) '

Trustee Sign

TRUSTEE

Trustee Sign:

TRUSTEE

3-25-03

elephone Number

Date

lephone Number