


# 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 TRUSTESHIP**

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 0 1 2 - 4 4 2	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 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"/>
---	---------------------------------	--	---

4. AFFILIATION OR ORGANIZATION NAME ENGINEERS, OPERATING, AFL-CIO		8. MAILING ADDRESS First Name: JAMES Last Name: MC LAUGHLIN P.O. Box - Building and Room Number (if any): Number and Street: 2 4 0 5 WEST 3 R D STREET City: LOS ANGELES State: CA ZIP Code + 4: 9 0 0 5 7 -	
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 501	7. UNIT NAME (if any)	
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: <u>DuMeau</u> Date: <u>3/29/05</u> Telephone Number: <u>(213) 385-1561</u> PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>James McLaughlin</u> Date: <u>3-30-05</u> Telephone Number: TREASURER (If other title, see instructions.)
---	---

**During the Reporting Period Did Your Organization:**

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
|  | Yes                                 | No                                  |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions?.....   | <input type="checkbox"/>            | <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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....  | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/>            |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <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? 9 4 8 3
19. What is the date of your organization's next regular election of officers? MO: 0 8 YEAR: 2 0 0 7
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	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">10.00 - 121.15</span> per <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">MONTH</span> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">200.00 - 400.00</span>
(c) Transfer Fees	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">1.00</span>
(d) Work Permits	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">N/A</span> per <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;">N/A</span> <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? .....
- (If the constitution and bylaws or practices/procedures have changed, see the instructions.)*
- Yes  No
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 1 2 - 4 4 2**

**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)	
<b>ASSETS</b>	25. Cash.....		1 5 3 4 5 2 4	1 7 9 1 3 1 1	
	26. Accounts Receivable.....		7 2 4 1 3	3 2 0 3 6	
	27. Loans Receivable.....	1	0	0	
	28. U.S. Treasury Securities.....		0	0	
	29. Investments.....	2	0	0	
	30. Fixed Assets.....	5	7 7 7 0 0 8	7 2 7 5 4 6	
	31. Other Assets.....	3	1 5 9 4 0	1 6 4 4 5	
	32. TOTAL ASSETS.....		2 3 9 9 8 8 5	2 5 6 7 3 3 8	
<b>LIABILITIES</b>	33. Accounts Payable.....		4 6 0 4 5 6	3 5 8 0 9 3	
	34. Loans Payable.....	8	1 0 2 9 6	0	
	35. Mortgages Payable.....		0	0	
	36. Other Liabilities.....	4	3 1 5 0 0	5 1 6 1 5	
	37. TOTAL LIABILITIES.....		5 0 2 2 5 2	4 0 9 7 0 8	
	38. NET ASSETS (Item 32 less Item 37).....		1 8 9 7 6 3 3	2 1 5 7 6 3 0	

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

FILE NUMBER: **0 1 2 - 4 4 2**

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

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 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

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

FILE NUMBER: 0 1 2 - 4 4 2

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
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) _____	
<b>Other Investments</b>	
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. PREPAID EXPENSES	7 1 6 8
2. DEPOSITS	9 2 7 7
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 6 4 4 5
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. COPIER CAPITAL LEASES	5 1 6 1 5
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	5 1 6 1 5
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **0 1 2 - 4 4 2**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 2405 W 3RD ST/296 CARONDOLET, LA CA	1 2 2 1 6 0		1 2 2 1 6 0	1 2 2 1 6 0
2. Totals from additional pages (if any)	1 7 0 9 5		1 7 0 9 5	1 7 0 9 5
3. Buildings (give location): 2405 W 3RD ST/296 CARONDOLET	2 8 5 1 0 6	2 0 3 0 5 0	8 2 0 5 6	8 2 0 5 6
4. Totals from additional pages (if any)	1 4 1 6 4 5	9 4 9 5 9	4 6 6 8 6	4 6 6 8 6
5. Automobiles and Other Vehicles	4 6 0 0 4 4	3 0 8 9 0 0	1 5 1 1 4 4	1 5 1 1 4 4
6. Office Furniture and Equipment	3 3 4 1 3 1	2 2 0 2 2 6	1 1 3 9 0 5	1 1 3 9 0 5
7. Other Fixed Assets	5 4 5 2 6 0	3 5 0 7 6 0	1 9 4 5 0 0	1 9 4 5 0 0
8. Totals of Lines 1 through 7	1 9 0 5 4 4 1	1 1 7 7 8 9 5	7 2 7 5 4 6	7 2 7 5 4 6
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. AUTOMOBILES	5 2 6 5 8	0	4 0 0 0	4 0 0 0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	5 2 6 5 8	0	4 0 0 0	4 0 0 0
		7. Less Reinvestments		0
		8. Net Sales		4 0 0 0
The total from Line 8 is entered in .....				Item 49

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 2 - 4 4 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. AUTOMOBILES	1 4 6 2 2 8	1 4 6 2 2 8	1 3 0 5 7 8
2. FURNITURE & EQUIPMENT	5 6 6 5 8	5 6 6 5 8	5 1 4 8 0
3. BUILDING IMPROVEMENTS	3 5 7 5 0	3 5 7 5 0	3 3 4 5 4
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	2 3 8 6 3 6	2 3 8 6 3 6	2 1 5 5 1 2
7. Less Reinvestments			0
8. Net Purchases			2 1 5 5 1 2
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. GMAC	1 0 2 9 6	0	1 0 2 9 6	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	1 0 2 9 6	0	1 0 2 9 6	0	0
The total from Line 6 is entered 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: **0 1 2 - 4 4 2**

(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.	MC LAUGHLIN JAMES BUSINESS MGR	1 1 8 8 4 3	7 7	1 8 2 0 7	5 5 4	1 3 7 6 8 1
2.	MEAR DONALD PRESIDENT	8 8 3 4 0	3 9 0 0	1 0 9 9 7	7 1 9	1 0 3 9 5 6
3.	WILLIAMS PAT VICE PRESIDENT	0	8 2 5	0	0	8 2 5
4.	NUNEZ PAUL TREASURER	0	6 0 0	0	0	6 0 0
5.	COCHRAN SAM TRUSTEE	2 7 4 7	9 7 0	0	0	3 7 1 7
6.	LUNDY DENNIS TRUSTEE	0	0	1 3 5 4	0	1 3 5 4
7.	KILBANE BRIAN TRUSTEE	3 4 8 4	8 2 5	0	0	4 3 0 9
8. Totals from additional pages (if any)		9 7 9 2 1	7 9 2 5	3 6 7 2	0	1 0 9 5 1 8
9. Totals of Lines 1 through 8		3 1 1 3 3 5	1 5 1 2 2	3 4 2 3 0	1 2 7 3	3 6 1 9 6 0
				10. Less Deductions	1 0 2 2 6 1	
The total from Line 11 is entered in ..... Item 56				11. Net Disbursements	2 5 9 6 9 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: **0 1 2 - 4 4 2**

(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. STRONG BUSINESS REP LESLIE	7 4 3 7 4	3 9 0 0	4 2 8 3	3 9 0	8 2 9 4 7
2. BRIM BUSINESS REP BLAIR	7 4 5 3 8	3 9 0 0	3 5 8 1	5 5 5	8 2 5 7 4
3. NELSON BUSINESS REP NYE	7 4 8 1 6	3 9 0 0	5 3 3 6	8 3 3	8 4 8 8 5
4. TARDIBUONO BUSINESS REP SAL	7 4 4 5 7	3 9 0 0	7 3 7 8	4 7 4	8 6 2 0 9
5. LESLIE BUSINESS REP SHANNON	7 5 0 9 1	3 9 0 0	6 2 3 5	1 1 0 8	8 6 3 3 4
6. Totals from additional pages (if any)	1 2 4 0 5 2 3	3 6 6 9 1	7 7 6 0 5	5 9 2 4	1 3 6 0 7 4 3
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 8 8 3 7	0	0	0	2 8 8 3 7
8. Totals of Lines 1 through 7	1 6 4 2 6 3 6	5 6 1 9 1	1 0 4 4 1 8	9 2 8 4	1 8 1 2 5 2 9
			9. Less Deductions	4 1 4 7 9 1	
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements	1 3 9 7 7 3 8	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 1 2 - 4 4 2

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH, WELFARE, & DENTAL	OE 501 SEC. FUND	2 1 7 0 7 0
2. CENTRAL PENSION FUND	CENTRAL PENSION FUND	2 2 9 1 2 9
3. GENERAL PENSION FUND	INTL UNION OF OE LU 1125	1 4 1 9 5 7
4. CA SERVICE EMPLOYEES HEALTH & WELFARE	CA SVC EMPL H&W TRUST	6 0 4 5
5. Total from additional pages (if any)		1 5 7 0 6
6. Total of Lines 1 through 5		6 0 9 9 0 7
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. FLOWERS & REMEMBERANCES	1 2 3 8
2. SCHOLARSHIPS	1 2 0 0 0
3. LOCAL CHARITIES & UNIONS	1 5 8 8 5
4. DEATH BENEFITS PAYMENTS	6 1 5 0 0
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	9 0 6 2 3
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. COMPUTER SUPPLIES	1 4 9 4 8
2. INSURANCE	7 7 1 8 5
3. OFFICE EXPENSES	1 3 7 1 0
4. AUTO EXPENSES	3 8 1 4 9
5. MEETINGS, CONF, CONV	1 0 0 3 0 1
6. UTILITIES	5 7 6 2 3
7. Total from additional pages (if any)	3 4 1 8 1 7
8. Total of Lines 1 through 7	6 4 3 7 3 3
The total from Line 8 is entered in ..... Item 60	

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. SCHOLARSHIP CONTRIBUTIONS	8 7 3 1 0
2. REFUNDS & REIMBURSEMENTS	1 3 8 1 1 1
3. RETURNED CHECK FEES	4 2 0
4. OIL ROYALTIES	1 7 6
5. WRITE OFF STALE DATED CHECKS	7 2 2 2
6. INSURANCE CLAIM	5 1 3 2
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 3 8 3 7 1
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. PROMOTIONAL ITEMS	2 9 9 4 7
2. SCHOLARSHIP TOURNAMENT	5 4 0 0 2
3. COALITION OF COUNTY UNIONS	4 7 6 8
4. HALL RENTAL	5 6 3
5. MISCELLANEOUS EXPENSES	4 6 3
6. RETIREE CLUB DINNER REIMB	2 9 6
7. NEGOTIATIONS	2 1 7 7 8
8. TRANSCRIPTS & ARBITRATION	2 6 6 8 8
9. INTEREST EXPENSE	5 9 2 7
10. BUSINESS MEALS	4 4 5 8
11. STEWARD DUES	1 6 1 5
12. REFUND OF DUES & FEES	1 1 9 7 3
13. UNIT 12 EXPENSES	1 1 3 8 0 5
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 7 6 2 8 3
The total from Line 17 is entered in ..... Item 73	





ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 2 - 4 4 2**

**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>							
BARE	JOHN	N	2 3 1 2	7 5 0	0	0	3 0 6 2
AUDITOR							
CORTEZ	BRYAN	C	0	7 5 0	0	0	7 5 0
AUDITOR							
MURPHY	THOMAS	P	0	8 2 5	0	0	8 2 5
FINANCIAL SEC							
SHIPMAN	JAMES	N	0	0	0	0	0
DISTRICT REP							
MURPHY	PAT	C	0	6 7 5	0	0	6 7 5
DISTRICT REP							
PUNG	DENNIS	N	0	0	0	0	0
DISTRICT REP							
ATKINSON	JESS	C	2 0 2 1	7 5 0	7 5	0	2 8 4 6
DISTRICT REP							
CROSSON	STEVE	C	0	6 0 0	0	0	6 0 0
EXECUTIVE BOARD							

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 2 - 4 4 2**

**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)*					
STRICKLIN TOM EXECUTIVE BOARD	N	0	6 7 5	0	0	6 7 5
PEARSON RANDY CONDUCTOR	C	0	9 0 0	0	0	9 0 0
DOLSON LARRY VICE PRESIDENT	P	9 3 5 8 8	1 6 2 5	3 5 2 2	0	9 8 7 3 5
PLUM TIM EXECUTIVE BOARD	P	0	1 5 0	7 5	0	2 2 5
MUTZ MARK EXECUTIVE BOARD	P	0	2 2 5	0	0	2 2 5
MASTERSON CHRIS EXECUTIVE BOARD	P	0	0	0	0	0

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 2 - 4 4 2**

**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>					
ACOSTA SANDRA  BUSINESS REP	7 9 4 4 8	3 9 0 0	1 3 7 1 9	1 0 0 7	9 8 0 7 4
BROWN CHRIS  BUSINESS REP	7 8 2 0 0	4 2 2 5	1 2 2 9 0	2 1 9	9 4 9 3 4
FREASE RON  BUSINESS REP	2 8 9 0 8	1 3 0 0	1 6 4 6	5 3 7	3 2 3 9 1
FULLNER MARK  BUSINESS REP	8 0 8 6 0	3 9 0 0	7 2 7 0	1 5 3 8	9 3 5 6 8
SCOTT GEORGE  BUSINESS REP	7 9 8 4 1	4 1 8 6	4 6 4 2	5 3 9	8 9 2 0 8



ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 2 - 4 4 2**

**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>					
CANTERO LAURA DISPATCHER/SEC	4 8 9 2 5	0	0	0	4 8 9 2 5
COX DEBRA OFFICE MANAGER	5 0 1 5 9	0	3 1 8 5	0	5 3 3 4 4
ZIMMERMANN SUE CONTRACT ADMIN	4 2 6 9 1	0	0	0	4 2 6 9 1
JOHNSON TONI ASST CONTROLLER	4 4 8 8 4	0	0	0	4 4 8 8 4
STALEY CHERYL DUES CLERK	5 2 0 7 8	0	5 0	0	5 2 1 2 8

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 2 - 4 4 2**

**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>					
VUKOJEVICH DENISE SECRETARY	4 5 0 4 9	0	2 1 0	0	4 5 2 5 9
ESCARAY EDWIN CUSTODIAN	3 8 3 8 8	0	0	0	3 8 3 8 8
BUA JOHN ORGANIZER	7 4 1 4 0	3 9 0 0	3 7 1 7	1 5 7	8 1 9 1 4
BONNEVILLE SERENE SECRETARY	4 0 5 3 8	0	0	0	4 0 5 3 8
LACAYO JENNY DUES CLERK	3 0 3 3 7	0	0	0	3 0 3 3 7





ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 2 - 4 4 2**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

**SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)**

Description (A)	Amount (B)
BLDG SECURITY SYSTEM	5 0 6 3
BLDG REPAIRS & MAINTENANCE	1 7 6 0 8
LICENSES & PERMITS	6 4 3
POSTAGE	3 0 5 5
OFFICE RENTS	2 6 7 9 6
STORAGE FEES	3 8 1 0
BANK CHARGES	5 2 1 3
TELEPHONE & COMMUNICATION	1 1 3 0 9 5
PRINTING	6 8 5 4 0
OFFICE SUPPLIES	2 5 7 8 1
EQUIPMENT RENTAL	3 3 1 6 8
EQUIPMENT REPAIRS & MAINT	1 2 9 5 0
SUBSCRIPTIONS & PUBLICATIONS	5 5 3 8
TRAVEL & LODGING	2 0 5 5 7

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 2 - 4 4 2**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

### **75. ADDITIONAL INFORMATION**

Item Number	
12	THE I.U.O.E. LOCAL 501 POLITICAL ACTION COMMITTEE REPORTS WITH THE SECRETARY OF STATE POLITICAL REFORM DIVISION, REGISTRAR OF VOTERS CITY AND COUNTY OF SAN FRANCISCO, AND THE REGISTRAR-RECORDER OF LOS ANGELES COUNTY CAMPAIGN REPORTING UNIT. THE LOCAL MAINTAINS THE PAC FUND AS A SEPARATE ENTITY AND THEREFORE HAS NOT INCLUDED IT ON THIS LM-2.

ORGANIZATION NAME:  
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 1 2 - 4 4 2

ENDING DATE OF PERIOD COVERED:  
12/31/2004

### 75. ADDITIONAL INFORMATION(continued)

Item Number	THE LOCAL TRADED-IN THREE AUTOMOBILES AND HAD ONE AUTOMOBILE TOTALED IN AN ACCIDENT. THE COST, BOOK VALUE, AND TRADE-IN ALLOWANCE/INSURANCE REFUND ARE AS FOLLOWS:				
		COST	BOOK VALUE	TRADE-IN ALLOWANCE	INSURANCE REFUND
13					
	97 FORD EXPEDITION	\$ 38,364	\$ --	\$ 4,325	\$ --
	99 FORD TAURUS	21,002	--	--	5,133
	99 FORD EXPEDITION	38,082	317	7,000	--
	00 FORD MUSTANG	24,158	1,208	4,325	--

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 2 - 4 4 2**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
14	AUDIT IS PERFORMED BY INDEPENDENT ACCOUNTING FIRM ALLEN MONAHAN AND COMPANY, CERTIFIED PUBLIC ACCOUNTANTS, LLP.

ORGANIZATION NAME:  
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 1 2 - 4 4 2

ENDING DATE OF PERIOD COVERED:  
12/31/2004

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
16	JAMES MC LAUGHLIN, BUSINESS MANAGER OF THE LOCAL IS ALSO A PAID EMPLOYEE (VICE PRESIDENT) OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS.