

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 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  544-423	2. PERIOD COVERED MO DAY YEAR From 01/01/2015 Through 12/31/2015	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME LABORERS		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) DISTRICT COUNCIL		6. DESIGNATION NUMBER	
7. UNIT NAME (if any) NATIONAL GUARD		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		First Name BIENVENIDO	Last Name BANCHS
		P.O. Box - Building and Room Number P O BOX 1794	
		Number and Street	
		City ABITA SPRINGS	
		State LA	ZIP Code + 4 70420

69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other 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.)

70. SIGNED: Janet Vallotton	RECORDING SECRETARY	71. SIGNED: BIENVENIDO BANCHS	TREASURER
<u>03/30/2016</u> Date	<u>209-691-5446</u> Telephone Number	<u>03/30/2016</u> Date	<u>985-249-2315</u> Telephone Number

(If other title, see instructions.)

**COMPLETE ITEMS 10 THROUGH 21**

FILE NUMBER: 544-423

10. During the reporting period did the labor organization 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

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund? Yes  No

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? Yes  No

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes  No

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes  No

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes  No

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes  No

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes  No

18. During the reporting period did the labor 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

19. What is the date of the labor organization's next regular election of officers?

20. How many members did the labor organization have at the end of the reporting period? (Total from Members Line of Schedule 13)

21. What are the labor 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				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	\$15	per Month	\$15	\$15
(b) Working Dues/Fees	NA	per		
(c) Initiation Fees	NA	per		
(d) Transfer Fees	NA	per		
(e) Work Permits	NA	per		

**If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.**

**STATEMENT A - ASSETS AND LIABILITIES**

FILE NUMBER: 544-423

Complete Schedules 1 Through 20 Before Completing Statement A

Assets	ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
	22. Cash		\$113,742	\$392,614
	23. Accounts Receivable	1		
	24. Loans Receivable	2		
	25. U.S. Treasury Securities		\$0	\$0
	26. Investments	5		
	27. Fixed Assets	6		
	28. Other Assets	7		\$7,563
	<b>29. TOTAL ASSETS</b>		<b>\$113,742</b>	<b>\$400,177</b>
Liabilities	LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
	30. Accounts Payable	8		\$16,715
	31. Loans Payable	9		
	32. Mortgages Payable		\$0	\$0
	33. Other Liabilities	10		
	<b>34. TOTAL LIABILITIES</b>		<b>\$0</b>	<b>\$16,715</b>
<b>35. NET ASSETS (Item 29 Less Item 34)</b>			<b>\$113,742</b>	<b>\$383,462</b>

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**  
**Complete Schedules 1 Through 20 Before Completing Statement B**

FILE NUMBER: 544-423

Item	CASH RECEIPTS	SCH #	AMOUNT
36.	Dues and Agency Fees		\$857,982
37.	Per Capita Tax		\$0
38.	Fees, Fines, Assessments, Work Permits		\$0
39.	Sale of Supplies		\$0
40.	Interest		\$0
41.	Dividends		\$0
42.	Rents		\$0
43.	Sale of Investments and Fixed Assets	3	
44.	Loans Obtained	9	
45.	Repayments of Loans Made	2	
46.	On Behalf of Affiliates for Transmittal to Them		\$0
47.	From Members for Disbursement on Their Behalf		\$0
48.	Other Receipts	14	\$73,134
49.	<b>TOTAL RECEIPTS</b>		\$931,116

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50.	Representational Activities	15	\$116,690
51.	Political Activities and Lobbying	16	\$0
52.	Contributions, Gifts, and Grants	17	\$3,216
53.	General Overhead	18	\$211,801
54.	Union Administration	19	\$58,895
55.	Benefits	20	\$57,831
56.	Per Capita Tax		\$76,370
57.	Strike Benefits		\$0
58.	Fees, Fines, Assessments, etc.		\$0
59.	Supplies for Resale		\$0
60.	Purchase of Investments and Fixed Assets	4	
61.	Loans Made	2	
62.	Repayment of Loans Obtained	9	
63.	To Affiliates of Funds Collected on Their Behalf		\$0
64.	On Behalf of Individual Members		\$113,209
65.	Direct Taxes		\$14,232
66.	Subtotal		\$652,244
67.	Withholding Taxes and Payroll Deductions		
67a.	Total Withheld		\$36,046
67b.	Less Total Disbursed		\$36,046
67c.	Total Withheld But Not Disbursed		\$0
68.	<b>TOTAL DISBURSEMENTS</b> (Line 66-Line 67c)		\$652,244

**SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE**

FILE NUMBER: 544-423

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Total of all itemized accounts receivable				
13. Totals from all other accounts receivable	\$0	\$0	\$0	\$0
14. Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))	\$0	\$0	\$0	\$0

**SCHEDULE 2 - LOANS RECEIVABLE**

FILE NUMBER: 544-423

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: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4.Total of loans not listed above	\$0	\$0	\$0	\$0	\$0
5.Total of all lines above	\$0	\$0	\$0	\$0	\$0
Totals will be automatically entered in	Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)

**SCHEDULE 3 - 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.				
Total of all lines above				
			Less Reinvestments	
			<b>Net Sales</b>	<b>\$0</b>

(The total from Net Sales Line will be automatically entered in Item 43.)

**SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER: 544-423

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
Total of all lines above			
		Less Reinvestments	
		<b>Net Purchases</b>	<b>\$0</b>

(The total from Net Purchases Line will be automatically entered in Item 60.)

**SCHEDULE 5 - INVESTMENTS**

<b>Description (A)</b>	<b>Amount (B)</b>
<b>Marketable Securities</b>	
A. Total Cost	\$0
B. Total Book Value	\$0
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B. Also, list each subsidiary for which separate reports are attached.	
<b>Other Investments</b>	
D. Total Cost	\$0
E. Total Book Value	\$0
F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.	
G. Total of Lines B and E (Total will be automatically entered in Item 26, Column (B))	\$0

**SCHEDULE 6 - FIXED ASSETS**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
A. Land				
A. Land 0.				
0.				
B. Buildings				
C. Automobiles and Other Vehicles	\$0	\$0	\$0	\$0
D. Office Furniture and Equipment	\$0	\$0	\$0	\$0
E. Other Fixed Assets	\$0	\$0	\$0	\$0
F. Total of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B))				

**SCHEDULE 7 - OTHER ASSETS**

FILE NUMBER: 544-423

<b>Description (A)</b>	<b>Book Value (B)</b>
1. Prepaid Pex credit card	\$7,563
Total (Total will be automatically entered in Item 28, Column (B))	\$7,563

**SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE**

FILE NUMBER: 544-423

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	<b>Liquidated Account Payable (E)</b>
1. Bank of America credit card	\$16,715			
Total of all itemized accounts payable	\$16,715			
Totals from all other accounts payable				
Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))	\$16,715			

**SCHEDULE 9 - LOANS PAYABLE**

FILE NUMBER: 544-423

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.					
Total Loans Payable					

Totals will be automatically entered in	Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)
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**SCHEDULE 10 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))	

**SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

FILE NUMBER: 544-423

(A) Name			(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL	
1	A	Last Name Sweat	First Name James	Middle Initial	\$0		\$1,100		\$1,100	
	B	Vice President								
	C	N								
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	
2	A	Last Name Banchs	First Name Benvenido	Middle Initial	\$93,901				\$93,901	
	B	Business Manager/Sec Trea								
	C	N								
I	Schedule 15 Representational Activities	60%	Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead	20%	Schedule 19 Administration	20%
3	A	Last Name Vallotton	First Name Ja'net	Middle Initial	\$49,251				\$49,251	
	B	Recording Secretary								
	C	N								
I	Schedule 15 Representational Activities	50%	Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead	25%	Schedule 19 Administration	25%
4	A	Last Name Hopkins	First Name Willie	Middle Initial	\$0		\$323		\$323	
	B	Executive Board								
	C	N								
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	
5	A	Last Name Albrecht	First Name Mark	Middle Initial	\$0		\$280		\$280	
	B	Executive Board								
	C	N								
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration	

**SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

FILE NUMBER: 544-423

(A) Name			(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL
6	A	Last Name Whelchel	First Name Daniel	Middle Initial	\$0				\$0
	B	Executive Board							
	C	N							
	I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying					
7	A	Last Name Herzfeldt	First Name Fred	Middle Initial	\$0				\$0
	B	Executive Board							
	C	N							
	I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying					
8	A	Last Name Billiot	First Name Byron	Middle Initial			\$163		\$163
	B	Executive Board							
	C	N							
	I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying					
9	A	Last Name Bruns	First Name James	Middle Initial	\$0				\$0
	B	Executive Board							
	C	N							
	I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying					
10	A	Last Name Washburn	First Name Derek	Middle Initial	\$0				\$0
	B	Executive Board							
	C	N							
	I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying					
TOTAL OFFICER DISBURSEMENTS					\$143,152	\$0	\$1,866	\$0	\$145,018
LESS DEDUCTIONS									\$30,156
NET DISBURSEMENTS									\$114,862

**SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES**

FILE NUMBER: 544-423

		(A) Name	(B) Title	(C) Other Payer	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
1	A	Last Name Banchs	First Name Rhonda	Middle Initial	\$13,542				\$13,542		
	B	Admin									
	C	None									
I	Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		100%	Schedule 19 Administration	
2	A	Last Name Young	First Name Emily	Middle Initial	\$13,542				\$13,542		
	B	Admin									
	C	None									
I	Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		100%	Schedule 19 Administration	
<b>3. TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS</b>									\$0		
I	Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead		Schedule 19 Administration		
<b>TOTAL EMPLOYEE DISBURSEMENTS</b>					27,084.00	\$0	\$0	\$0	\$27,084		
<b>LESS DEDUCTIONS</b>									\$5,889		
<b>NET DISBURSEMENTS</b>									\$21,195		

**SCHEDULE 13 - MEMBERSHIP STATUS**

FILE NUMBER: 544-423

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. Dues paying members	1,500	Yes <input checked="" type="checkbox"/>
Members (Total of all lines above)	1,500	
Agency Fee Payers*	0	
Total Members/Fee Payers	1,500	
*Agency Fee Payers are not considered members of the labor organization.		

**DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19**

FILE NUMBER: 544-423

Complete Itemization Pages BEFORE the Detailed Summary Page

<b>SCHEDULE 14</b> OTHER RECEIPTS	1. Named Payer Itemized Receipts	\$48,904
	2. Named Payer Non-itemized Receipts	\$10,975
	3. All Other Receipts	\$13,255
	4. <b>Total Receipts</b> (add Lines 1 through 3)	\$73,134

ITEM 48

<b>SCHEDULE 17</b> CONTRIBUTIONS, GIFTS, & GRANTS	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	\$3,216
	6. <b>Total Disbursements</b> (add Lines 1 through 5)	\$3,216

ITEM 52

<b>SCHEDULE 15</b> REPRESENTATIONAL ACTIVITIES	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$15,293
	3. To Officers	\$82,833
	4. To Employees	\$0
	5. All Other Disbursements	\$18,564
	6. <b>Total Disbursements</b> (add Lines 1 through 5)	\$116,690

ITEM 50

<b>SCHEDULE 18</b> GENERAL OVERHEAD	1. Named Payee Itemized Disbursements	\$57,571
	2. Named Payee Non-itemized Disbursements	\$83,882
	3. To Officers	\$31,093
	4. To Employees	\$27,084
	5. All Other Disbursements	\$12,171
	6. <b>Total Disbursements</b> (add Lines 1 through 5)	\$211,801

ITEM 53

<b>SCHEDULE 16</b> POLITICAL ACTIVITIES AND LOBBYING	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	
	6. <b>Total Disbursements</b> (add Lines 1 through 5)	\$0

ITEM 51

<b>SCHEDULE 19</b> UNION ADMINISTRATION	1. Named Payee Itemized Disbursements	\$20,500
	2. Named Payee Non-itemized Disbursements	\$7,302
	3. To Officers	\$31,093
	4. To Employees	\$0
	5. All Other Disbursements	
	6. <b>Total Disbursements</b> (add Lines 1 through 5)	\$58,895

ITEM 54

**SCHEDULE 14 - OTHER RECEIPTS**

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name LIUNA P.O. Box Street City Washington State DC Zip Code	Organizing reimbursement	01/22/15	\$16,443
	Organizing reimbursement	02/24/15	\$6,326
	Organizing reimbursement	08/07/15	\$11,613
	Organizing reimbursement	10/02/15	\$9,020
	Organizing reimbursement	12/31/15	\$5,502
(B) Type or Classification			
Organizing reimbursements			
Total Itemized Transactions with this Payee/Payer			\$48,904
Total Non-Itemized Transactions with this Payee/Payer			\$10,975
Total of All Transactions with this Payee/Payer for This Schedule			\$59,879

**SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES**

***Complete Itemization Pages BEFORE the Detailed Summary Page***

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Amazon.com P.O. Box Street City Fort Worth State TX Zip Code			
(B) Type or Classification			
Organizing/Bonus bucks			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		\$15,293
	Total of All Transactions with this Payee/Payer for This Schedule		\$15,293



**SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS**

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			\$0



**SCHEDULE 18 - GENERAL OVERHEAD**

***Complete Itemization Pages BEFORE the Detailed Summary Page***

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Eberts & Harrison			
P.O. Box			
Street			
City Mount Airy			
State NC			
Zip Code			
(B) Type or Classification			
Insurance			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			\$7,435
Total of All Transactions with this Payee/Payer for This Schedule			\$7,435

**SCHEDULE 18 - GENERAL OVERHEAD**

***Complete Itemization Pages BEFORE the Detailed Summary Page***

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Enterprise Fleet Management P.O. Box Street City St Louis State MO Zip Code			
(B) Type or Classification			
Auto lease			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			\$18,430
Total of All Transactions with this Payee/Payer for This Schedule			\$18,430

**SCHEDULE 18 - GENERAL OVERHEAD**

***Complete Itemization Pages BEFORE the Detailed Summary Page***

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Hilton Hotels P.O. Box Street City San Diego State CA Zip Code	Lodging	01/20/15	\$20,219
(B) Type or Classification			
Lodging			
Total Itemized Transactions with this Payee/Payer			\$20,219
Total Non-Itemized Transactions with this Payee/Payer			\$3,767
Total of All Transactions with this Payee/Payer for This Schedule			\$23,986

**SCHEDULE 18 - GENERAL OVERHEAD**

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Loews New Orleans Hotel P.O. Box Street City New Orleans State LA Zip Code	Lodging	12/03/15	\$9,000
	Lodging	12/08/15	\$9,771
(B) Type or Classification			
Lodging			
Total Itemized Transactions with this Payee/Payer			\$18,771
Total Non-Itemized Transactions with this Payee/Payer			\$6,675
Total of All Transactions with this Payee/Payer for This Schedule			\$25,446

**SCHEDULE 18 - GENERAL OVERHEAD**

***Complete Itemization Pages BEFORE the Detailed Summary Page***

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Sheraton Denver West P.O. Box Street City Lakewood State CO Zip Code	Lodging	03/26/15	\$18,581
(B) Type or Classification			
Lodging			
Total Itemized Transactions with this Payee/Payer			\$18,581
Total Non-Itemized Transactions with this Payee/Payer			\$804
Total of All Transactions with this Payee/Payer for This Schedule			\$19,385

**SCHEDULE 18 - GENERAL OVERHEAD**

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Tracey's Irish Pub P.O. Box Street City New Orleans State LA Zip Code			
(B) Type or Classification			
Conferences and meeting			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			\$7,500
Total of All Transactions with this Payee/Payer for This Schedule			\$7,500

**SCHEDULE 18 - GENERAL OVERHEAD**

***Complete Itemization Pages BEFORE the Detailed Summary Page***

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name United Airlines			
P.O. Box			
Street			
City Chicago			
State IL			
Zip Code			
(B) Type or Classification			
Travel			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			\$32,569
Total of All Transactions with this Payee/Payer for This Schedule			\$32,569

**SCHEDULE 19 - UNION ADMINISTRATION**

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Minahan & Muther PC P.O. Box Street City Denver State CO Zip Code	Training fees	03/24/15	\$20,500
(B) Type or Classification			
Legal fees			
Total Itemized Transactions with this Payee/Payer			20,500
Total Non-Itemized Transactions with this Payee/Payer			7,302
Total of All Transactions with this Payee/Payer for This Schedule			27,802

**SCHEDULE 20 - BENEFITS**

FILE NUMBER: 544-423

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension benefits	LIUNA Staff and Affiliates Pension Fund	\$41,722
2. Life, AD&D Automobile Insu	State Farm	\$5,564
3. Pension 401(k)	LIUNA 401(K) Program	\$5,107
4. Health Insurance	TRS	\$4,935
5. Life Insurance	USAA Life Insurance	\$503
Total of all lines above (Total will be automatically entered in Item 55.)		\$57,831

## 69. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: 544-423

Item 70 Title: President position is currently vacant.

Question 18: : Effective 1/1/2015, the district council became a local and now follows LIUNA's Uniform Local Union Constitution.

Schedule 13, Row1:Schedule 13, Row1:Dues paying members with full voting rights.

Schedule 13, Row1:Schedule 13, Row1:

