

2000 IBT HEADQUARTERS LM2

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 	1. FILE NUMBER 0 0 0 — 0 9 3	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	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:
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IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

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

First Name

C T h o m a s

Last Name

K e e g e l

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

Number and Street

2 5 L o u i s i a n a A v e n u e N W

City

W a s h i n g t o n

State

ZIP Code + 4

D C 2 0 0 0 1

4. AFFILIATION OR ORGANIZATION NAME

International Brotherhood of Teamsters

5. DESIGNATION (Local, Lodge, etc.)

International

6. DESIGNATION NUMBER

N/A

7. UNIT NAME (if any)

N/A

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

Yes X No

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

Item Number

See attached continuation sheets

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

3 130 101

Date

(202) 624 - 6800

Telephone Number

General

PRESIDENT

(If other title,
see instructions.)

77. SIGNED

3 29 101

Date

(202) 624 - 6800

Telephone Number

Gen. Secty. -

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? | 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?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | 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? 1 4 0 2 0 0 0
19. What is the date of your organization's next regular election of officers? MO YEAR
1 1 2 0 0 1
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	\$ N/A per _____ <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ N/A _____
(c) Transfer Fees	\$ N/A _____
(d) Work Permits	\$ N/A per _____ <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?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | Yes | No |
| | | 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: 0 0 0 — 0 9 3

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

2000 IBT HEADQUARTERS LM2

STATEMENT B — RECEIPTS AND DISBURSEMENTS

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

2000 IBT HEADQUARTERS LM2

FILE NUMBER: 0 0 0 - 0 9 3

Enter Amounts in Dollars Only — Do Not Enter Cents

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.

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: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)	6,619,251	515,000	657,900	345,696	6,289,703
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	6 6 1 9 2 5 1	5 1 5 0 0 0	6 5 7 9 0 0	3 4 5 6 9 6	6 2 8 9 7 0 3
Enter the Totals from Line 6 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)**

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	57,267,321
2. Total Book Value	53,883,106
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
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) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
5 3 8 8 3 1 0 6	
Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	4,322,365
7. Total of Lines 1 through 6	
4 3 2 2 3 6 5	
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	60,636,834
7. Total of Lines 1 through 6	
6 0 6 3 6 8 3 4	
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 0 — 0 9 3

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land <i>(give location)</i> : Washington, DC	794,117		794,117	8,308,575
2. Totals from additional pages <i>(if any)</i>				
3. Buildings <i>(give location)</i> : Washington, DC	13,034,831	7,170,446	5,864,385	5,873,425
4. Totals from additional pages <i>(if any)</i>				
5. Automobiles and Other Vehicles	139,434	94,663	44,771	104,050
6. Office Furniture and Equipment	19,889,627	16,787,092	3,102,535	17,705,969
7. Other Fixed Assets	2,902,126	2,131,362	770,764	1,042,681
8. Totals of Lines 1 through 7	36,760,135	26,183,563	1 0 5 7 6 5 7 2	33,034,700
Enter the Total from Line 8, Column (D) in ↑ Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages <i>(if any)</i>	180,027,136	180,024,681	179,123,443	179,123,443
6. Totals of Lines 1 through 5	180,027,136	180,024,681	179,123,443	179,123,443
		7. Less Reinvestments		179,118,119
		8. Net Sales		5 3 2 4
Enter the Total from Line 8 in ↑ Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 0 — 0 9 3

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)	185,343,096	185,343,096	185,343,096
6. Totals of Lines 1 through 5	185,343,096	185,343,096	185,343,096
	7. Less Reinvestments		179,118,119
	8. Net Purchases		6 2 2 4 9 7 7
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.					
2.					
3.					
4.					
5. Totals from additional pages (if any)	4,475,000	0	0	2,100,000	2,375,000
6. Totals of Lines 1 through 5	4 4 7 5 0 0 0	0	0	2 1 0 0 0 0 0	2 3 7 5 0 0 0
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: 0 0 0 — 0 9 3

(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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
1.	Last Name First Name Title Status					
2.	Last Name First Name Title Status					
3.	Last Name First Name Title Status					
4.	Last Name First Name Title Status					
5.	Last Name First Name Title Status					
6.	Last Name First Name Title Status					
7.	Last Name First Name Title Status					
8. Totals from additional pages (if any)		2,621,385	73,847	161,831	218,784	3,075,847
9. Totals of Lines 1 through 8		2,621,385	73,847	161,831	218,784	3,075,847
10. Less Deductions				1 1 0 5 5 3 2		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 1 9 7 0 3 1 5		

*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 0 0 — 0 9 3

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
1. Last Name First Name Position Name of Affiliated Organization					
2. Last Name First Name Position Name of Affiliated Organization					
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)	21,990,688	785,236	1,981,780	1,684,176	26,441,880
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	223,927	2,612	8,235	11,093	245,867
8. Totals of Lines 1 through 7	22,214,615	787,848	1,990,015	1,695,269	26,687,747
9. Less Deductions			7 9 0 0 8 4 3		
Enter the Total from Line 10 in Item 57 ⇨			10. Net Disbursements 1 8 7 8 6 9 0 4		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 0 0 — 0 9 3

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		12,510,604
6. Total of Lines 1 through 5		1 2 5 1 0 6 0 4
Enter the Total from Line 6  Item 63		

SCHEDULE 12 —
CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	2,570,572
8. Total of Lines 1 through 7	2 5 7 0 5 7 2
Enter the Total from Line 8 in  Item 64	

SCHEDULE 13 —
OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	17,423,460
8. Total of Lines 1 through 7	1 7 4 2 3 4 6 0
Enter the Total from Line 8 in  Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	17,976,967
17. Total of Lines 1 through 16	1 7 9 7 6 9 6 7
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	10,095,676
17. Total of Lines 1 through 16	1 0 0 9 5 6 7 6
Enter the Total from Line 17 in  Item 73	

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: International Brotherhood of Teamsters

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 1 OF 4 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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: H O F F A First Name: J A M E S P Title: G E N L P R E S I D E N T Status: C		2 2 8 7 1 3	2 6 0 0	3 0 2 5	2 7 8 6 2	2 6 2 2 0 0
Last Name: K E E G E L First Name: C . T H O M Title: G E N L S E C Y - T R E A S Status: C		2 0 7 5 6 9	2 6 0 0	5 4 3 5	4 6 0 6 0	2 6 1 6 6 4
Last Name: B O U V I E R First Name: R O B E R T Title: V P - I N A T L R E P - P R Status: N		1 1 5 1 9 6	0	1 8 9 1	2 3 8 3	1 1 9 4 7 0
Last Name: C A M M A C K First Name: R A N D Y Title: V P - I N A T L R E P Status: C		7 7 8 3 8	0	4 0	6 2 2 7	8 4 1 0 5
Last Name: C I P R I A N I First Name: J A C K Title: V P - I N A T L R E P - T D Status: C		1 0 2 8 3 9	7 4 0 0	6 0 7 6	6 4 1 7	1 2 2 7 3 2
Last Name: D E S A N T I First Name: D A N Title: V P - I N A T L R E P Status: C		7 7 8 3 8	2 6 0 0	4 7 5 3	6 1 7 6	9 1 3 6 7
Last Name: F L Y N N First Name: P A T R I C K Title: V P - I N A T L R E P Status: C		8 0 6 6 6	2 8 1 7	6 6 9 4	6 0 2 3	9 6 2 0 0
Last Name: G A R D N E R First Name: C H A R L E S Title: V P - I N A T L R E P Status: P		1 2 7 6 3	4 3 3	1 6 0 4	1 0 9 4	1 5 8 9 4
Totals		903,422	18,450	29,518	102,242	1,053,632

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
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						

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: International Brotherhood of Teamsters

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 000-093

PAGE 2 OF 4 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.)		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)							
Last Name G E G A R E	First Name F R E D		9 3 1 5 9	2 6 0 0	1 3 3 6 4	6 2 0 4	1 1 5 3 2 7
Title V P - I N A T L R E P - T D	Status C						
Last Name G L A N T O N	First Name C H E S T E R		7 7 8 3 8	2 6 0 0	2 3 3 4	5 9 8 0	8 8 7 5 2
Title V P - I N A T L R E P	Status C						
Last Name C O H N S O N	First Name T Y S O N		6 2 7 2 4	1 9 5 0	6 1 2 4	5 3 5 7	7 6 1 5 5
Title V P - I N A T L R E P	Status N						
Last Name L A C R O I X	First Name L O U I S		5 6 2 0 7	0	6 6 6	2 3 8 3	5 9 2 5 6
Title V P - I N A T L R E P , P R	Status P						
Last Name L Y T L E	First Name W A L T E R		9 8 6 6 6	2 6 0 0	8 2 6 2	6 2 8 5	1 1 5 8 1 3
Title V P - I N A T L R E P , F R	Status C						
Last Name M A C K	First Name C H U C K		7 7 8 3 8	2 6 0 0	1 0 2 5 4	6 2 6 4	9 6 9 5 6
Title V P - I N A T L R E P	Status C						
Last Name M A L I N S K Y	First Name D O R O T H Y		8 0 6 6 6	7 4 0 0	4 8 7 6	6 0 9 0	9 9 0 3 2
Title V P - I N A T L R E P	Status C						
Last Name M C D O N A L D	First Name L A W R E N C E		7 7 8 3 8	2 6 0 0	3 0 1 4	2 3 8 3	8 5 8 3 5
Title V P - I N A T L R E P	Status C						
Totals			624,936	22,350	48,894	40,946	737,126

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED

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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
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						

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: International Brotherhood of Teamsters

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 000-093

PAGE 3 OF 4 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.)		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)							
Last Name M C L E A N	First Name J O S E P H		7 7 8 3 8	2 6 0 0	3 3	2 3 8 3	8 2 8 5 4
Title V P - I N A T L R E P	Status C						
Last Name M U R P H Y	First Name J O H N		9 9 2 8 7	2 6 0 0	1 5 0 6 1	6 2 9 3	1 2 3 2 4 1
Title V P - I N A T L R E P , O R	Status C						
Last Name O ' D O N N E L L	First Name T H O M A S		6 7 0 5 2	2 2 4 7	4 0 8 4	5 7 9 0	7 9 1 7 3
Title V P - I N A T L R E P	Status C						
Last Name R A B I N E	First Name J O H N		7 7 8 3 8	2 6 0 0	5 3 6 2	5 9 7 8	9 1 7 7 8
Title V P - I N A T L R E P	Status C						
Last Name S A N T A N G E L O	First Name J I M		7 7 8 3 8	0	7 3 8 4	6 2 2 7	9 1 4 4 9
Title V P - I N A T L R E P	Status C						
Last Name S I N G E R	First Name L E S T E R		8 0 6 6 6	2 6 0 0	4 4 9 1	6 0 2 0	9 3 7 7 7
Title V P - I N A T L R E P	Status C						
Last Name T A U R O N E	First Name R A L P H		1 1 4 8 3 8	2 6 0 0	6 3 5 3	6 5 2 2	1 3 0 3 1 3
Title V P - I N A T L R E P , F R	Status C						
Last Name V O L P E	First Name R I C H A R D		9 3 1 5 9	7 4 0 0	1 4 8 6 7	6 3 0 6	1 2 1 7 3 2
Title V P - I N A T L R E P , T D	Status C						
Totals			688,516	22,647	57,635	45,519	814,317

2000 IBT HEADQUARTERS LM2

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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
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						

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 000-093

PAGE 4 OF 4 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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: WOOD First Name: KEN Title: V P - I N A T L R E P Status: C		7 7 8 3 8	2 6 0 0	5 3 0 3	5 9 7 8	9 1 7 1 9
Last Name: YOUNG First Name: PHILIP Title: V P - I N A T L R E P , T D Status: C		9 3 1 5 9	2 6 0 0	1 1 9 0 2	6 2 0 4	1 1 3 8 6 5
Last Name: CADIZ First Name: JOSE Title: T R U S T E E - I N T R E P Status: C		7 7 8 3 8	0	3 5 0 3	5 9 3 9	8 7 2 8 0
Last Name: MC LAIN First Name: RON Title: T R U S T E E - I N T R E P Status: C		7 7 8 3 8	2 6 0 0	3 7 2 8	5 9 7 8	9 0 1 4 4
Last Name: STEGER First Name: JOHN Title: T R U S T E E - I N T R E P Status: C		7 7 8 3 8	2 6 0 0	1 3 4 8	5 9 7 8	8 7 7 6 4
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		404,511	10,400	25,784	30,077	470,772

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
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						

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 1 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: A L L E N First Name: A L L Y N N Position: C L E R K T Y P I S T I I Name of Affiliated Organization:	2 5 3 2 3	0	0	2 0 6 1	2 7 3 8 4
Last Name: A L L E N First Name: P A T R I C I Position: A S S T O F F I C E M G R Name of Affiliated Organization:	4 5 5 0 0	0	3 6	3 7 7 0	4 9 3 0 6
Last Name: A L L E N First Name: W A N D A G Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 5 5 0 5	0	0	0	2 5 5 0 5
Last Name: A L O I S E First Name: R O M E A Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 8 5 3 J C 7	3 0 0 0 0	0	5 2 7 4	2 7 1 5	3 7 9 8 9
Last Name: A M E S First Name: J O A N N E Position: P E N S I O N B E N E F I T Name of Affiliated Organization:	4 7 0 2 1	0	0	3 8 9 6	5 0 9 1 7
Totals	173,349		5,310	12,442	191,101

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 2 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: A R I A S First Name: A U D E L I A Position: F O O D S E R V I C E W K R Name of Affiliated Organization:	2 1 0 5 9	0	0	0	2 1 0 5 9
Last Name: A R M S T R O N G First Name: M E L I S S A Position: A / P C L E R K Name of Affiliated Organization:	2 7 8 6 0	0	3 0 0	2 3 0 8	3 0 4 6 8
Last Name: A R N O L D First Name: D E N N I S Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 4 1 4	1 5 0 0 0	0	5 8	1 2 4 3	1 6 3 0 1
Last Name: A S H E First Name: M A R Y P Position: A G R E E M E N T S S U P V I Name of Affiliated Organization:	5 1 4 2 4	0	0	3 8 4 6	5 5 2 7 0
Last Name: A S H T O N First Name: C H E R Y L Position: L E G A L S E C R E T A R Y Name of Affiliated Organization:	3 6 9 4 1	0	0	3 0 6 0	4 0 0 0 1
Totals	152,284		358	10,457	163,099

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 3 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name A S H U First Name G E O R G E Position P E N S I O N A C C O U N T A Name of Affiliated Organization		3 4 1 6 7	0	0	2 8 3 1	3 6 9 9 8
Last Name A T W E L L First Name B R A N D I Position B I L L I N G / C O O R D . S Name of Affiliated Organization		3 2 3 7 8	0	0	2 6 8 3	3 5 0 6 1
Last Name A Y E R S First Name J A M E S Position I N T E R N A T L R E P Name of Affiliated Organization L U 4 8 6		6 4 0 4 4	6 7 8 3	1 9 5 7 2	5 8 3 7	9 6 2 3 6
Last Name B A E Z First Name C H A R L E S Position R I S E C M T E Name of Affiliated Organization		1 7 5 5 8	0	1 5 7 0	1 8 0	1 9 3 0 8
Last Name B A G W E L L First Name E D W A R D Position I N T E R N A T L R E P Name of Affiliated Organization J C 3		1 8 0 0 0	0	1 2 1	1 4 9 1	1 9 6 1 2
Totals		166,147	6,783	21,263	13,022	207,215

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 4 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name B A I L E Y	First Name C H R I S T I	5 1 5 9 8	0	1 1 2 6 9	4 2 7 4	6 7 1 4 1
Position A C T I N G F I E L D C O O						
Name of Affiliated Organization						
Last Name B A K E R	First Name R O B E R T	7 2 7 9 3	0	0	0	7 2 7 9 3
Position W A T C H E N G N R						
Name of Affiliated Organization						
Last Name B A K E R	First Name S H A R O N	2 7 2 8 8	0	0	2 2 6 0	2 9 5 4 8
Position S E C R E T A R Y I I						
Name of Affiliated Organization						
Last Name B A K U L A	First Name M E L I S S A	5 7 6 4 3	0	1 2 0 8	4 7 7 5	6 3 6 2 6
Position A S S T P R O G R A M M G R						
Name of Affiliated Organization						
Last Name B A N E	First Name M I C H A E L	1 5 1 3 0	0	1 6 0 0	1 2 5 3	1 7 9 8 3
Position I N T E R N A T L R E P						
Name of Affiliated Organization						
Totals		224,452		14,077	12,562	251,091

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 5 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name B A N I E C K I First Name L O U I S S Position I N A T L A U D I T O R Name of Affiliated Organization		9 0 7 2 5	7 4 0 0	2 5 3 1 9	6 2 8 2	1 2 9 7 2 6
Last Name B A R N A R D First Name J A C K Position I N T E R N A T L R E P Name of Affiliated Organization		6 8 1 6 9	7 4 0 0	5 3 8 6	5 9 0 6	8 6 8 6 1
Last Name B A R N E Y First Name R A Y M O N D Position R E S E A R C H A S S T Name of Affiliated Organization		3 9 0 3 5	0	0	3 1 9 0	4 2 2 2 5
Last Name B A R T H O L O M E W First Name D A N I E L Position A S S T T O D I R Name of Affiliated Organization		1 8 0 0 0	0	5 3 4 1	1 4 9 1	2 4 8 3 2
Last Name B A R T O N First Name D A N N Y L Position C M T E C H A I R - C E N T R Name of Affiliated Organization L U 1 3 5 J C 6 9 I N C o		5 0 0 0	0	0	4 1 4	5 4 1 4
Totals		220,929	14,800	36,046	17,283	289,058

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 6 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name B A R T O N	First Name D O N A L D	4 9 4 7 6	0	0	4 0 9 8	5 3 5 7 4
Position S U P V I S O R ,	M I C R O G					
Name of Affiliated Organization						
Last Name B A R T U S	First Name N O R M A F	5 5 6 3 7	0	6 0 3	4 6 0 9	6 0 8 4 9
Position A S S T D I R ,	I N D U S T					
Name of Affiliated Organization						
Last Name B A T T L E	First Name B E V E R L Y	3 7 9 5 0	0	0	3 1 4 5	4 1 0 9 5
Position D A T A E N T R Y	C L E R K					
Name of Affiliated Organization						
Last Name B A T T L E	First Name J O H N L	2 9 7 6 6	0	0	0	2 9 7 6 6
Position B L D G M A I N T						
Name of Affiliated Organization						
Last Name B A T Z	First Name J O A N N E	4 9 1 6 5	0	0	3 6 2 8	5 2 7 9 3
Position L E G A L A S S T						
Name of Affiliated Organization						
Totals		221,994		603	15,480	238,077

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 7 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name B E E H A R I L A L First Name J A M E S Position E D U C A T I O N C O O R D . Name of Affiliated Organization	5 5 0 2 7	0	2 7 0 2	4 5 6 1	6 2 2 9 0
Last Name B E I G H E Y First Name R I C H A R D Position W A T C H E N G N R Name of Affiliated Organization	6 6 6 0 5	0	0	0	6 6 6 0 5
Last Name B E L A N S First Name R O B E R T Position R E G I O N A L D I R - S Name of Affiliated Organization	1 0 0 0 0	2 6 0 0	2 7 9	1 0 4 4	1 3 9 2 3
Last Name B E N A C K First Name A L B E R T Position I N T E R N A T L R E P Name of Affiliated Organization	7 0 0 3 0	7 4 0 0	2 2 4 0 2	5 9 3 4	1 0 5 7 6 6
Last Name B E N N E T T First Name D E A N N A Position O F F I C E M G R Name of Affiliated Organization	4 8 1 1 9	0	7 2	3 9 8 7	5 2 1 7 8
Totals	249,781	10,000	25,455	15,526	300,762

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 8 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: B E N N E T T A First Name: J O S E P H Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 1 9 1	2 0 0 0	0	0	1 6 6	2 1 6 6
Last Name: B E N N I N G J R . First Name: R A Y W Position: T R A D E D I V D I R , A Name of Affiliated Organization: L U 9 8 6	9 1 3 6 7	7 4 0 0	8 1 0 5	6 5 2 3	1 1 3 3 9 5
Last Name: B E N Z E R First Name: L I N D A M Position: L E G A L A D M I N S U P V Name of Affiliated Organization:	5 8 8 4 0	0	5 0	4 8 7 6	6 3 7 6 6
Last Name: B E R G E R First Name: S T E P H E N Position: C O M P O P E R I I Name of Affiliated Organization:	3 2 3 2 6	3 0	0	2 6 8 0	3 5 0 3 6
Last Name: B E R R I O S First Name: J O E N A L Position: S E C R E T A R Y Name of Affiliated Organization:	1 8 9 4 0	0	4 3 5	1 5 6 9	2 0 9 4 4
Totals	203,473	7,430	8,590	15,814	235,307

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 9 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: B I G H A M First Name: J A C Q U E L Position: R E S E A R C H S P E C Name of Affiliated Organization:	4 2 2 8 2	0	0	3 5 0 2	4 5 7 8 4
Last Name: B I N S K Y First Name: J A C K I E Position: E X E C S E C R E T A R Y Name of Affiliated Organization:	5 2 1 2 9	0	0	4 3 1 9	3 6 4 4 8
Last Name: B I S H First Name: G E A R Y A Position: C H I E F E N G N R Name of Affiliated Organization:	7 1 3 2 6	0	0	0	7 1 3 2 6
Last Name: B L A C K J R. First Name: R O B E R T Position: C O M M U N I C A T I O N S C Name of Affiliated Organization:	5 4 8 0 3	0	7 2 5 7	4 5 4 0	6 6 6 0 0
Last Name: B L A C K First Name: L O R R A I N Position: S E C R E T A R Y I Name of Affiliated Organization:	4 0 5 8 4	0	5 6 8	3 3 6 2	4 4 5 1 4
Totals	261,124		7,825	15,723	284,672

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 10 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: B L A N C H A R D First Name: J A M E S Position: I N T E R N A T L R E P Name of Affiliated Organization:	6 9 3 5 5	7 4 0 0	2 4 6 0 0	5 9 2 4	1 0 7 2 7 9
Last Name: B L O U N T First Name: T H O M A S Position: S T A F F A C C O U N T A N T Name of Affiliated Organization:	3 2 8 3 6	0	0	2 7 2 0	3 5 5 5 6
Last Name: B L Y D E N First Name: L O U I E H Position: M G R , O U T - O F - W O R K Name of Affiliated Organization:	4 8 4 6 6	0	0	4 0 1 6	5 2 4 8 2
Last Name: B O E S E N First Name: G E R A L D Position: E D U C A T I O N C O O R D Name of Affiliated Organization:	5 2 8 8 3	0	2 0 7 2	4 3 8 1	5 9 3 3 6
Last Name: B O I N E A U First Name: A L A I N Position: F O O D S V C E S M G R Name of Affiliated Organization:	6 7 4 0 8	0	0	0	6 7 4 0 8
Totals	270,948	7,400	26,672	17,041	322,061

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 11 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: B O O K T E R First Name: J A C K Position: R E G N L D I R - W E S T Name of Affiliated Organization:	1 8 0 0 0	0	0	1 6 2 9	1 9 6 2 9
Last Name: B O S S First Name: T H O M A S Position: A S S T D I R , I N F O R M Name of Affiliated Organization:	6 8 5 0 0	0	4 6 6	5 6 7 7	7 4 6 4 3
Last Name: B O U L E Y First Name: N O R M A N Position: I N A T L O R G A N I Z E R Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	1 9 3 4 2	5 8 4 9	9 3 2 4 1
Last Name: B R A N T H O V E R First Name: D I A N E Q Position: A S S T A D M I N . M G R Name of Affiliated Organization:	6 8 2 6 5	2 0	0	5 6 2 4	7 3 9 0 9
Last Name: B R E N N A N First Name: L A W R E N C Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 3 3 7 J C 4 3	5 0 0 0 0	2 6 0 0	0	4 3 6 1	5 6 9 6 1
Totals	265,415	10,020	19,808	23,140	318,383

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 12 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: B R E W E R First Name: J A M E S T Position: D R I V E F I E L D R E P Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	3 3 2 1 0	5 7 7 6	1 0 7 0 3 6
Last Name: B R O K S First Name: A N I T A J Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 5 6 3 6	0	0	0	2 5 6 3 6
Last Name: B R O K S First Name: L O R E N M Position: R E C E P T I O N I S T C L E Name of Affiliated Organization:	2 9 3 3 5	0	0	2 4 3 0	3 1 7 6 5
Last Name: B R O W N First Name: A N N J Position: H U M A N R E S O U R C E S Name of Affiliated Organization:	3 5 4 2 2	0	5 9	2 8 9 4	3 8 3 7 5
Last Name: B R O W N First Name: C A R M E L I Position: A S S T S U P V I S O R , M Name of Affiliated Organization:	4 8 1 6 2	0	0	3 9 9 0	5 2 1 5 2
Totals	199,205	7,400	33,269	15,090	254,964

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 13 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name B R O W N	First Name C L A U D E	4 7 6 9 2	9 7 0 0	1 0 3 3 1	4 7 6 0	7 2 4 8 3
Position I N T E R N A T L R E P A N						
Name of Affiliated Organization						
Last Name B R O W N	First Name M I L D R E D	2 5 6 7 2	0	0	0	2 5 6 7 2
Position G E N E R A L C L E A N E R						
Name of Affiliated Organization						
Last Name B R O W N	First Name R I C A R D O	3 6 3 3 1	0	0	3 0 1 0	3 9 3 4 1
Position A G R E E M E N T S T E C H						
Name of Affiliated Organization						
Last Name B R Y A N T	First Name K E N	5 0 0 0	0	0	4 1 4	5 4 1 4
Position C O - C H A I R S O U T H E R						
Name of Affiliated Organization L U 7 4 5						
Last Name B U C C E L L A T O	First Name W I L L I A M	1 2 0 0 0	0	9 0 5	1 0 8 6	1 3 9 9 1
Position R E G N L D I R - W E S T						
Name of Affiliated Organization L U 3 1 5						
Totals		126,695	9,700	11,236	9,270	156,901

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 14 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name B U L L W I N K E L First Name P E T E R Position D R I V E F I E L D R E P Name of Affiliated Organization		5 7 8 3 5	6 1 6 7	4 5 3 2	5 3 9 0	7 3 9 2 4
Last Name B U R K E First Name A N N E T T E Position R E S E A R C H A N A L Y S T Name of Affiliated Organization		3 9 1 9 1	0	0	3 2 4 7	4 2 4 3 8
Last Name B U R K E First Name E D M U N D Position I N T E R N A T L R E P Name of Affiliated Organization L U 6 9 2		6 8 1 6 9	7 4 0 0	7 8 0 0	6 1 9 4	8 9 5 6 3
Last Name B U S H First Name G R E G O R Y Position I N S T A L L A T I O N S P E Name of Affiliated Organization		3 5 1 0 0	1 0	0	2 9 0 9	3 8 0 1 9
Last Name B U T L E R First Name L E O N A R D Position R E P R O T E C H Name of Affiliated Organization		3 4 1 5 0	8 0	0	2 8 3 6	3 7 0 6 6
Totals		234,445	13,657	12,332	20,576	281,010

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 15 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: B U T L E R First Name: M A R G A R E Position: A D M I N S E C R E T A R Y Name of Affiliated Organization:	4 7 0 7 8	0	0	3 9 0 0	5 0 9 7 8
Last Name: B Y R D First Name: L A M O N T Position: D E P T D I R , S A F E T Y Name of Affiliated Organization:	8 5 7 1 2	7 4 0 0	8 4 1 4	6 1 6 4	1 0 7 6 9 0
Last Name: B Y R N E S First Name: C H A R L E S Position: R E G N L D I R - E A S T Name of Affiliated Organization: L U 9 2 6 J C 4 0	2 9 0 0 0	0	7 2 3 4	2 4 0 2	3 8 6 3 6
Last Name: C A L D W E L L First Name: B A R B A R A Position: O F F I C E M A N A G E R Name of Affiliated Organization:	9 9 0 1	0	0	8 2 0	1 0 7 2 1
Last Name: C A L D W E L L First Name: B R E T Position: D E P T D I R , C O M M U N Name of Affiliated Organization:	8 0 5 6 1	7 4 0 0	9 1 3 6	6 0 8 9	1 0 3 1 8 6
Totals	252,252	14,800	24,784	19,375	311,211

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 16 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: C A L L A H A N First Name: P A T R I C I A Position: I N T E R N A T L R E P Name of Affiliated Organization:	7 4 1 8 4	7 4 0 0	7 6 9 7	5 9 9 5	9 5 2 7 6
Last Name: C A M E R O N First Name: D A V I D O Position: C O M M U N I C A T I O N S C Name of Affiliated Organization:	6 7 6 6 7	0	2 9 0	5 6 5 3	7 3 6 1 0
Last Name: C A M P B E L L First Name: T H I U S Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	1 5 8 6 9	0	0	0	1 5 8 6 9
Last Name: C A N C E L O S E First Name: R O N A L D Position: A S S T D I R , R E S E A R Name of Affiliated Organization:	5 6 4 0 0	0	2 1	4 6 2 9	6 1 0 5 0
Last Name: C A N D L E R First Name: R O N N I E Position: I N T E R N A T L R E P Name of Affiliated Organization:	6 6 2 6 5	7 4 0 0	1 4 2 2 0	5 8 7 9	9 3 7 6 4
Totals	280,385	14,800	22,228	22,156	339,569

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:

International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 17 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name C A P U T Y First Name M I C H A E L Position A C C O U N T I N G M G R Name of Affiliated Organization		6 5 6 6 3	0	0	5 4 3 9	7 1 1 0 2
Last Name C A R E Y First Name C H A R L E S Position C O M P P R O C E D C O O R Name of Affiliated Organization		5 1 3 4 1	3 6 7 7	5 1 3 2	4 6 3 0	6 4 7 8 0
Last Name C A R T E R J R . First Name J A M E S H Position S U P V I S O R , R E P R O Name of Affiliated Organization		4 3 6 0 7	0	0	3 6 1 3	4 7 2 2 0
Last Name C A R T E R First Name D I A N E Position O F F I C E M G R Name of Affiliated Organization		4 0 6 0 0	0	3 3 7 8	3 3 6 3	4 7 3 4 1
Last Name C A R T E R First Name H A R R Y L Position B L D G M A I N T Name of Affiliated Organization		3 2 4 9 0	0	0	0	3 2 4 9 0
Totals		233,701	3,677	8,510	17,045	262,933

ORGANIZATION NAME.
ENDING DATE OF PERIOD COVERED.

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 18 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name: C A R T E R First Name: S A L L I E Position: M I C R O F I L M C L E R K Name of Affiliated Organization:		2 5 8 9 1	0	0	2 1 0 7	2 7 9 9 8
Last Name: C A R V E R First Name: R O N A L D Position: S T R A T E G I C C A M P A I Name of Affiliated Organization:		8 3 2 0 6	7 4 0 0	1 8 3 6 1	6 1 2 8	1 1 5 0 9 5
Last Name: C A S H M A N First Name: G E O R G E Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 2 S J C 1 0		7 5 0 0 0	2 8 1 7	3 1 6 7	0	8 0 9 8 4
Last Name: C H A N First Name: L I L Y A Position: M I C R O F I L M C L E R K Name of Affiliated Organization:		2 5 5 6 4	0	0	2 0 6 2	2 7 6 2 6
Last Name: C H A N First Name: M O N Y Position: C O M P O P E R I I Name of Affiliated Organization:		2 2 0 8 8	0	0	1 8 3 0	2 3 9 1 8
Totals		231,749	10,217	21,528	12,127	275,621

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 19 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name C H A N G First Name C H E E Position G R A N T S P R O G R A M M Name of Affiliated Organization		7 9 6 9 7	0	8 6 2 3	5 9 6 0	9 4 2 8 0
Last Name C H A P M A N First Name B R U C E A Position G E N E R A L C L E A N E R Name of Affiliated Organization		2 5 5 1 4	0	0	0	2 5 5 1 4
Last Name C H A R N O C K First Name D E N N I S Position D E P T D I R , B L D G & Name of Affiliated Organization		7 0 0 9 2	0	1 6 8 8	5 8 0 7	7 7 5 8 7
Last Name C H E E K S First Name C L A S S I E Position F O O D S V C E S S U P V I Name of Affiliated Organization		3 3 2 6 0	0	0	0	3 3 2 6 0
Last Name C L A N C Y First Name J O H N Position I N A T L O R G A N I Z E R Name of Affiliated Organization		5 0 6 2 5	7 4 0 0	1 0 2 7 7	4 9 2 2	7 3 2 2 4
Totals		259,188	7,400	20,588	16,689	303,865

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 20 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name C L E M E N T S First Name W A L L A C E Position D E P T D I R , R E T I R E Name of Affiliated Organization		8 0 7 0 0	7 4 0 0	5 7 8 5	6 0 9 4	9 9 9 7 9
Last Name C O L E First Name P A T R I C I Position I N V E S T M E N T A C C O U Name of Affiliated Organization		5 3 2 5 2	0	0	3 9 9 8	5 7 2 5 0
Last Name C O L I First Name J O H N T Position R E G N L D I R - C E N T R A Name of Affiliated Organization L U 7 2 7		0	0	2 4 3 5	0	2 4 3 5
Last Name C O N D E R First Name C A R L B Position T R A D E D I V D I R , A Name of Affiliated Organization L U 4 1		9 0 7 2 5	7 4 0 0	1 0 0 4 4	6 2 3 9	1 1 4 4 0 8
Last Name C O N D R E Y First Name A . D . Position P R O J O R G A N I Z E R Name of Affiliated Organization		9 9 0 0	0	3 9 9 3	0	1 3 8 9 3
Totals		234,577	14,800	22,257	16,331	287,965

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 21 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name C O N G L E T O N	First Name R O N A L D	6 0 0 0	0	0	4 9 7	6 4 9 7
Position C M T E C H A I R - S O U T H						
Name of Affiliated Organization L U 7 4 5						
Last Name C O N Y N G H A M	First Name M I C H A E L	8 0 7 0 0	7 4 0 0	1 6 9 3	6 0 9 2	9 5 8 8 4
Position D E P T D I R , R E S E A R						
Name of Affiliated Organization						
Last Name C O O P E R	First Name L E O N	6 0 0 0	0	1 1 6 6	4 9 7	7 6 6 3
Position N A T ' L G R I E V A N C E						
Name of Affiliated Organization L U 2 4 3						
Last Name C O R N E L I U S	First Name A N T H O N Y	3 2 0 0 0	2 6 0 0	4 9 5 8	2 8 6 6	4 2 4 2 4
Position I N T E R N A T L R E P						
Name of Affiliated Organization L U 7 5						
Last Name C O X	First Name W I L B U R	6 7 4 5 5	7 4 0 0	1 4 3 2 4	6 1 8 5	9 5 3 6 4
Position I N T E R N A T L R E P						
Name of Affiliated Organization						
Totals		192,155	17,400	22,141	16,136	247,832

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 22 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name: C R A N C E R First Name: B A R B A R A Position: A D M I N A S S T . T O D Name of Affiliated Organization:		5 6 1 8 7	0	1 1 9 5	4 6 5 4	6 2 0 3 6
Last Name: C R A W L E Y First Name: C H A R L E S Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 9 8 8 J C 5 8		1 4 7 6 2	0	6 5 3	1 2 2 3	1 6 6 3 8
Last Name: C U I T E First Name: J O H N Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 8 1 5		7 5 6 8 8	3 9 6 8	2 1 8 4	5 9 9 8	8 7 8 3 8
Last Name: C U L L E N First Name: B I L L Y D Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 4 8 0		1 5 4 5	0	0	1 2 8	1 6 7 3
Last Name: C U M M I N G S First Name: R U D Y Position: I N T E R N A T L R E P Name of Affiliated Organization:		7 0 0 3 0	7 4 0 0	7 8 2 3	5 9 3 3	9 1 1 8 6
Totals		218,212	11,368	11,855	17,936	259,371

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 23 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: D A L S T R O M First Name: F R A N C I S Position: P R E A U D I T S U P V I S Name of Affiliated Organization:	1 3 4 0 6	0	0	1 1 1 1	1 4 5 1 7
Last Name: D A L T O N First Name: J A N E T M Position: P A Y R O L L S U P V I S O R Name of Affiliated Organization:	4 5 8 2 1	0	2 4 1	3 7 9 8	4 9 8 6 0
Last Name: D A M I C O First Name: A N T H O N Y Position: C O M M U N I C A T I O N S S Name of Affiliated Organization:	7 2 6 6 9	0	0	5 8 6 4	7 8 5 3 3
Last Name: D A R E First Name: J A C Q U E L Position: S E C R E T A R Y I I Name of Affiliated Organization:	3 4 6 8 3	0	0	2 8 7 3	3 7 5 5 6
Last Name: D A U G H E R T Y First Name: K E N N E T H Position: I N T E R N A T L R E P Name of Affiliated Organization:	6 8 6 8 1	7 4 0 0	3 0 1 4 6	5 9 1 3	1 1 2 1 4 0
Totals	235,260	7,400	30,387	19,559	292,606

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 24 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: D A V I D S O N First Name: L O L A K Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 5 2 3 5	0	0	0	2 5 2 3 5
Last Name: D A V I E S First Name: P E T E R M Position: S T A F F A C C O U N T A N T Name of Affiliated Organization:	3 9 0 9 9	0	0	3 2 3 9	4 2 3 3 8
Last Name: D A V I S - H E A T L E C A R O L A First Name: Position: A C Q U I S I T I O N S C O O Name of Affiliated Organization:	4 6 8 8 5	0	0	3 8 8 6	5 0 7 7 1
Last Name: D A Y First Name: M I C H A E L Position: L E A D C O M P O P E R Name of Affiliated Organization:	3 8 8 0 6	3 1 0	0	3 2 4 0	4 2 3 5 6
Last Name: D E L A G A R Z A First Name: J O S E A Position: N E T W O R K C N T R L R Name of Affiliated Organization:	5 0 1 6 6	3 0	0	4 1 6 0	5 4 3 5 6
Totals	200,191	340		14,525	215,056

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 25 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name D E A N E R First Name C H A R L E S Position I N T E R N A T L R E P Name of Affiliated Organization	7 8 1 9 4	7 4 0 0	5 1 3 5	6 0 5 5	9 6 7 8 4
Last Name D E L C A S T I L L O First Name H O R T E N C Position S E C R E T A R Y I Name of Affiliated Organization	3 6 1 2 6	0	1 1 3 2	3 2 7 0	4 0 5 2 8
Last Name D E L L I N G E R First Name J R H A R R Y E Position D I R , I N F O R M A T I O N Name of Affiliated Organization	1 0 0 7 5 0	0	8 5 8 3	6 2 7 7	1 1 5 6 1 0
Last Name D E L L I N G E R First Name R Y A N M Position S H I P P I N G C L E R K Name of Affiliated Organization	2 4 9 4 8	0	0	2 0 6 7	2 7 0 1 5
Last Name D E M A N First Name J O A N E Position T I T A N F I E L D R E P Name of Affiliated Organization	6 5 6 6 3	7 4 0 0	1 5 4 4 5	5 9 0 0	9 4 4 0 8
Totals	305,681	14,800	30,295	23,569	374,345

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 26 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name D E R F L E R	First Name A N N M	6 0 5 3 4	0	4 3 9 2	5 0 1 7	6 9 9 4 3
Position E X E C S E C R E T A R Y						
Name of Affiliated Organization						
Last Name D E R F L E R	First Name M I C H A E L	3 4 5 2 1	3 0	1 2 5 1	2 8 2 3	3 8 6 2 5
Position N E T W O R K C N T R L R						
Name of Affiliated Organization						
Last Name D I E K E M P E R	First Name J R H E R B E R T	7 8 0 0 0	7 4 0 0	1 6 4 6 6	6 0 7 4	1 0 7 9 4 0
Position I N A T L A U D I T O R						
Name of Affiliated Organization						
Last Name D I P I E T R O	First Name C A R L	6 8 0 0 0	7 4 0 0	1 5 6 4 3	5 9 3 2	9 6 9 7 5
Position S T A T E L E G I S L A T I V						
Name of Affiliated Organization						
Last Name D I T C H E K	First Name N E I L	8 0 7 0 0	0	2 5 0 4	5 9 7 4	8 9 1 7 8
Position S T A F F A T T O R N E Y						
Name of Affiliated Organization						
Totals		321,755	14,830	40,256	25,820	402,661

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 27 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name D O N O H U E	First Name T H O M A S	4 7 8 2 1	0	3 0 8	0	4 8 1 2 9
Position C H I E F ,	B L D G S E C U					
Name of Affiliated Organization						
Last Name D O W N I N G	First Name R O B E R T	6 4 4 6 0	0	0	5 3 4 0	6 9 8 0 0
Position R E C O R D S	M A N A G E M E					
Name of Affiliated Organization						
Last Name D U N A W A Y	First Name D O N A L D	6 1 7 0 5	0	1 2 7 3	5 0 8 1	6 8 0 5 9
Position D E P T D I R ,	R E C O R D					
Name of Affiliated Organization						
Last Name D U N N	First Name G E R A L D	1 2 0 0 0	0	1 6 1 8	1 0 8 6	1 4 7 0 4
Position C O - C H A I R	S O U T H E R					
Name of Affiliated Organization L U 6 9 2						
Last Name D U N N	First Name T I M O T H Y	1 0 4 8 2	0	2 4 0	0	1 0 7 2 2
Position C A S U A L	L A B O R E R					
Name of Affiliated Organization						
Totals		196,468		3,439	11,507	211,414

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 28 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name D U S I N A	First Name B A R B A R A	6 0 6 5 0	7 4 0 0	1 3 5 7 4	5 8 0 3	8 7 4 2 7
Position I N A T L O R G A N I Z E R						
Name of Affiliated Organization						
Last Name E D W A R D S	First Name W A L T E R	4 2 3 7 0	0	0	3 0 5 3	4 5 4 2 3
Position R E S E A R C H	A N A L Y S T					
Name of Affiliated Organization						
Last Name E L C H E H A B I	First Name O M A R	5 3 2 7 1	0	0	0	5 3 2 7 1
Position F O O D S V C E S	M G R					
Name of Affiliated Organization						
Last Name E R N E S T	First Name J A N M	5 5 1 6 0	0	0	4 5 7 0	5 9 7 3 0
Position I N V E S T M E N T	A N A L Y					
Name of Affiliated Organization						
Last Name E R N E S T	First Name M A R K	1 6 3 4 0	0	0	1 3 5 4	1 7 6 9 4
Position M I C R O F I L M	C L E R K					
Name of Affiliated Organization						
Totals		227,791	7,400	13,574	14,780	263,545

ORGANIZATION NAME.
ENDING DATE OF PERIOD COVERED.

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME
International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED
December 31, 2000

PAGE 29 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name E S P O S I T O First Name J E N N I F E Position L E G I S L A T I V E R E P Name of Affiliated Organization		6 3 1 5 6	0	1 0 3 6 9	5 2 3 2	7 8 7 5 7
Last Name E S Q U I V E L First Name P A U L O Position T V L O F F I C E S T A F F Name of Affiliated Organization		3 7 6 4 4	0	0	3 1 1 8	4 0 7 6 2
Last Name E V A N S S R. First Name D A M O N R Position B L D G M A I N T Name of Affiliated Organization		2 9 1 8 3	0	0	0	2 9 1 8 3
Last Name E V A N S First Name C A R O L Position E X E C S E C R E T A R Y Name of Affiliated Organization J C 5 6		5 5 6 3 7	0	3 9 5	4 6 1 0	6 0 6 4 2
Last Name E V A N S First Name W I L L I A M Position I N A T L A U D I T O R Name of Affiliated Organization		9 0 7 2 5	7 4 0 0	1 4 9 3 5	6 2 6 3	1 1 9 3 2 3
Totals		276,345	7,400	25,699	19,223	328,667

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 30 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: E V E R H A R T First Name: D E B R A S Position: N E G O T I A T I O N S I N D Name of Affiliated Organization:	4 7 0 2 1	0	0	3 8 4 0	5 0 8 6 1
Last Name: F E L I X First Name: A D O L P H Position: D R I V E F I E L D R E P Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	1 1 4 3 5	6 0 9 4	8 5 5 7 9
Last Name: F E R G U S O N First Name: A M Y T Position: E D U C A T I O N C O O R D Name of Affiliated Organization:	3 7 8 1 9	0	0	3 1 3 3	4 0 9 5 2
Last Name: F E R N E N J R First Name: J A M E S Position: M A I N T E N G N R Name of Affiliated Organization:	5 5 7 2 8	0	0	0	5 5 7 2 8
Last Name: F I O R I First Name: A N T H O N Y Position: D R I V E F I E L D R E P Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	9 3 4 6	5 7 3 2	8 3 1 2 8
Totals	261,868	14,800	20,781	18,799	316,248

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 31 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: F I S C H E R First Name: B E T T Y R Position: I N T E R N A T L R E P Name of Affiliated Organization:	1 8 0 0 0	0	2 9 3	1 4 9 1	1 9 7 8 4
Last Name: F I T Z G E R A L D First Name: V A L E R I E Position: S E C R E T A R Y I Name of Affiliated Organization:	3 7 6 5 5	0	1 9 3 1	3 1 2 0	4 2 7 0 6
Last Name: F L A N A G A N First Name: R E B E C C A Position: P E N S I O N B E N E F I T Name of Affiliated Organization:	5 9 1 5 8	1 0	3 9 4	4 9 0 4	6 4 4 6 6
Last Name: F O L T Z First Name: J E F F R E Y Position: D A T A E N T R Y C L E R K Name of Affiliated Organization:	2 5 7 3 5	0	0	2 1 3 2	2 7 8 6 7
Last Name: F O Y First Name: L A S H O N D Position: S E C R E T A R Y I I Name of Affiliated Organization:	2 5 9 6 9	0	0	2 1 5 1	2 8 1 2 0
Totals	166,517	10	2,618	13,798	182,943

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 32 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: F R A N K First Name: T H O M A S Position: E L E C T R I C I A N Name of Affiliated Organization:	6 4 9 9 8	0	0	0	6 4 9 9 8
Last Name: F R E N C H First Name: K A R E N M Position: R E C O R D S C O O R D . Name of Affiliated Organization:	5 4 9 5 3	0	0	4 5 5 2	5 9 5 0 5
Last Name: G A G N O N First Name: C H A R L E S Position: I N T E R N A T L R E P Name of Affiliated Organization:	7 4 8 1 8	7 4 0 0	6 5 8 4	6 0 0 5	9 4 8 0 7
Last Name: G A R C I A First Name: E R I C Position: M A I L R O O M C L E R K Name of Affiliated Organization:	1 7 9 4 1	0	0	1 4 8 6	1 9 4 2 7
Last Name: G A R C I A First Name: J I M M Y Position: B L D G S E C U R I T Y Name of Affiliated Organization:	3 8 9 0 3	0	0	0	3 8 9 0 3
Totals	251,613	7,400	6,584	12,043	277,640

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 33 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: G A R D N E R First Name: K I M B E R L Position: T V L O F F I C E S T A F F Name of Affiliated Organization:	3 1 9 0 2	0	0	2 6 0 0	3 4 5 0 2
Last Name: G A R E A U First Name: G E R A L D I Position: S E C R E T A R Y I I Name of Affiliated Organization:	2 8 9 1 7	0	0	2 3 9 8	3 1 3 1 5
Last Name: G A R Y First Name: C L A U D E Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 3 9 1 J C 9	9 7 8 3	0	1 9 4 4	8 1 0	1 2 5 3 7
Last Name: G A S M A N First Name: D O R E E N Position: I N T E R N A T L R E P Name of Affiliated Organization:	1 0 3 8 5	0	4 7 3	8 6 0	1 1 7 1 8
Last Name: G E N T I L E First Name: F R A N K Position: C M T E C H A I R - E A S T Name of Affiliated Organization: L U 4 0 4	1 2 0 0 0	0	0	9 9 4	1 2 9 9 4
Totals	92,987		2,417	7,662	103,066

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 34 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name G E R D E S First Name G E O R G E Position R E G N L D I R - C E N T R A Name of Affiliated Organization L U 4 1 4		1 2 0 0 0	0	4 5 5	9 9 4	1 3 4 4 9
Last Name G L E A S O N First Name K E I T H Position T R A D E D I V D I R , T Name of Affiliated Organization L U 6 2 7 J C 6 5		2 0 0 0 0	2 6 0 0	2 4 9 0	1 8 7 2	2 6 9 6 2
Last Name G O B B E L First Name G A I L A Position A D M I N S E C R E T A R Y Name of Affiliated Organization		4 7 0 7 8	0	6 7	3 9 0 1	5 1 0 4 6
Last Name G O E B E L First Name M I K E Position C O M M C H A I R Name of Affiliated Organization L U 6 8 8		5 0 0 0	0	0	4 1 4	5 4 1 4
Last Name G O M E Z First Name Z A R I N E T Position L A W C L E R K Name of Affiliated Organization		1 5 7 5 9	0	0	0	1 5 7 5 9
Totals		99,837	2,600	3,012	7,181	112,630

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 35 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name G O R M L E Y	First Name D A V I D F	5 5 8 7 7	0	8 3 8	4 5 7 2	6 1 2 8 7
Position T I T A N S Y S T E M S M G						
Name of Affiliated Organization						
Last Name G O R M L E Y	First Name S H E R R I	4 1 8 0 0	0	2 3 2	3 4 6 3	4 5 4 9 5
Position O F F I C E A S S T I I						
Name of Affiliated Organization						
Last Name G R A Y	First Name R O B E R T	7 0 6 3 6	0	0	0	7 0 6 3 6
Position W A T C H E N G N R						
Name of Affiliated Organization						
Last Name G R A Y	First Name V I C T O R I	7 0 1 9 9	7 4 0 0	2 5 7 4 5	6 2 2 0	1 0 9 5 6 4
Position I N T E R N A T L R E P						
Name of Affiliated Organization						
Last Name G R E E L E Y	First Name M A R I L Y N	2 5 2 9 1	0	0	0	2 5 2 9 1
Position G E N E R A L C L E A N E R						
Name of Affiliated Organization						
Totals		263,803	7,400	26,815	14,255	312,273

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 36 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: G R E E N First Name: L A U R A A Position: S T A F F A C C O U N T A N T Name of Affiliated Organization:	3 2 7 7 2	0	0	2 6 9 4	3 5 4 6 6
Last Name: G R E N E W A L D First Name: E L I Z A B E Position: C O M M U N I C A T I O N S C Name of Affiliated Organization:	5 6 6 4 0	0	5 7 0 3	4 6 8 5	6 7 0 2 8
Last Name: G R E N K E First Name: R O B E R T Position: R E S E A R C H A N A L Y S T Name of Affiliated Organization:	4 2 3 5 8	0	0	3 5 1 0	4 5 8 6 8
Last Name: G R I F F I T H First Name: T H O M A S Position: R E G N L D I R - E A S T Name of Affiliated Organization: L U 7 7 6 J C 5 3	4 0 0 0 0	2 6 0 0	3 5 5 5	3 5 3 1	4 9 6 8 6
Last Name: G R O S S First Name: R O B E R T Position: B L D G S E C U R I T Y Name of Affiliated Organization:	3 8 2 1 6	0	0	0	3 8 2 1 6
Totals	209,986	2,600	9,258	14,420	236,264

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 37 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name G U E V A R A First Name G I N E T H Position G E N E R A L C L E A N E R Name of Affiliated Organization	2 5 5 6 9	0	0	0	2 5 5 6 9
Last Name G U E V A R A First Name M A R I A I Position G E N E R A L C L E A N E R Name of Affiliated Organization	2 5 5 6 2	0	0	0	2 5 5 6 2
Last Name H A I G L E R First Name G L O R I A Position C O M P O P E R A T I O N S Name of Affiliated Organization	5 1 6 6 9	0	0	4 2 8 0	5 5 9 4 9
Last Name H A L L First Name K E N Position C O - C H A I R A T L A N T I Name of Affiliated Organization L U 1 7 5 K Y - W V C o n f	4 0 0 0	0	0	3 3 1	4 3 3 1
Last Name H A L L First Name P A M E L A Position L E G A L S E C R E T A R Y Name of Affiliated Organization	2 6 3 3 5	0	0	2 1 8 2	2 8 5 1 7
Totals	133,135			6,793	139,928

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 38 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)							
(C) Name of Affiliated Organization (if applicable)							
Last Name H A M I L T O N	First Name C A R O L A		6 2 6 0 5	0	2 6 8 2	5 1 8 7	7 0 4 7 4
Position E X E C S E C R E T A R Y							
Name of Affiliated Organization							
Last Name H A N C E	First Name B O N N I E		3 2 1 5 9	0	0	2 6 6 5	3 4 8 2 4
Position C O M P P R O C E D C O O R							
Name of Affiliated Organization							
Last Name H A N C O C K	First Name T E R R E N C		2 0 0 0 0	0	4 7 7 2	1 6 5 7	2 6 4 2 9
Position I N T E R N A T L R E P							
Name of Affiliated Organization L U 7 3 1							
Last Name H A N D S	First Name D E N N I S		2 3 0 0 0	0	3 4 1 5	1 9 0 5	2 8 3 2 0
Position I N T E R N A T L R E P							
Name of Affiliated Organization L U 1 6 4 J C 4 3							
Last Name H A R D I M A N	First Name M A R Y G		8 0 7 0 0	7 4 0 0	9 4 8 9	6 0 9 1	1 0 3 6 8 0
Position D E P T D I R , E D U C A T							
Name of Affiliated Organization							
Totals			218,464	7,400	20,358	17,505	263,727

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 39 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name H A R M A N	First Name K A T H Y A	4 0 1 5 6	2 0	0	3 3 2 8	4 3 5 0 4
Position S E C R E T A R Y I I						
Name of Affiliated Organization						
Last Name H A R P L E	First Name C H A R L E S	1 0 1 2 7 0	7 4 5 0	1 2 5 3 2	6 3 9 3	1 2 7 6 4 5
Position A S S T D E P T D I R , G						
Name of Affiliated Organization						
Last Name H A R R E L L	First Name D I A N E	3 0 2 2 1	3 9 6 0	5 3 3 5	2 8 7 8	4 2 3 9 4
Position T I T A N F I E L D R E P						
Name of Affiliated Organization L U 5 3 4						
Last Name H A R R I N G T O N	First Name M A R K A	6 8 1 6 9	2 6 0 0	3 7 5	5 8 3 6	7 6 9 8 0
Position I N T E R N A T L R E P						
Name of Affiliated Organization L U 2 5						
Last Name H A R R I S	First Name D O N A L D	5 3 9 5 9	6 0	1 2 0	4 3 7 2	5 8 5 1 1
Position D A T A B A S E A D M I N I						
Name of Affiliated Organization						
Totals		293,775	14,090	18,362	22,807	349,034

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 40 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: H A R R I S First Name: T O M I C A Position: S E C R E T A R Y I I Name of Affiliated Organization:	2 9 9 4 9	0	3 4 1	2 4 8 1	3 2 7 7 1
Last Name: H A R R I S O N First Name: D A L E C Position: A S S T D E P T D I R , P Name of Affiliated Organization:	7 2 8 3 5	0	1 1 2 0	5 8 5 8	7 9 8 1 3
Last Name: H A R R I S O N First Name: F L O Y D W Position: S Y S T E M S P R G M R I Name of Affiliated Organization:	6 1 2 1 1	0	0	5 0 7 0	6 6 2 8 1
Last Name: H A R T First Name: D E N N I S Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 2 9 6 L U 7 8	1 8 0 0 0	0	2 5 5 8	1 6 2 9	2 2 1 8 7
Last Name: H A Y N E S First Name: C A R R O L L Position: T R A D E D I V D I R , P Name of Affiliated Organization: L U 2 3 7	4 0 0 0 0	2 6 0 0	1 9 9	3 5 6 3	4 6 3 6 2
Totals	221,995	2,600	4,218	18,601	247,414

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 41 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name First Name H E C K R I C H A R D Position T R A D E D I V D I R , P Name of Affiliated Organization L U 6 3 8 J C 3 2		7 5 0 0 0	2 6 0 0	1 0 3 6 4	5 9 3 7	9 3 9 0 1
Last Name First Name H E D L U N D D I A N E J Position L E G A L S E C R E T A R Y Name of Affiliated Organization		1 5 1 3 0	0	0	1 2 5 4	1 6 3 8 4
Last Name First Name H E Y I N G G A R Y D Position E X E C S E C R E T A R Y Name of Affiliated Organization		4 9 9 7 5	0	0	4 1 4 0	5 4 1 1 5
Last Name First Name H I C K M A N V I N C E N T Position I N T E R N A T L R E P Name of Affiliated Organization		7 2 0 2 2	7 4 0 0	9 4 9 1	5 9 6 4	9 4 8 7 7
Last Name First Name H I L B I S H K E N N E T H Position T R A D E D I V D I R , W Name of Affiliated Organization L U 5 2 8 G A - F L C o n f		7 9 5 0 0	2 6 0 0	5 3 8 9	6 0 0 2	9 3 4 9 1
Totals		291,627	12,600	25,244	23,297	352,768

ORGANIZATION NAME
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 42 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name F I R S T H I L L Position S E N I O R L E G A L S E C Name of Affiliated Organization		3 7 0 3 9	0	0	3 0 6 9	4 0 1 0 8
Last Name F I R S T H I L L Position C O R R E S P O N D E N C E D Name of Affiliated Organization		2 4 9 7 8	0	0	2 0 6 9	2 7 0 4 7
Last Name F I R S T H O G A N Position I N T E R N A T L R E P Name of Affiliated Organization L U 7 1 4 L U 1 7 9 J C		3 3 3 3 3	1 7 3 3	5 8	2 9 0 7	3 8 0 3 1
Last Name F I R S T H O L L I D A Y Position C H A I R - N O R T H W E S T Name of Affiliated Organization L U 6 9 0 J C 2 8		1 2 0 0 0	0	2 7 9 8	9 9 4	1 5 7 9 2
Last Name F I R S T H O R G A N Position P R O J A D M I N I S T R A T Name of Affiliated Organization		4 0 8 7 1	0	9 7 3	3 3 5 0	4 5 1 9 4
Totals		148,221	1,733	3,829	12,389	166,172

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 43 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name H O R N E R	First Name R O N A L D	6 3 0 3 8	7 4 0 0	5 2 0 0	6 1 3 2	8 1 7 7 0
Position T I T A N F I E L D R E P						
Name of Affiliated Organization						
Last Name H O U C K	First Name P A U L R	6 2 5 0 0	0	2 8 7 6	5 1 7 7	7 0 5 5 3
Position C O - C H A I R / I N T ' L R						
Name of Affiliated Organization L U 3 2 6						
Last Name H O U S E	First Name M A R G A R E	3 1 0 8 8	1 0	0	2 5 7 7	3 3 6 7 5
Position O U T O F W O R K B E N E						
Name of Affiliated Organization						
Last Name H O W A R D	First Name J O Y C E M	1 0 9 1 9	0	0	9 0 5	1 1 8 2 4
Position A C C O U N T I N G T E C H						
Name of Affiliated Organization						
Last Name H O Y L E - P O W E R S D E B O R A H	First Name	2 9 1 0 0	3 0	0	2 4 1 3	3 1 5 4 3
Position S H I P P I N G C L E R K						
Name of Affiliated Organization						
Totals		196,645	7,440	8,076	17,204	229,365

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 44 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: H U D S O N First Name: R O N A L D Position: S U P V I S O R , Name of Affiliated Organization: A F F I L I	6 3 3 2 9	0	2 2 3	5 2 4 6	6 8 7 9 8
Last Name: H U F F M A N First Name: J E N N I E Position: O F F I C E A S S T I Name of Affiliated Organization:	2 9 9 5 2	0	0	2 4 5 8	3 2 4 1 0
Last Name: H U N T First Name: R O G E R Position: R E G N L D I R - C E N T R A Name of Affiliated Organization: L U 9 2 J C 4 1 O H C o n	2 0 0 0 0	2 6 0 0	1 6 8 4	1 8 7 2	2 6 1 5 6
Last Name: H U N T E R First Name: L E S L E E Position: S E C R E T A R Y I I Name of Affiliated Organization:	1 8 8 2 4	0	0	1 5 4 9	2 0 3 7 3
Last Name: H U N T I N G T O N First Name: R I C H A R D Position: T I T A N F I E L D R E P Name of Affiliated Organization:	6 5 6 6 3	7 4 0 0	1 3 6 4 8	6 0 9 0	9 2 8 0 1
Totals	197,768	10,000	15,555	17,215	240,538

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 45 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: H Y P E S First Name: H O L L I S Position: D E P T D I R , Name of Affiliated Organization: A F F I L I	6 9 8 4 2	0	7 8 6	5 7 9 1	7 6 4 1 9
Last Name: I A C I N O First Name: D A W N M Position: D E P T D I R , Name of Affiliated Organization: T V L S V	5 1 6 6 3	0	0	4 2 8 0	5 5 9 4 3
Last Name: I E N G - Y I N First Name: N A V Y S Position: M I C R O F I L M Name of Affiliated Organization: C L E R K	2 1 8 6 1	0	0	3 2 1	2 2 1 8 2
Last Name: I M P A L A First Name: C Y N T H I A Position: P R O J M G R Name of Affiliated Organization:	7 0 5 7 5	2 6 0 0	1 8 7 8 1	5 8 7 1	9 7 8 2 7
Last Name: I N S P R U C K E R First Name: R O G E R Position: P E R S O N A L Name of Affiliated Organization: J C 2 6 O H C o n f	1 2 0 0 0	0	2 8 1 3	9 9 4	1 5 8 0 7
Totals	225,941	2,600	22,380	17,257	268,178

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 46 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name I T K I N	First Name D A V I D H	4 0 0 6 5	0	6 9 0	3 3 1 9	4 4 0 7 4
Position C O M M U N I C A T I O N S						
Name of Affiliated Organization						
Last Name J A C K S O N J R.	First Name R O N A L D	2 9 7 2 1	0	0	2 4 4 5	3 2 1 6 6
Position A / P C L E R K						
Name of Affiliated Organization						
Last Name J A C K S O N	First Name J A M E S D	6 5 0 0 0	2 6 0 0	5 3 6 6	5 6 0 1	7 8 5 6 7
Position I N T E R N A T L R E P						
Name of Affiliated Organization L U 2 9 9						
Last Name J A C O B S O N	First Name E D D I E L	6 9 6 9 3	6 6 6 7	7 6 7 5	5 9 1 8	8 9 9 5 3
Position I N T E R N A T L R E P						
Name of Affiliated Organization L U 2 5 2 L U 6 3 1 J C						
Last Name J E N K I N S	First Name R O N A L D	1 2 0 0 0	0	0	9 9 4	1 2 9 9 4
Position C M T E C H A I R - E A S T						
Name of Affiliated Organization						
Totals		216,479	9,267	13,731	18,277	257,754

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 47 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name J E R E Z First Name B O S C O R Position D A T A E N T R Y O P E R Name of Affiliated Organization		1 8 9 1 7	0	0	1 5 6 2	2 0 4 7 9
Last Name J H I N G O R Y First Name M A R C I A Position O F F I C E M G R Name of Affiliated Organization		3 4 5 0 0	0	5 7 0	2 8 5 9	3 7 9 2 9
Last Name J O H N S O N First Name C H E R Y L Position A S S T T O G P , D E P T Name of Affiliated Organization L U 2 0 O H C o n f		9 0 7 2 5	7 6 0 0	4 3 2 2 8	6 2 4 1	1 4 7 7 9 4
Last Name J O H N S O N First Name J O H N N Y Position C O - C H A I R S O U T H E R Name of Affiliated Organization L U 9 8 8		1 2 0 0 0	0	1 4 5 3 4	9 9 4	2 7 5 2 8
Last Name J O H N S O N First Name P A T R I C I Position E D U C A T I O N C O O R D . Name of Affiliated Organization		3 9 5 1 0	0	4 4 1 5	3 2 7 3	4 7 1 9 8
Totals		195,652	7,600	62,747	14,929	280,928

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 48 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name J O H N S O N	First Name W A L T E R	5 1 8 1 8	6 3 8 0	1 0 8 6 4	5 2 7 1	7 4 3 3 3
Position D R I V E F I E L D R E P						
Name of Affiliated Organization						
Last Name J O N E S	First Name L A V E R N E	3 6 4 4 0	0	1 8 3	3 0 1 9	3 9 6 4 2
Position S E C R E T A R Y I I						
Name of Affiliated Organization						
Last Name J O N E S	First Name W A L T E R	5 1 3 8 0	0	1 8 3 0	4 2 4 2	5 7 4 5 2
Position I N D U S T R I A L H Y G I E						
Name of Affiliated Organization						
Last Name J O N E S	First Name W I L L I A M	4 6 1 0 3	0	0	3 8 2 0	4 9 9 2 3
Position S E N I O R G R A P H I C D						
Name of Affiliated Organization						
Last Name J O R D A N	First Name S U S I E M	6 0 2 0 8	0	0	4 9 9 0	6 5 1 9 8
Position S P E C I A L P R O J S C O						
Name of Affiliated Organization						
Totals		245,949	6,380	12,877	21,342	286,548

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME
ENDING DATE OF PERIOD COVERED.

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 49 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: J O S E P H First Name: R A Q U E L Position: A D M I N A S S T Name of Affiliated Organization:	3 0 3 7 3	0	0	2 4 8 3	3 2 8 5 6
Last Name: J O S E P H First Name: T H E R E S A Position: A G R E E M E N T S T E C H Name of Affiliated Organization:	3 1 8 9 4	0	0	2 5 9 9	3 4 4 9 3
Last Name: K A L L A O S First Name: T A M L Y A Position: C O M M U N I C A T I O N S C Name of Affiliated Organization:	2 2 5 3 4	5 0 0 0	9 8 0	2 2 6 5	3 0 7 7 9
Last Name: K A M E R A S First Name: D A V I D H Position: C O M M U N I C A T I O N S C Name of Affiliated Organization:	4 3 5 4 0	0	2 8 8 3	3 5 7 3	4 9 9 9 6
Last Name: K A M M E R E R First Name: A N N Position: G R A P H I C D E S I G N E R Name of Affiliated Organization:	1 9 2 9 0	0	0	1 5 8 2	2 0 8 7 2
Totals	147,631	5,000	3,863	12,502	168,996

ORGANIZATION NAME
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 50 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name K A N E J R . First Name D A N I E L Position R E G N L D I R - E A S T Name of Affiliated Organization L U 2 0 2		1 8 0 0 0	0	5 3 1 4	1 6 8 8	2 5 0 0 2
Last Name K A N E S R . First Name D A N I E L Position I N T E R N A T L R E P Name of Affiliated Organization L U 1 1 1 J C 1 6		6 7 5 0 0	7 4 0 0	9 1 0 3	6 0 9 5	9 0 0 9 8
Last Name K E A T I N G First Name J U S T I N Position S T A F F A T T O R N E Y Name of Affiliated Organization		2 4 6 2 6	0	1 5 9 0	1 7 1 8	2 7 9 3 4
Last Name K E N D A L L First Name M A R T I N Position A U D I T M G R Name of Affiliated Organization		5 7 4 0 9	0	3 0 9	4 7 1 3	6 2 4 3 1
Last Name K E R N E Y First Name A N N A A Position O F F I C E A S S T I I Name of Affiliated Organization		3 1 2 3 4	0	2 0 3	2 5 6 6	3 4 0 0 3
Totals		198,769	7,400	16,519	16,780	239,468

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 51 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: K E Y S E R First Name: E D W A R D Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 5 C O J C S 3	5 2 0 0 0	0	0	4 3 1 0	5 6 3 1 0
Last Name: K H O U R Y First Name: I S S A N Position: C O M P O P E R I I Name of Affiliated Organization:	2 3 4 3 2	0	0	1 9 4 1	2 5 3 7 3
Last Name: K I K E S First Name: J O H N Position: I N T E R N A T L R E P Name of Affiliated Organization:	2 2 0 0 0	0	1 1 2 5 9	1 9 9 4	3 5 2 5 3
Last Name: K I L D E E First Name: B R I A N H Position: L E G I S L A T I V E R E P Name of Affiliated Organization:	4 2 6 0 5	0	6 6 1 7	3 5 0 3	5 2 7 2 5
Last Name: K I L L A M First Name: H A R O L D Position: D E P T D I R , I N F O R M Name of Affiliated Organization:	8 6 0 0 0	0	2 8 2 3	6 0 6 0	9 4 8 8 3
Totals	226,037		20,699	17,808	264,544

ORGANIZATION NAME.
ENDING DATE OF PERIOD COVERED.

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 52 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name K I N G	First Name M O N A L	2 4 1 6 6	0	0	2 0 0 2	2 6 1 6 8
Position D A T A E N T R Y C L E R K						
Name of Affiliated Organization						
Last Name K I R K	First Name F R A N C E S	4 6 0 9 5	0	6 0 8	3 8 8 8	5 0 5 9 1
Position A D M I N A S S T						
Name of Affiliated Organization						
Last Name K I R K P A T R I C K	First Name R O B E R T	5 4 9 5 8	6 1 9 0	2 5 2 3 0	5 5 4 7	9 1 9 2 5
Position I N A T L O R G A N I Z E R						
Name of Affiliated Organization						
Last Name K N I G H T	First Name C H A R L E S	6 9 0 1 8	7 4 0 0	1 3 2 2 8	5 9 1 9	9 5 5 6 5
Position I N T E R N A T L R E P						
Name of Affiliated Organization						
Last Name K N O T T S	First Name M A R G A R E	3 1 4 9 8	0	0	2 6 1 0	3 4 1 0 8
Position A C C O U N T S R E C E I V A						
Name of Affiliated Organization						
Totals		225,735	13,590	39,066	19,966	298,357

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 53 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: K O R M O S First Name: L O U I S E Position: C L E R K T Y P I S T I I Name of Affiliated Organization:	3 9 1 5 8	0	0	3 2 4 4	4 2 4 0 2
Last Name: K O R N First Name: P A N S E Y Position: P R O C O R G A N I Z E R Name of Affiliated Organization:	1 0 9 8 0	0	7 8 8	0	1 1 7 6 8
Last Name: K O R T H First Name: K A T H R Y N Position: I N D U S T R I A L E N G N R Name of Affiliated Organization:	1 1 7 5 0	1 2 3 3	1 6 2	1 0 7 6	1 4 2 2 1
Last Name: K R A H L I N G First Name: S U S A N L Position: A U T O M A T E D R E C O R D Name of Affiliated Organization:	5 5 6 3 7	0	0	4 6 1 0	6 0 2 4 7
Last Name: K R A H L I N G First Name: V I C K Y S Position: O F F I C E M G R Name of Affiliated Organization:	3 9 2 6 7	0	7 5 8	3 2 5 3	4 3 2 7 8
Totals	156,792	1,233	1,708	12,183	171,916

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 54 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: K R A H L I N G First Name: W A Y N E C Position: S H I P P I N G S U P V I S O R Name of Affiliated Organization:	4 3 6 0 7	0	3 5	3 6 1 4	4 7 2 5 6
Last Name: K R E U Z E R First Name: R O B E R T Position: I N A T L O R G A N I Z E R Name of Affiliated Organization:	5 5 6 3 7	7 4 0 0	2 8 0 7 9	5 5 2 4	9 6 6 4 0
Last Name: K R U S E First Name: R I C H A R D Position: S U P V I S O R , A F F I L I Name of Affiliated Organization:	2 0 0 3 2	0	0	1 6 5 9	2 1 6 9 1
Last Name: K U E N Z E L First Name: S U S A N L Position: A D M I N A S S T Name of Affiliated Organization:	3 6 9 1 8	0	0	3 0 5 8	3 9 9 7 6
Last Name: K U M S T A R First Name: J O S E P H Position: I N T E R N A T L R E P Name of Affiliated Organization:	6 9 6 9 3	7 4 0 0	6 4 2 1	5 9 2 8	8 9 4 4 2
Totals	225,887	14,800	34,535	19,783	295,005

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 55 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: L A U G H T O N First Name: D A V I D W Position: A S S T T O T H E T R A D Name of Affiliated Organization: L U 6 3 3 J C 1 0	1 8 0 0 0	0	0	1 4 9 1	1 9 4 9 1
Last Name: L E A R Y First Name: D E B O R A H Position: S Y S T E M S A N A L Y S T Name of Affiliated Organization:	4 8 7 2 2	0	2 4 9	4 0 3 7	5 3 0 0 8
Last Name: L E E J R. First Name: J A M E S Position: B L D G M A I N T Name of Affiliated Organization:	3 0 1 7 5	0	0	0	3 0 1 7 5
Last Name: L E E First Name: S I K H Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 5 6 7 2	0	0	0	2 5 6 7 2
Last Name: L E H M A N First Name: T I M Position: R E G N L D I R - E A S T Name of Affiliated Organization: L U 3 1 2	1 2 0 0 0	0	2 5 7 0	9 9 4	1 5 5 6 4
Totals	134,569		2,819	6,522	143,910

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 56 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: L E H R B A C H First Name: L Y N N Position: I N T E R N A T L R E P Name of Affiliated Organization: J C 3 7	1 7 2 7	0	0	1 4 3	1 8 7 0
Last Name: L E N N O X First Name: R O B E R T Position: R E G N L D I R - W E S T Name of Affiliated Organization: L U 4 9 5 J C 4 2	2 4 0 0 0	2 6 0 0	3 4 2 0	2 4 0 8	3 2 4 2 8
Last Name: L E W I S J R. First Name: T I M O T H Y Position: I N A T L O R G A N I Z E R Name of Affiliated Organization:	5 0 6 2 5	7 4 0 0	4 2 0 5 4	5 2 1 1	1 0 5 2 9 0
Last Name: L E W I S First Name: D A V I D R Position: C O M P O P E R I I Name of Affiliated Organization:	3 4 0 8 2	2 9 0	0	2 8 4 7	3 7 2 1 9
Last Name: L E W I S First Name: T I M O T H Y Position: N E G O T I A T I O N S I N D Name of Affiliated Organization:	2 1 1 6 8	0	0	1 7 5 3	2 2 9 2 1
Totals	131,602	10,290	45,474	12,362	199,728

PAGE ____ OF ____ ADDITIONAL PAGES

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Totals						

ORGANIZATION NAME:
International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:
December 31, 2000

PAGE 57 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name L E W I S - W R I G H T T I F F A N Y	First Name	4 0 8 4 2	4 4 8 0	1 2 6 8 4	3 7 5 4	6 1 7 6 0
Position I N D U S T R I A L E N G N R						
Name of Affiliated Organization						
Last Name L I C H T E N W A L D W I L L I A M	First Name	5 1 2 5 0	2 6 0 0	1 1 9 9 3	4 4 6 3	7 0 3 0 6
Position I N T E R N A T L R E P						
Name of Affiliated Organization L U 2 0 J C 4 4 O H C o n						
Last Name L I D D E L L	First Name M A R Y	2 3 7 1 1	0	0	1 9 6 4	2 5 6 7 5
Position C O R R E S P O N D E N C E D						
Name of Affiliated Organization						
Last Name L I T T L E	First Name R I C H A R D	2 8 9 8 0	2 0	0	2 3 6 0	3 1 3 6 0
Position S H I P P I N G / I N V E N T O						
Name of Affiliated Organization						
Last Name L I U	First Name J E A N S H	4 5 9 4 1	0	0	3 7 7 6	4 9 7 1 7
Position S T A F F A C C O U N T A N T						
Name of Affiliated Organization						
Totals		190,724	7,100	24,677	16,317	238,818

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 58 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name L L O Y D	First Name A M Y E	1 8 4 9 7	0	0	1 5 3 2	2 0 0 2 9
Position O F F I C E S U P V I S O R						
Name of Affiliated Organization						
Last Name L O C K A R D	First Name J O H N W	8 0 7 0 0	7 4 0 0	2 4 0 9 8	6 1 3 9	1 1 8 3 3 7
Position E A S T E R N R E G I O N C						
Name of Affiliated Organization						
Last Name L U C O R E	First Name R O B E R T	4 7 5 3 3	0	7 2 9	3 8 9 5	5 2 1 5 7
Position S E N I O R R E S E A R C H						
Name of Affiliated Organization						
Last Name L U M P K I N	First Name T A M M Y L	3 2 0 7 9	0	3 0 0	2 6 5 7	3 5 0 3 6
Position A D M I N S E C R E T A R Y						
Name of Affiliated Organization						
Last Name L Y T E R	First Name R I C H A R D	1 5 2 4 7 5	2 6 0 0	2 8 6 0 3	2 9 8 4 9	2 1 3 5 2 7
Position E X E C A S S T T O T H E						
Name of Affiliated Organization						
Totals		331,284	10,000	53,730	44,072	439,086

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:

International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 59 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name M A B R Y First Name P A T R I C I E Position C O M M U N I C A T I O N S Name of Affiliated Organization		3 7 0 9 3	0	0	3 0 7 4	4 0 1 6 7
Last Name M A C C H E L L O First Name P A U L A A Position C A M P A I G N C O O R D . Name of Affiliated Organization		6 6 0 0 2	1 4 9 1	1 3 4 6 5	5 5 9 1	8 6 5 4 9
Last Name M A C K First Name E D W A R D Position G E N E R A L C L E A N E R Name of Affiliated Organization		2 5 7 3 3	0	0	0	2 5 7 3 3
Last Name M A C K First Name S T E P H E N Position T R A D E D I V D I R , I Name of Affiliated Organization L U 7 8 J C 7		6 0 0 0 0	2 6 0 0	1 7 6 5 4	5 5 0 4	8 5 7 5 8
Last Name M A D A R First Name S C O T T A Position A S S T D I R , S A F E T Y Name of Affiliated Organization		7 0 6 7 5	2 6 0 0	6 9 6	5 8 6 5	7 9 8 3 6
Totals		259,503	6,691	31,815	20,034	318,043

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 60 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: M A L I Z I A First Name: L O U I S B Position: A S S T D I R , S T R A T E Name of Affiliated Organization:	4 7 9 5 5	0	1 7 9 9	3 9 7 3	5 3 7 2 7
Last Name: M A P P E N First Name: S T E P H E N Position: P R G M R / A N A L Y S T I I Name of Affiliated Organization:	4 1 3 8 3	0	8 1 9	3 4 2 8	4 5 6 3 0
Last Name: M A R K O W I T Z First Name: M I C H A E L Position: I N T E R N A T L R E P Name of Affiliated Organization:	6 6 6 8 2	7 4 0 0	1 2 9 8 3	5 8 8 5	9 2 9 5 0
Last Name: M A R T I N E Z First Name: M A R T H A Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 5 4 8 0	0	0	0	2 5 4 8 0
Last Name: M A S H A Y E K H I First Name: A Z I T A Position: I N D U S T R I A L H Y G I E Name of Affiliated Organization:	5 3 8 0 0	0	1 8 1 4	4 4 5 7	6 0 0 7 1
Totals	235,300	7,400	17,415	17,743	277,858

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 61 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name M A T H I S	First Name A N T H O N Y	9 0 7 2 5	7 4 0 0	1 9 4 3 9	6 2 7 0	1 2 3 8 3 4
Position I N A T L A U D I T O R						
Name of Affiliated Organization						
Last Name M A T H I S	First Name M I C H A E L	1 1 1 2 9 5	7 4 0 0	1 7 8 1 2	6 5 4 1	1 4 3 0 4 8
Position D E P T D I R ,	G O V E R N					
Name of Affiliated Organization						
Last Name M A Y S	First Name J O H N	1 2 0 0 0	0	6 1 7	9 9 4	1 3 6 1 1
Position C H A I R - G R I E V A N C E						
Name of Affiliated Organization						
Last Name M C C A L L	First Name J A M E S A	1 3 0 8 2 5	0	2 0 3 1	6 7 1 9	1 3 9 5 7 5
Position A S S T D I R ,	L E G A L					
Name of Affiliated Organization						
Last Name M C C U L L O C H	First Name B E R N A D E	6 0 6 5 0	7 4 0 0	2 0 3 2 8	5 8 4 0	9 4 2 1 8
Position I N A T L O R G A N I Z E R						
Name of Affiliated Organization L U 8 4 0						
Totals		405,495	22,200	60,227	26,364	514,286

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters
 ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 62 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name M C D O N A L D First Name J O H N S Position D E P T D I R , P U R C H A Name of Affiliated Organization		7 3 6 8 2	0	8 4 7	5 8 7 8	8 0 4 0 7
Last Name M C G R A T H First Name T H O M A S Position T R A D E D I V D I R , N Name of Affiliated Organization L U 1 1 0 0		8 2 7 4 0	7 4 0 0	2 4 4 4 4	6 1 2 1	1 2 0 7 0 5
Last Name M C L A U G H L I N First Name M I C H A E L Position R E G N L D I R - W E S T Name of Affiliated Organization L U 8 5 6		1 5 0 0 0	0	2 2 7 0	1 3 5 8	1 8 6 2 8
Last Name M C L U C K I E First Name F R E D E R I Position D E P U T Y D I R O F L E Name of Affiliated Organization		8 3 2 0 6	7 4 0 0	7 0 9 8	6 0 4 2	1 0 3 7 4 6
Last Name M E D E I R O S First Name D E B O R A H Position B I L L I N G C O O R D . S Name of Affiliated Organization		3 3 4 6 4	0	0	2 7 7 2	3 6 2 3 6
Totals		288,092	14,800	34,659	22,171	359,722

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 63 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: M E H R I N G E R First Name: C H E R Y L Position: A C C O U N T A N T I Name of Affiliated Organization:	5 0 9 7 0	0	0	4 2 2 5	5 5 1 9 5
Last Name: M E N T O R First Name: S H A R L E N Position: C O M M U N I C A T I O N S A Name of Affiliated Organization:	4 1 4 2 3	0	3 0 0	3 4 1 0	4 5 1 3 3
Last Name: M E T Z I N G E R First Name: T H O M A S Position: D E P T D I R , P E N S I O Name of Affiliated Organization:	8 8 3 5 8	0	7 7 4	6 0 9 5	9 5 2 2 7
Last Name: M I D D L E T O N First Name: R I C K Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 5 7 2 L U 8 4 8	4 0 0 0 0	0	1 8 7 0	3 6 2 3	4 5 4 9 3
Last Name: M I L L E R First Name: B R E N D A Position: P A Y R O L L S U P V I S O R Name of Affiliated Organization:	1 8 0 7 4	0	0	1 4 9 8	1 9 5 7 2
Totals	238,825		2,944	18,851	260,620

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 64 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: M I L L E R First Name: L O U I E Position: C O - C H A I R C E N T R A L Name of Affiliated Organization:	1 2 0 0 0	0	7 7 7 9	9 9 4	2 0 7 7 3
Last Name: M I L L E R First Name: M I C H E L L Position: D A T A E N T R Y C L E R K Name of Affiliated Organization:	2 8 5 6 0	0	0	2 3 6 6	3 0 9 2 6
Last Name: M I L L I E S First Name: B R U C E A Position: I N D U S T R I A L H Y G I E Name of Affiliated Organization:	4 5 1 3 0	0	8 3 4 7	3 7 3 8	5 7 2 1 5
Last Name: M I T C H E L L First Name: K A R E N Position: O F F I C E M G R Name of Affiliated Organization:	2 0 2 8 9	0	0	1 6 8 1	2 1 9 7 0
Last Name: M O D E C K E R First Name: E D W A R D Position: R E G N L D I R - W E S T Name of Affiliated Organization:	1 8 0 0 0	0	1 1 5 3	1 4 9 1	2 0 6 4 4
Totals	123,979		17,279	10,270	151,528

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:

International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 65 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (If applicable)						
Last Name M O N R O E First Name B C B B Y Position I N A T L O R G A N I Z E R Name of Affiliated Organization		4 5 6 1 3	7 4 0 0	3 8 0 7 5	4 8 2 7	9 5 9 1 5
Last Name M O O R E First Name C A R O L Y N Position E X E C S E C R E T A R Y Name of Affiliated Organization		6 2 6 0 5	0	9 1 5	5 1 8 8	6 8 7 0 8
Last Name M O O R E First Name K E R I M Position N E G O T I A T I O N S I N D Name of Affiliated Organization		2 7 4 2 5	0	0	2 2 7 2	2 9 6 9 7
Last Name M O O R E First Name K E V I N Position I N A T L O R G A N I Z E R Name of Affiliated Organization		5 6 2 5 0	6 1 6 7	2 5 6 0 6	5 1 7 0	9 3 1 9 3
Last Name M O O R E First Name W I L L I A M Position I N T E R N A T L R E P Name of Affiliated Organization		2 5 0 0 0	2 6 0 0	5 6 6 4	2 2 8 6	3 5 5 5 0
Totals		216,893	16,167	70,260	19,743	323,063

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 66 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name M O R A W S K I - A L R C A R M E N First Name Position L E G A L S E C R E T A R Y Name of Affiliated Organization		2 1 4 1 6	0	0	1 7 7 8	2 3 1 9 4
Last Name M O R I S A K First Name J A C K R Position P E R C A P I T A T A X A Name of Affiliated Organization		5 3 6 4 7	0	0	4 4 4 4	5 8 0 9 1
Last Name M U L L I G A N First Name K E L L I J Position A D M I N S E C R E T A R Y Name of Affiliated Organization		4 7 0 7 8	0	8 1	3 9 0 0	5 1 0 5 9
Last Name M U N D Y First Name S T U A R T Position I N T E R N A T L R E P Name of Affiliated Organization		2 1 0 0 0	2 6 0 0	4 1 3 8	2 3 4 2	3 0 0 8 0
Last Name M U N O Z First Name N O R A L Position S W I T C H B O A R D O P E R Name of Affiliated Organization		3 4 0 0 2	0	0	2 8 1 7	3 6 8 1 9
Totals		177,143	2,600	4,219	15,281	199,243

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 67 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)							
(C) Name of Affiliated Organization (if applicable)							
Last Name M U R P H Y	First Name M I C H A E L		2 3 7 2 6	0	1 5 0	1 7 7 8	2 5 6 5 4
Position S T A F F A T T O R N E Y							
Name of Affiliated Organization							
Last Name M U R P H Y	First Name V I N C E N T		7 0 0 3 0	7 4 0 0	2 5 7 1 5	5 9 6 5	1 0 9 1 1 0
Position I N T E R N A T L R E P							
Name of Affiliated Organization							
Last Name M Y E R S	First Name A R T H U R		3 3 5 2 5	0	0	0	3 3 5 2 5
Position B L D G S E C U R I T Y							
Name of Affiliated Organization							
Last Name N E L S O N J R	First Name T H O M A S		4 2 0 2 2	0	2 0 2 4	3 4 8 1	4 7 5 2 7
Position G R A N T S A C C O U N T A N							
Name of Affiliated Organization							
Last Name N E L S O N	First Name R I C H A R D		2 7 4 0 4	1 8 5 0	1 4 2 4	2 4 2 6	3 3 1 0 4
Position I N T E R N A T L R E P							
Name of Affiliated Organization							
Totals			196,707	9,250	29,313	13,650	248,920

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 68 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: N E W E L L First Name: R O G E R C Position: C O M M U N I C A T I O N S S Name of Affiliated Organization:	5 8 6 5 4	0	1 5 2 3	4 8 5 9	6 5 0 3 6
Last Name: N G U Y E N First Name: L I N N V Position: P E N S I O N B E N E F I T Name of Affiliated Organization:	4 3 2 0 6	0	0	3 5 8 0	4 6 7 8 6
Last Name: N O L A N First Name: C L I F F Position: D R I V E F I E L D R E P Name of Affiliated Organization: L U 7 0 1	6 1 1 5 0	7 4 0 0	1 4 8 6 5	6 0 3 6	8 9 4 5 1
Last Name: N O L A N First Name: M A R I E A Position: O F F I C E A S S T I I Name of Affiliated Organization:	4 9 3 7 3	0	2 6 5	4 0 9 0	5 3 7 2 8
Last Name: N O L A N First Name: T I M O T H Y Position: I N A T L A U D I T O R Name of Affiliated Organization:	8 5 5 0 0	7 4 0 0	1 4 8 1 8	6 1 8 7	1 1 3 9 0 5
Totals	297,883	14,800	31,471	24,752	368,906

ORGANIZATION NAME.
ENDING DATE OF PERIOD COVERED.

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:

International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 69 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)							
(C) Name of Affiliated Organization (if applicable)							
Last Name N O O N E Y First Name D I A N E F Position S E C R E T A R Y I I Name of Affiliated Organization			3 9 3 5 7	0	0	3 2 6 0	4 2 6 1 7
Last Name N O W A K First Name G R E G Position I N T E R N A T L R E P Name of Affiliated Organization L U 1 0 3 8 J C 4 3			1 8 0 0 0	0	7 2 8 7	1 4 9 1	2 6 7 7 8
Last Name O ' C O N N O R First Name P A T R I C K Position B L D G S E C U R I T Y Name of Affiliated Organization			3 7 2 5 8	0	0	0	3 7 2 5 8
Last Name O ' D O N N E L L First Name P A T R I C K Position C M T E C H A I R - W E S T Name of Affiliated Organization L U 2 J C 3			1 2 0 0 0	0	0	9 9 4	1 2 9 9 4
Last Name O L I V E R First Name J A N I C E Position L E G I S L A T I V E R E P Name of Affiliated Organization			7 4 6 8 5	0	7 1 4 2	5 8 9 3	8 7 7 2 0
Totals			181,300		14,429	11,638	207,367

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 70 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: O'NEILL First Name: JENEFER Position: ASST TO SPEC EVE Name of Affiliated Organization:	1 0 1 5 8	0	7 0	8 4 1	1 1 0 6 9
Last Name: OWEN First Name: DONNA J Position: ADMIN SECRETARY Name of Affiliated Organization:	3 9 0 6 5	0	3 0 0	3 2 3 6	4 2 6 0 1
Last Name: OWENS First Name: MAURICE Position: COMMUNICATIONS S Name of Affiliated Organization:	4 1 0 6 1	0	2 6 4 1	3 4 0 1	4 7 1 0 3
Last Name: PAFFENROTH First Name: ROBERT Position: CMTE CHAIR - WEST Name of Affiliated Organization:	1 2 0 0 0	0	0	1 0 8 6	1 3 0 8 6
Last Name: PAGE First Name: STEPHAN Position: COMP PROCEED COOR Name of Affiliated Organization:	4 2 6 7 8	8 0	0	3 5 4 2	4 6 3 0 0
Totals	144,962	80	3,011	12,106	160,159

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME.	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED.	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 71 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: P A G E First Name: T H O M A S Position: C A S U A L L A B O R E R Name of Affiliated Organization: L U 2 0 4 0	1 6 9 0 0	0	0	0	1 6 9 0 0
Last Name: P A I N T E R First Name: K A T H E R I Position: O F F I C E A S S T I I Name of Affiliated Organization:	4 2 3 5 3	0	0	3 4 6 7	4 5 8 2 0
Last Name: P A L U M B O First Name: J O H N Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 5 5 0	1 8 0 0 0	0	4 0	1 5 2 5	1 9 5 6 5
Last Name: P A N E First Name: P A T R I C I Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 5 4 6 6	0	0	0	2 5 4 6 6
Last Name: P A N G A L L O First Name: M A R G A R E Position: O F F I C E M G R Name of Affiliated Organization:	4 1 9 9 9	0	3 3 9 8	3 4 8 1	4 8 8 7 8
Totals	144,718		3,438	8,473	156,629

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 72 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: P A R K E R First Name: B R E N D A Position: L E G A L S E C R E T A R Y Name of Affiliated Organization:	2 2 2 1 0	0	0	1 8 4 0	2 4 0 5 0
Last Name: P A S S O First Name: D A N E Y Position: I N T E R N A T L R E P Name of Affiliated Organization:	8 2 0 0 3	7 4 0 0	4 5 4 6 1	6 1 1 0	1 4 0 9 7 4
Last Name: P A T T E R S O N First Name: K I M B E R L Position: A D M I N S E C R E T A R Y Name of Affiliated Organization:	4 2 8 9 8	0	0	3 5 5 4	4 6 4 5 2
Last Name: P A Y N E First Name: J E N N I F E Position: C O D I N G C L E R K Name of Affiliated Organization:	9 8 3 3	0	0	7 0 3	1 0 5 3 6
Last Name: P A Y N E First Name: S A R A P Position: A S S O C I A T E D I R , E Name of Affiliated Organization:	5 9 6 5 5	2 0 5 0	6 5 3 7	5 0 7 9	7 3 3 2 1
Totals	216,599	9,450	51,998	17,286	295,333

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters
 ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3PAGE 73 OF 102 ADDITIONAL PAGES**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)			Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)							
(C) Name of Affiliated Organization (if applicable)							
Last Name P E N L E Y	First Name W I L L I A M		3 5 4 4 2	0	0	0	3 5 4 4 2
Position B L D G S E C U R I T Y							
Name of Affiliated Organization							
Last Name P E R A L T A	First Name J O H N G		2 0 8 0 0	0	0	0	2 0 8 0 0
Position C A S U A L L A B O R E R							
Name of Affiliated Organization L U 2 0 4 0							
Last Name P E R S A U D	First Name D E O N A R A		2 5 6 7 2	0	0	0	2 5 6 7 2
Position G E N E R A L C L E A N E R							
Name of Affiliated Organization							
Last Name P E T R E C C A	First Name N I C H O L A		5 0 6 2 5	7 4 0 0	7 0 8 7	4 9 2 7	7 0 0 3 9
Position I N A T L O R G A N I Z E R							
Name of Affiliated Organization							
Last Name P H I L L I P S	First Name C A T H E R I		3 1 3 0 0	0	0	2 5 9 3	3 3 8 9 3
Position A C C O U N T I N G T E C H							
Name of Affiliated Organization							
Totals			163,839	7,400	7,087	7,520	185,846

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:

International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 74 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name P I C A R E L L O	First Name N I C H O L A	9 5 0 0	0	4 8 9	8 1 2	1 0 8 0 1
Position C O M M I T T E E	C H A I R M					
Name of Affiliated Organization						
Last Name P I N E D A	First Name S C A R L E T	2 8 7 6 1	0	0	2 3 3 9	3 1 1 0 0
Position T V L	O F F I C E S T A F F					
Name of Affiliated Organization						
Last Name P O I N D E X T E R	First Name D O N N E T T	3 0 4 3 9	0	0	2 5 2 2	3 2 9 6 1
Position S E C R E T A R Y	I I					
Name of Affiliated Organization						
Last Name P O L L A R D	First Name N I C O L E	7 0 6 7 5	0	1 3 5 3 3	5 8 3 4	9 0 0 4 2
Position S T A F F	A T T O R N E Y					
Name of Affiliated Organization						
Last Name P O L O	First Name J O S E P H	8 0 4 4 1	7 4 0 0	1 9 3 9 0	6 4 0 7	1 1 3 6 3 8
Position I N A T L	A U D I T O R					
Name of Affiliated Organization						
Totals		219,816	7,400	33,412	17,914	278,542

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 75 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: P R A T T First Name: E D W A R D Position: I N A T L A U D I T O R Name of Affiliated Organization:	8 5 5 0 0	7 4 0 0	1 3 8 3 2	6 1 8 7	1 1 2 9 1 9
Last Name: P R O C T O R First Name: G A R Y Position: C M T E C H A I R - C E N T R Name of Affiliated Organization:	1 2 0 0 0	0	1 4 1 9	9 9 4	1 4 4 1 3
Last Name: P U D L O First Name: D E N I S E Position: S E C R E T A R Y I Name of Affiliated Organization: L U 3 3 7 J C 4 3	6 0 0 0	0	5 0 0	5 3 8	7 0 3 8
Last Name: R A I N V I L L E First Name: B R I A N Position: A S S T D I R , C O M M U N Name of Affiliated Organization:	7 1 9 5 0	7 4 0 0	4 6 5 9	5 9 5 4	8 9 9 6 3
Last Name: R A M O S First Name: J O S E I Position: F O O D S V C E S Name of Affiliated Organization:	2 1 0 5 6	0	0	0	2 1 0 5 6
Totals	196,506	14,800	20,410	13,673	245,389

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 76 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name R A M O S First Name J U A N A Position F O O D S V C E S Name of Affiliated Organization		2 2 5 1 9	0	0	0	2 2 5 1 9
Last Name R A M S H A W First Name R O B E R T Position I N A T L O R G A N I Z E R Name of Affiliated Organization		6 0 6 5 0	7 4 0 0	3 4 4 6 9	5 8 5 8	1 0 8 3 7 7
Last Name R A P P First Name C A T H E R I Position A / P M G R Name of Affiliated Organization		5 4 1 3 4	0	0	4 4 8 6	5 8 6 2 0
Last Name R A Y E S First Name R O B E R T Position R E G N L D I R - C E N T R A Name of Affiliated Organization L U 5 1 J C 4 3		1 8 0 0 0	0	3 2 3 5	1 4 9 1	2 2 7 2 6
Last Name R A Y M O N D First Name D E N N I S Position R E G N L D I R - N O R T H E Name of Affiliated Organization L U 6 7 7		6 0 0 0	0	1 7 8 7	4 9 7	8 2 8 4
Totals		161,303	7,400	39,491	12,332	220,526

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 77 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name First Name R E A R I C K M A R L E N E Position S E C R E T A R Y I I Name of Affiliated Organization		3 0 6 6 1	0	1 4 2 9	2 5 4 0	3 4 6 3 0
Last Name First Name R E D D I N G K E N Position C H A I R - N A T ' L A I R Name of Affiliated Organization L U 7 2 8		5 4 7 6	0	0	4 5 4	5 9 3 0
Last Name First Name R E D M O N D H O W A R D Position C H R M N , P R E M . S V C . J Name of Affiliated Organization L U 8 0 4		6 0 0 0	0	0	5 2 9	6 5 2 9
Last Name First Name R E E D L E O Position T R A D E D I V D I R , M Name of Affiliated Organization L U 3 9 9		4 8 0 0 0	0	2 3 8	4 2 9 9	5 2 5 3 7
Last Name First Name R E E V E S T H E R E S A Position O F F I C E M G R Name of Affiliated Organization		4 4 5 2 1	0	5 4 7	3 6 9 0	4 8 7 5 8
Totals		134,658		2,214	11,512	148,384

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME
International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 78 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name R E Y N O L D S First Name K A T H L E E Position S E C R E T A R Y I Name of Affiliated Organization		2 5 7 9 9	0	3 1 5 9	1 7 2 4	3 0 6 8 2
Last Name R E Y N O S O First Name E D W A R D Position D R I V E F I E L D R E P Name of Affiliated Organization L U 6 3		6 0 6 5 0	7 4 0 0	1 7 6 1 9	6 1 2 4	9 1 7 9 3
Last Name R I E G E L First Name E D W I N R Position B L D G S E C U R I T Y Name of Affiliated Organization		7 5 6 8	0	0	0	7 5 6 8
Last Name R I L E Y First Name C Y N T H I A Position D R I V E F I E L D R E P Name of Affiliated Organization L U 3 9 1		1 5 6 5 0	1 8 5 0	2 1 5 8	1 4 7 4	2 1 1 3 2
Last Name R I N E R First Name M E L I S S A Position D E P T D I R , I N T E R N Name of Affiliated Organization		7 4 5 0 8	0	1 1 0 2	5 8 8 8	8 1 4 9 8
Totals		184,175	9,250	24,038	15,210	232,673

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE _____ OF _____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 79 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: R O B B I N S First Name: T A M A L A Position: C L E R K T Y P I S T I I Name of Affiliated Organization:	2 8 8 9 6	0	0	2 3 9 4	3 1 2 9 0
Last Name: R O B I N S O N First Name: D A V I D Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 4 8 6 J C 4 3	5 1 2 5 0	2 6 0 0	1 0 1 1 9	4 4 6 3	6 8 4 3 2
Last Name: R O B I N S O N First Name: D E N O L O N Position: S H I P P I N G C L E R K Name of Affiliated Organization:	4 0 9 9 4	0	0	3 4 0 2	4 4 3 9 6
Last Name: R O B I N S O N First Name: J O H N Position: B L D G S E C U R I T Y Name of Affiliated Organization:	3 3 9 1 8	0	7 2	0	3 3 9 9 0
Last Name: R O B I N S O N First Name: Y V E T T E Position: S E C R E T A R Y I I Name of Affiliated Organization:	2 5 1 6 0	0	0	2 0 8 4	2 7 2 4 4
Totals	180,218	2,600	10,191	12,343	205,352

ORGANIZATION NAME
ENDING DATE OF PERIOD COVERED.

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 80 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: R O C H A First Name: R O N A L D Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 7 0	1 8 0 0 0	0	1 8 0 3	1 6 2 9	2 1 4 3 2
Last Name: R O D R I G U E Z First Name: J O S E Position: I N A T L O R G A N I Z E R Name of Affiliated Organization:	6 0 5 7 5	7 4 0 0	2 4 1 6 2	5 8 5 3	9 7 9 9 0
Last Name: R O M A N S First Name: F R A N C I S Position: B L D G S E C U R I T Y Name of Affiliated Organization:	3 8 3 7 7	0	0	0	3 8 3 7 7
Last Name: R O T H First Name: C H A R L E S Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 3 9 1	8 2 1 5 8	7 4 0 0	1 1 3 9 4	6 1 1 2	1 0 7 0 6 4
Last Name: R O T H First Name: G R E G O R Y Position: I N T E R N A T L R E P Name of Affiliated Organization:	3 4 7 3 0	1 5 1 7	0	3 2 7 0	3 9 5 1 7
Totals	233,840	16,317	37,359	16,864	304,380

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 81 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: R O Z A K First Name: R O B E R T Position: S Y S T E M S P R G M R I I Name of Affiliated Organization:	6 5 8 1 5	0	0	5 4 1 0	7 1 2 2 5
Last Name: S A G A N First Name: N I C H O L A Position: B L D G S E C U R I T Y Name of Affiliated Organization:	3 3 4 0 3	0	0	0	3 3 4 0 3
Last Name: S A N D E R S First Name: N O R M A N Position: B L D G S E C U R I T Y Name of Affiliated Organization:	2 8 8 2 7	0	1 1 0	0	2 8 9 3 7
Last Name: S A N S B U R Y First Name: E R I C A Position: S E C R E T A R Y I I Name of Affiliated Organization:	1 7 3 7 6	0	0	1 4 0 2	1 8 7 7 8
Last Name: S A V O Y First Name: G A M A L I E Position: C L E R K T Y P I S T I I Name of Affiliated Organization:	2 4 9 9 9	0	0	2 0 7 1	2 7 0 7 0
Totals	170,420		110	8,883	179,413

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 82 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: S A W Y E R First Name: A A R O N E Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 9 2 2	6 7 5 0 0	7 4 0 0	3 0 1 1	5 8 9 6	8 3 8 0 7
Last Name: S A W Y E R First Name: B R E N D A Position: I N D U S T R I A L E N G N R Name of Affiliated Organization:	6 8 1 6 9	7 4 0 0	1 9 1 6 7	5 9 0 6	1 0 0 6 4 2
Last Name: S A W Y E R First Name: C A S E Y Position: R E G N L D I R - W E S T Name of Affiliated Organization: L U 4 9 0 J C 7	1 8 0 0 0	0	0	1 6 2 9	1 9 6 2 9
Last Name: S C A L F First Name: C A R L O W Position: E X E C A S S T T O G E N Name of Affiliated Organization:	1 4 0 7 5 3	7 4 0 0	1 7 5 4 5	2 7 3 0 4	1 9 3 0 0 2
Last Name: S C A R L A T O S First Name: P E T E R Position: R E G N L D I R - E A S T Name of Affiliated Organization: L U 8 3 1 J C 1 6	1 8 0 0 0	0	1 4 3	1 5 2 5	1 9 6 6 8
Totals	312,422	22,200	39,866	42,260	416,748

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3PAGE 83 OF 102 ADDITIONAL PAGES**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name S C H A T Z	First Name T H O M A S	7 6 6 9 0	4 8 0 0	6 6 4 7	6 0 2 5	9 4 1 6 2
Position E T H I C A L P R A C T I C E						
Name of Affiliated Organization						
Last Name S C H O E S S L I N G	First Name J A M E S J	9 0 7 2 5	7 4 0 0	1 0 4 1 5	6 2 6 7	1 1 4 8 0 7
Position I N A T L A U D I T O R						
Name of Affiliated Organization						
Last Name S C H W A B	First Name R O N A L D	6 4 6 6 0	7 4 0 0	1 0 4 2 6	5 8 5 5	8 8 3 4 1
Position I N T E R N A T L R E P						
Name of Affiliated Organization						
Last Name S C O T T	First Name T R A C E Y	4 9 7 6 5	0	0	4 1 2 4	5 3 8 8 9
Position P E N S I O N B E N E F I T						
Name of Affiliated Organization						
Last Name S E A L E S - M C L E O D E N I S E	First Name	4 0 2 4 4	0	0	3 3 3 5	4 3 5 7 9
Position R E Q U E S T S C O O R D .						
Name of Affiliated Organization						
Totals		322,084	19,600	27,488	25,606	394,778

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 84 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: S E L S A V A G E First Name: J O S E P H Position: D E P T D I R , A C C O U N Name of Affiliated Organization:	9 3 2 0 7	0	1 1 5	6 1 6 2	9 9 4 8 4
Last Name: S E M L E R J R . First Name: R I C H A R D Position: C O M M U N I C A T I O N S T Name of Affiliated Organization:	6 1 2 1 1	0	0	5 0 7 3	6 6 2 8 4
Last Name: S H A R P First Name: M Y R O N O Position: E D U C A T I O N C O O R D . Name of Affiliated Organization:	6 4 1 4 9	0	1 2 6 3	5 3 1 5	7 0 7 2 7
Last Name: S H I F L E T T First Name: J E F F R E Y Position: N E T W O R K C N T R L R Name of Affiliated Organization:	3 9 4 6 5	3 0	3 0 0	3 2 2 9	4 3 0 2 4
Last Name: S H U M A R First Name: M A R K W Position: W E S T E R N R E G I O N C Name of Affiliated Organization:	8 0 7 0 0	7 4 0 0	1 9 1 9 2	6 1 2 5	1 1 3 4 1 7
Totals	338,732	7,430	20,870	25,904	392,936

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE _____ OF _____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 85 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name S I L V A First Name M A R Y E Position S T A F F A C C O U N T A N T Name of Affiliated Organization		4 8 6 6 1	0	0	3 9 9 9	5 2 6 6 0
Last Name S I S T First Name L Y N D A M Position A C T I N G D E P T D I R , Name of Affiliated Organization		6 9 2 2 2	0	2 1 5	5 7 3 6	7 5 1 7 3
Last Name S I Z E M O R E First Name P E G G Y Y Position R E C E P T I O N I S T C L E Name of Affiliated Organization		2 5 2 6 9	0	0	2 0 9 5	2 7 3 6 4
Last Name S K O W R O N S K I First Name M I C H A E L Position N E T W O R K C N T R L R S Name of Affiliated Organization		5 7 7 7 4	0	0	4 7 9 6	6 2 5 7 0
Last Name S L A W S O N S R . First Name B R A D D Position I N T E R N A T L R E P Name of Affiliated Organization L U 1 2 0 J C 3 2		2 5 0 0 0	0	4 2 9 2	2 0 7 1	3 1 3 6 3
Totals		225,926		4,507	18,697	249,130

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 000 - 093

PAGE 86 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name S L O S K E Y	First Name D E B O R A H	4 3 9 4 6	0	0	3 6 4 1	4 7 5 8 7
Position M G R , A F F I L I A T E S						
Name of Affiliated Organization						
Last Name S M E L L	First Name G R E G O R Y	4 3 2 2 1	0	5 7 3	3 5 8 1	4 7 3 7 5
Position A S S T D I R , P U R C H A						
Name of Affiliated Organization						
Last Name S M I T H J R .	First Name L E W I S R	6 9 6 9 3	7 4 0 0	1 0 9 1 3	5 9 2 8	9 3 9 3 4
Position I N T E R N A T L R E P						
Name of Affiliated Organization L U 2 1 5						
Last Name S M I T H	First Name D A V I D E	9 0 7 2 5	7 4 0 0	1 2 5 8 6	6 2 8 2	1 1 6 9 9 3
Position I N A T L A U D I T O R						
Name of Affiliated Organization						
Last Name S M I T H	First Name D O N A L D	3 3 6 4 3	0	0	0	3 3 6 4 3
Position B L D G S E C U R I T Y						
Name of Affiliated Organization						
Totals		281,228	14,800	24,072	19,432	339,532

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3PAGE 87 OF 102 ADDITIONAL PAGES**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: S M I T H First Name: E I L E E N Position: M E M B E R S H I P S V C E S Name of Affiliated Organization:	3 9 6 1 5	0	0	3 2 8 2	4 2 8 9 7
Last Name: S M I T H First Name: G E R A L D I Position: T I T A N F I E L D R E P Name of Affiliated Organization:	6 5 6 6 3	7 4 0 0	1 1 2 6 8	6 1 8 3	9 0 5 1 4
Last Name: S M I T H First Name: L E O N Position: I N A T L O R G A N I Z E R Name of Affiliated Organization:	4 0 6 0 0	7 4 0 0	2 4 7 1 1	4 3 7 7	7 7 0 8 8
Last Name: S O E H L First Name: E R N I E Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 5 6 0 L U 7 0 1	6 7 5 0 0	2 6 0 0	4 1 7 6	6 0 2 0	8 0 2 9 6
Last Name: S O S I N S K Y First Name: J O E L Position: A S S T D I R , P U B L I C Name of Affiliated Organization: L U 2 3 7	2 0 0 0 0	0	3 0 3 6	1 6 9 1	2 4 7 2 7
Totals	233,378	17,400	43,191	21,553	315,522

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 88 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name: S O W E L L First Name: E R N E S T Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 7 4 7		6 3 0 0 0	0	0	5 2 1 9	6 8 2 1 9
Last Name: S P I T Z I N G E R First Name: D E B O R A H Position: O F F I C E M G R Name of Affiliated Organization:		5 0 5 0 8	0	2 9 9	4 1 8 4	5 4 9 9 1
Last Name: S P R A K E R First Name: R E G I N A Position: N E G O T I A T I O N S I N D Name of Affiliated Organization:		1 8 1 5 6	0	0	1 5 0 1	1 9 6 5 7
Last Name: S T . L O U I S First Name: J A M E S Position: F I E L D R E P Name of Affiliated Organization:		4 7 1 1 6	7 4 0 0	9 3 9	4 5 1 7	5 9 9 7 2
Last Name: S T E P H E N S First Name: R O N A L D Position: I N T E R N A T L R E P Name of Affiliated Organization:		6 8 1 6 9	7 4 0 0	1 2 3 9 2	5 9 0 6	9 3 8 6 7
Totals		246,949	14,800	13,630	21,327	296,706

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0000093

PAGE 89 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: S T E P H E N S O N First Name: V E R O N I C Position: I N T E R N A T L R E P Name of Affiliated Organization:	5 6 9 1 9	6 1 6 7	8 9 7 0	5 2 2 6	7 7 2 8 2
Last Name: S T E R N First Name: R I C H A R D Position: T R A D E D I V D I R , B Name of Affiliated Organization:	8 5 7 1 2	7 4 0 0	3 7 4 3	6 1 6 4	1 0 3 0 1 9
Last Name: S T E W A R T First Name: G L O R I A Position: A S S T T O I R B A D M I Name of Affiliated Organization:	3 6 5 9 0	0	0	3 0 3 1	3 9 6 2 1
Last Name: S T E W A R T First Name: L E O N A R D Position: R E P R O T E C H Name of Affiliated Organization:	3 2 5 2 0	2 0	0	2 6 5 2	3 5 1 9 2
Last Name: S T I L S O N First Name: A N G E L A Position: O F F I C E S U P V I S O R , Name of Affiliated Organization:	3 4 3 1 3	0	0	2 8 4 3	3 7 1 5 6
Totals	246,054	13,587	12,713	19,916	292,270

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE _____ OF _____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 90 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: S T R O U D First Name: D A V I D C Position: A / P C L E R K Name of Affiliated Organization:	2 1 0 5 1	0	0	1 7 4 4	2 2 7 9 5
Last Name: S U L L I V A N First Name: E I L E E N Position: I N T E R N A T L R E P Name of Affiliated Organization:	2 6 6 6 7	1 0 8 3	0	2 3 1 6	3 0 0 6 6
Last Name: S U L L I V A N First Name: J O H N K Position: W A T C H E N G N R Name of Affiliated Organization:	7 2 0 1 2	0	0	0	7 2 0 1 2
Last Name: S U L L I V A N First Name: V I C T O R I Position: D A T A E N T R Y C O O R D Name of Affiliated Organization:	3 5 2 8 2	2 3 0	0	2 9 0 9	3 8 4 2 1
Last Name: S W E E T O N First Name: G O R D O N Position: I N T E R N A T L R E P Name of Affiliated Organization:	5 3 6 2 5	5 5 5 0	3 6 3 3	4 9 0 2	6 7 7 1 0
Totals	208,637	6,863	3,633	11,871	231,004

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:

International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 91 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: S W I A N T E K First Name: J O H N Position: D R I V E F I E L D R E P Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	4 2 7 1	5 6 8 9	7 8 0 1 0
Last Name: T A R A N G O First Name: C O N N I E Position: S E C R E T A R Y I Name of Affiliated Organization:	4 1 2 0 7	0	1 4 9 3	3 7 3 0	4 6 4 3 0
Last Name: T A Y L O R First Name: D E N I S Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 1 0 3 L U 3 5 5 J C	1 0 5 0 0	0	1 7	8 7 0	1 1 3 8 7
Last Name: T H O M P S O N First Name: C O N S T A N Position: L E G A L S E C R E T A R Y Name of Affiliated Organization:	2 4 3 9 0	1 0	0	2 0 2 1	2 6 4 2 1
Last Name: T H O M P S O N First Name: L E S L I E Position: S E C R E T A R Y I I Name of Affiliated Organization:	3 2 1 4 8	0	1 1 4 1	2 6 6 4	3 5 9 5 3
Totals	168,895	7,410	6,922	14,974	198,201

PAGE ____ OF ____ ADDITIONAL PAGES

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Last Name First Name Position Name of Affiliated Organization						
Totals						

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 92 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name T H O M P S O N T O D D J Position F I E L D S T A F F C O O R Name of Affiliated Organization	7 0 6 7 5	7 4 0 0	2 2 5 8 4	6 1 4 2	1 0 6 8 0 1
Last Name First Name T I N S L E Y - J O N E I R E N E Position G E N E R A L C L E A N I N G Name of Affiliated Organization	3 4 0 5 2	0	0	0	3 4 0 5 2
Last Name First Name T O R R I C E L L I M A R I O U Position C O M P P R O C E D C O O R Name of Affiliated Organization	5 3 0 6 1	0	6 8 7	4 3 9 5	5 8 1 4 3
Last Name First Name T R E I C H L E R D O N A L D Position I N T E R N A T L R E P Name of Affiliated Organization	7 0 1 9 9	7 4 0 0	2 1 8 9 8	6 2 2 4	1 0 5 7 2 1
Last Name First Name T U R N E R L I N D A L Position S E C R E T A R Y I I Name of Affiliated Organization	2 9 2 4 3	0	0	2 4 2 8	3 1 6 7 1
Totals	257,230	14,800	45,169	19,189	336,388

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3PAGE 93 OF 102 ADDITIONAL PAGES**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: T U R N E R First Name: P A M E L A Position: E X E C S E C R E T A R Y Name of Affiliated Organization:	6 0 5 3 4	0	9 9 0	5 0 1 8	6 6 5 4 2
Last Name: T U R N E R First Name: R O B E R T Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 6 3	6 7 5 0 0	2 6 0 0	1 0 3 5 9	6 1 1 5	8 6 5 7 4
Last Name: U L I C A First Name: P A T R I C I Position: S E C R E T A R Y I I Name of Affiliated Organization:	3 5 4 5 1	0	0	2 9 3 7	3 8 3 8 8
Last Name: U T T E R First Name: K A R E N M Position: S T A F F A T T O R N E Y Name of Affiliated Organization:	6 0 6 5 0	0	4 7 7	5 0 2 6	6 6 1 5 3
Last Name: V A D I N I First Name: D E N N I S Position: R E G N L D I R - C E N T R A Name of Affiliated Organization: L U 5 2 J C 4 1 O H C o r	1 8 0 0 0	0	2 5 6 2	1 4 9 1	2 2 0 5 3
Totals	242,135	2,600	14,388	20,587	279,710

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 94 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: V A I R M A First Name: S T E V E N Position: I N T E R N A T L R E P Name of Affiliated Organization: L U 4 3 5	1 1 3 4 8	0	6 4	9 4 0	1 2 3 5 2
Last Name: V A L E N Z U E L A First Name: M A N N Y Position: I N T E R N A T L R E P Name of Affiliated Organization:	2 5 0 0 0	0	3 2 1 0	2 2 6 3	3 0 4 7 3
Last Name: V I R E N First Name: A N T H O N Y Position: I N A T L O R G A N I Z E R Name of Affiliated Organization:	5 0 6 2 5	7 4 0 0	1 7 4 4 3	5 1 1 1	8 0 5 7 9
Last Name: V I R T U E First Name: D A N I E L Position: C M T E C H A I R - E A S T Name of Affiliated Organization: L U 7 7 6	3 0 0 0	0	0	2 4 9	3 2 4 9
Last Name: W A L K E R First Name: E A R L Position: C O - C H A I R C E N T R A L Name of Affiliated Organization:	1 2 0 0 0	0	7 8 7 9	9 9 4	2 0 8 7 3
Totals	101,973	7,400	28,596	9,557	147,526

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 95 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: W A M S L E Y First Name: J A N E T D Position: H E A D L I B R A R I A N Name of Affiliated Organization:	4 5 8 9 1	0	0	3 7 5 8	4 9 6 4 9
Last Name: W A R D First Name: L U T H E R Position: D R I V E F I E L D R E P Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	1 5 1 9 2	5 7 4 5	8 8 9 8 7
Last Name: W A R D First Name: R O B I N E Position: O F F I C E A S S T I I Name of Affiliated Organization:	3 3 2 4 1	0	0	2 7 5 4	3 5 9 9 5
Last Name: W A R E First Name: E R N E S T Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 6 1 2 4	0	0	0	2 6 1 2 4
Last Name: W A S H I N G T O N First Name: E L L A Position: P R O J O R G A N I Z E R Name of Affiliated Organization:	9 9 0 0	0	1 3	0	9 9 1 3
Totals	175,806	7,400	15,205	12,257	210,668

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 96 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: W A T K I N S First Name: C H A R L E S Position: P R O J O R G A N I Z E R Name of Affiliated Organization:	2 8 3 8 5	0	0	0	2 8 3 8 5
Last Name: W E I N E R T First Name: D E N N I S Position: C M T E C H A I R - C E N T R Name of Affiliated Organization: L U 9 5 7 J C 4 1 , O H C	1 2 0 0 0	0	0	9 9 4	1 2 9 9 4
Last Name: W E S T - L A N G L E Y First Name: C A R O L Y N Position: O F F I C E A S S T I I Name of Affiliated Organization:	3 9 8 1 2	0	0	3 2 9 8	4 3 1 1 0
Last Name: W E T T E R A U First Name: M A U R E E N Position: A U D I T S E N I O R Name of Affiliated Organization:	4 7 0 2 4	0	8 0	3 8 5 5	5 0 9 5 9
Last Name: W H E L A N First Name: W I L L I A M Position: R E G N L D I R - E A S T Name of Affiliated Organization:	1 8 0 0 0	0	1 7 0 8	1 5 2 5	2 1 2 3 3
Totals	145,221		1,788	9,672	156,681

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:

International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED:

December 31, 2000

PAGE 97 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name W H I P P L E First Name F R E D Position P E R S O N A L R E P T O Name of Affiliated Organization		1 2 0 0 0	0	2 1	9 9 4	1 3 0 1 5
Last Name W H I T E First Name D A V I D W Position P R O D U C T I O N S P E C Name of Affiliated Organization		4 5 9 8 3	0	0	3 8 0 9	4 9 7 9 2
Last Name W H I T E First Name H E R B E R T Position R E P R O T E C H Name of Affiliated Organization		4 4 8 1 9	5 0	0	3 7 2 1	4 8 5 9 0
Last Name W H I T E First Name R O B E R T Position I N T E R N A T L R E P Name of Affiliated Organization L U 1 7 9 J C 2 5		2 1 5 0 0	2 6 0 0	9 9	1 9 9 6	2 6 1 9 5
Last Name W H I T F I E L D First Name M I T C H E L Position B L D G M A I N T Name of Affiliated Organization		2 8 1 4 4	0	0	0	2 8 1 4 4
Totals		152,446	2,650	120	10,520	165,736

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 000-093

PAGE 98 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name W H O B R E Y	First Name C H U C K	2 0 0 0 0	2 6 0 0	2 2 2 7	1 8 7 2	2 6 6 9 9
Position R E G N L D I R - S O U T H						
Name of Affiliated Organization L U 2 1 5						
Last Name W I E K E R	First Name H E A T H E R	6 0 5 0 4	6 8 0 6	1 3 0 5 7	5 6 9 2	8 6 0 5 9
Position T I T A N F I E L D R E P						
Name of Affiliated Organization						
Last Name W I G G I N S	First Name M A M I E J	4 4 9 9 0	0	0	3 7 2 8	4 8 7 1 8
Position N E G O T I A T I O N S I N D						
Name of Affiliated Organization						
Last Name W I L B U R	First Name G A R T H C	5 1 8 2 7	0	0	4 2 9 4	5 6 1 2 1
Position N E T W O R K C N T R L R						
Name of Affiliated Organization						
Last Name W I L K I N S O N	First Name T I M O T H Y	2 5 8 4 6	0	0	0	2 5 8 4 6
Position G E N E R A L C L E A N E R						
Name of Affiliated Organization						
Totals		203,167	9,406	15,284	15,586	243,443

ORGANIZATION NAME.
ENDING DATE OF PERIOD COVERED.

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 99 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: W I L L I A M S First Name: J O H N Position: R E G N L D I R - W E S T Name of Affiliated Organization: L U 1 1 7 J C 2 8	3 0 0 0 0	2 6 0 0	5 3 8 2	2 7 0 0	4 0 6 8 2
Last Name: W I L L I A M S First Name: N A T H A N I Position: I N A T L O R G A N I Z E R Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	2 4 1 4 7	5 8 6 5	9 8 0 6 2
Last Name: W I L S O N First Name: P A T R I C I Position: O F F I C E M G R Name of Affiliated Organization:	6 5 7 4 8	0	5 9 1	5 4 4 6	7 1 7 8 5
Last Name: W I L S O N First Name: R O D E Position: P E R C A P I T A T A X A Name of Affiliated Organization:	3 3 0 5 2	1 0	0	2 7 3 9	3 5 8 0 1
Last Name: W I N B O R N E First Name: R A L E I G H Position: C O R R E S P O N D E N C E D Name of Affiliated Organization:	2 5 0 4 1	0	0	2 0 4 7	2 7 0 8 8
Totals	214,491	10,010	30,120	18,797	273,418

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters

FILE NUMBER: 0 0 0 - 0 9 3

ENDING DATE OF PERIOD COVERED: December 31, 2000

PAGE 100 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name W I T L E N	First Name G A R Y S	1 3 5 8 3 8	0	6 1 0 1	6 7 9 3	1 4 8 7 3 2
Position D E P T D I R , L E G A L						
Name of Affiliated Organization						
Last Name W O O	First Name N O R M A N	4 2 5 8 5	0	0	3 5 1 2	4 6 0 9 7
Position R E S E A R C H S P E C						
Name of Affiliated Organization						
Last Name W O O D W A R D	First Name J A M E S	1 5 0 0 0	0	5 4 8	1 2 4 3	1 6 7 9 1
Position I N T E R N A T L R E P						
Name of Affiliated Organization L U 6 3 9						
Last Name W O O T E N	First Name D O N A L D	5 0 6 2 5	7 4 0 0	1 4 2 1 5	4 9 9 2	7 7 2 3 2
Position I N A T L O R G A N I Z E R						
Name of Affiliated Organization						
Last Name W O Y T K O	First Name D A L E M	6 8 1 4 7	0	0	0	6 8 1 4 7
Position A S S T C H I E F E N G N R						
Name of Affiliated Organization						
Totals		312,195	7,400	20,864	16,540	356,999

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME: International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 101 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: W R I G H T First Name: S E A N C Position: C O M P R O C E D C O O R Name of Affiliated Organization:	3 6 6 8 3	2 0	0	3 0 4 0	3 9 7 4 3
Last Name: W R I G H T First Name: T H O M A S Position: A S S T D I R , I N F O R M Name of Affiliated Organization:	4 0 5 4 3	0	1 0 9	3 3 5 9	4 4 0 1 1
Last Name: X E U N G First Name: C H E N G J Position: M I C R O F I L M C L E R K Name of Affiliated Organization:	2 0 8 7 4	0	0	0	2 0 8 7 4
Last Name: Y O K E First Name: N A N C Y Position: D R I V E F I E L D R E P Name of Affiliated Organization:	6 0 6 5 0	7 4 0 0	1 8 9 8 2	5 8 3 0	9 2 8 6 2
Last Name: Y O U N G J R. First Name: T H E O D O R Position: G E N E R A L C L E A N E R Name of Affiliated Organization:	2 6 0 7 6	0	0	0	2 6 0 7 6
Totals	184,826	7,420	19,091	12,229	223,566

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i> (B) Position <i>(Enter employee's job title.)</i> (C) Name of Affiliated Organization <i>(if applicable)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

ORGANIZATION NAME:	International Brotherhood of Teamsters
ENDING DATE OF PERIOD COVERED:	December 31, 2000

FILE NUMBER: 0 0 0 - 0 9 3

PAGE 102 OF 102 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
Last Name: Y C U N G E R First Name: R O B E R T Position: C M T E C H A I R - W E S T Name of Affiliated Organization: L U 4 9 2 J C 3	1 2 0 0 0	0	0	9 9 4	1 2 9 9 4
Last Name: Z E L A Y A First Name: L U I S Position: T V L A C C O U N T A N T I Name of Affiliated Organization:	1 3 2 0 6	0	0	1 0 9 4	1 4 3 0 0
Last Name: Z E L E N K O First Name: C A R I N R Position: D E P T D I R , S T R A T E Name of Affiliated Organization:	7 2 4 4 4	3 7 0 0	4 4 9 2	5 9 1 4	8 6 5 5 0
Last Name: Z U C K E R M A N First Name: F R E D Position: C O C H A I R C N T R / S T H Name of Affiliated Organization: L U 8 9 J C 9 4 K Y - W V	9 8 2 6	0	6 4 4	8 1 4	1 1 2 8 4
Last Name: First Name: Position: Name of Affiliated Organization:					
Totals	107,476	3,700	5,136	8,816	125,128

2000 IBT HEADQUARTERS LM2

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
SALE OF INVESTMENTS AND FIXED ASSETS
SCHEDULE 6

Description (A)	Cost (B)	Book Value (C)	Gross Sales/Claims Price (D)	Amount Received (E)
Other Fixed Assets	\$2,175	\$0	\$800	\$800
Furniture and Equipment	5,614	5,334	4,524	4,524
Common Stock	12,658,438	12,658,438	12,022,821	12,022,821
Convertible Bonds	636,796	636,796	813,619	813,619
Corporate Bonds	15,995,155	15,995,155	15,450,388	15,450,388
Foreign Bonds	7,598,473	7,598,473	7,685,000	7,685,000
Mutual Funds	1,655,335	1,655,335	1,626,532	1,626,532
Preferred Stock	100,550	100,550	100,095	100,095
U.S. Government Securities (Other than U.S. Treasury Securities)	105,969,674	105,969,674	106,043,145	106,043,145
U.S. Treasury Securities	35,404,926	35,404,926	35,376,519	35,376,519
	<u>\$180,027,136</u>	<u>\$180,024,681</u>	<u>\$179,123,443</u>	<u>\$179,123,443</u>
			less Reinvestments	<u>179,118,119</u>
			Net Sales	<u>\$5,324</u>

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2
 FILE NO. (34-093)
 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
 PURCHASE OF INVESTMENTS AND FIXED ASSETS
 SCHEDULE 7

Description (A)	Cost (B)	Book Value (C)	Cash Paid (D)
Capital Improvements and Assets for Headquarters Building, Washington, DC	\$489,500	\$489,500	\$489,500
Furniture and Equipment	438,485	438,485	438,485
Data Processing	1,569,224	1,569,224	1,569,224
Capitalized Software	880,799	880,799	880,799
Leasehold Improvements	5,500	5,500	5,500
Other Fixed Assets	94,882	94,882	94,882
Automotive Equipment	30,415	30,415	30,415
Common Stock	18,100,001	18,100,001	18,100,001
Corporate Bonds	18,871,733	18,871,733	18,871,733
Convertible Bonds	914,081	914,081	914,081
Foreign Bonds	7,743,535	7,743,535	7,743,535
Mutual Funds	577,904	577,904	577,904
Preferred Stock	129,795	129,795	129,795
U.S. Government Securities (Other than U.S. Treasury Securities)	103,986,623	103,986,623	103,986,623
U.S. Treasury Securities	31,510,619	31,510,619	31,510,619
	<u>\$185,343,096</u>	<u>\$185,343,096</u>	<u>\$185,343,096</u>
		less Reinvestments	<u>179,118,119</u>
		Net Sales	<u>\$6,224,977</u>

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
LOANS PAYABLE
SCHEDULE 8

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayments		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
AFL-CIO	\$3,785,000	\$0	\$0	\$2,000,000	\$1,785,000
AFL-CIO Building and Construction Trade Division	25,000	0	0	0	25,000
American Federation of State, County and Local Employees	100,000	0	0	0	100,000
American Postal Workers Union	15,000	0	0	0	15,000
Communications Workers of America	50,000	0	0	0	50,000
International Association of Machinists and Aerospace Workers	50,000	0	0	0	50,000
Seafarers International Union	25,000	0	0	0	25,000
Service Employees International Union	100,000	0	0	100,000	0
Union of Needletrades, Industrial & Textile Workers	25,000	0	0	0	25,000
United Automobile, Aerospace & Agricultural Implement Workers of America	100,000	0	0	0	100,000
United Food and Commercial Workers International Union	50,000	0	0	0	50,000
United Mine Workers of America	100,000	0	0	0	100,000
United Steelworkers of America	50,000	0	0	0	50,000
	<u>\$4,475,000</u>	<u>\$0</u>	<u>\$0</u>	<u>\$2,100,000</u>	<u>\$2,375,000</u>

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
BENEFITS
SCHEDULE 11

Type of Benefit (A)	To Whom Paid (B)	Amount (C)
Strike Benefit Assistance Program	Members	\$3,943,740
Strike Benefits	Individuals on Strike for Overnite Contract	2,771,500
Health and Welfare	Unicare, Bankers Life Reliance Life Insurance, Medco, Central States Pension Fund and retirees	5,232,009
Health Insurance Plan	Minister of Revenue of Quebec	7,851
Retirement Plan	Retirement and Family Protection Plan	297,861
Apprenticeship Trust Contributions	Apprenticeship Trusts	1,015
Education and Training Trusts	SEIU Local Union 82 Educational Fund	9,912
Disability Insurance	Hartford Insurance	78,521
Benefit Reimbursements	Affiliates	168,181
		<u>\$12,510,604</u>

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
CONTRIBUTIONS, GIFTS AND GRANTS
SCHEDULE 12

Type (A)	Amount (B)
IBT Scholarships	\$78,750
Charitable	27,300
Testimonial	15,800
Legislative and Political	300,000
Diversity Issues and Betterment of Society	157,493
Labor Supporting Organizations (i.e., industry trade organizations and labor educational organizations)	104,175
AFL-CIO Labor Mobilization Fund	1,200,000
Adopt a Family Program - Detroit Newspaper Strike	398,000
Workers Justice Committee Fund - Detroit Newspaper Strike	274,304
Teamster Disaster Relief Fund *	14,750
	<u>\$2,570,572</u>

* Disbursements include funds collected from affiliates and are to Emergency Relief Agencies and Individuals

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
OFFICE AND ADMINISTRATIVE EXPENSE
 SCHEDULE 13

Description (A)	Amount (B)
Dues and Subscriptions	\$140,434
Equipment Rental	393,229
Equipment - Training Grant	54,600
Headquarters Building Expenses	1,517,576
Insurance	1,197,857
Office Supplies and Expenses	954,471
Postage, Mailing and Shipping	1,228,926
Printing	773,941
Real Estate Rent and Expenses	280,930
Repairs and Maintenance	294,689
Small Equipment	45,607
Telephone/Telex/Facsimile Expense	968,721
TITAN and Data Processing Rental and Maintenance	1,089,931
TITAN Data Communication Lines	3,682,257
Travel - Airfare to Common Carriers or Credit Agencies	2,677,960
Travel - Hotel Room and Tax	1,865,025
Travel - Other Non-Allocable Expenses (e.g., Travel Reimbursements to non-employees)	257,306
Total Office and Administrative Expense	\$17,423,460

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
OTHER RECEIPTS
SCHEDULE 14

Other Sources (A)	Amount (B)
Accounts Receivable Receipts:	
Surety Bond Premiums Reimbursed by Affiliates	\$13,648
Administrative Expenses for Teamster Affiliates Pension Plan	5,553,234
Administrative Expenses for Retirement and Family Protection Plan	1,485,317
Expenses Reimbursed by Affiliates	158,982
Expenses Reimbursed from Vendors and Service Providers	48,133
Expenses Reimbursed by Employees	4,243
	<u>\$7,263,557</u>
Funds Received in Error - For Transmittal	46,056
COBRA Payments	63,242
Conference Registration Fees and Materials	86,621
Contributions for Overnight Strike Fund **	2,069,767
Contributions to Teamster Disaster Relief Fund ***	325
DRIVE Education & Legislative Fund Contributions	7,775
Deposits Refunded	111,932
Escrow funds for Defunct Affiliates	636,378
Food Service Income	83,117
Funds Received on Installment Sale of Aircraft Hanger	250,000
Government Grant Student Fees - Returned from Affiliate	16,291
Out-of-Work Benefit Refunds	155
Payroll Withholding Refunds	3,163
Refunds from Vendors and Reimbursements	64,763
Government Grant Reimbursements	1,830,389
Judgments, Suits and Settlements	913,126
Rebates from Prescription Drug Program to be Distributed to Sponsor Organizations	1,374,513

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
OTHER RECEIPTS
SCHEDULE 14

Other Sources (A)	Amount (B)
Return of funds from Previous Health and Welfare Carrier	34,534
Retiree and Other Items Sold	14,937
Reimbursement for Salaries and Expenses	1,620,950
Royalties and Expense Reimbursements from Member Programs	363,182
Sale of Contract Agreement Books	18,753
Teamster Magazine Subscriptions	888
Trade Divisions *	
Contributions	\$90,308
Conference Registration Fees	24,618
Bank Deposit Received in Error	275
Judgments, Suits and Settlements	1,533
Sales of Conference Items	1,463
	118,197
Reimbursement of Transcript and Publication Costs	797
Travel Advance Repayments	3,637
Travel Rebates	156,736
Union Privilege Credit Card Royalties	723,095
Union Privilege Expense Reimbursements	89,348
Workers Compensation Premium Refunds	9,824
Workers Compensation, Jury Duty and other Salary Reimbursements	919
Total Other Receipts	\$17,976,967

* See supplemental Trade Division Schedule for additional information.

** Benefits to members involved in the Overnite Strike are included in Line 63 - Benefits and included on Schedule 11.

*** Disbursements from the Teamster Disaster Relief Fund are included in Line 64 - Contribution, Gift and Grants Schedule 12.

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
OTHER DISBURSEMENTS
SCHEDULE 15

Other Purposes (A)	Amount (B)
Accounts Receivable Related Disbursements:	
Surety Bond Premiums Paid for Affiliates	
COBRA Premiums	\$14,281
Expenses to be Reimbursed by Affiliates	72,906
Expenses to be Reimbursed from Vendors and Service Providers	148,378
Expenses to be Reimbursed by Employees	35,615
	<u>4,153</u>
	\$275,333
Consent Decree Related	
Independent Review Board	3,369,403
Independent Financial Auditor - KPMG	632,908
2001 IBT Delegate and Officer Election Expenses	1,400,000
<i>Teamster Magazine Costs for U.S. District Court for</i>	
Southern District of NY Decisions	<u>318,602</u>
Total Consent Decree Related Expenses **	5,720,913
<i>Additional detailed breakdown of expenses is provided in a supplemental schedule.</i>	
Deposits	(31,588)
DRIVE Checkoff Withholding	29,912
Financial Assistance to Affiliates	327,438
401(K) Plan Withholding	627,088
Investment Fees and Expenses	146,738
Meetings and Seminars (Non-allocable)	449,185
Judgments, Suits and Settlements	71,995
Loss on Foreign Exchange - Canadian Cash	24,230
Rebates from Prescription Drug Program Distributed to Sponsor Organizations	1,338,241
Refunds of Conference Registration Fees	3,600
Refund of Overpayment of Per Capita and Emergency Assessment	1,455
Remittance of Other Withholdings	141,735

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
OTHER DISBURSEMENTS
SCHEDULE 15

Other Purposes (A)	Amount (B)
Reimbursements to Affiliates	792,516
Trade Divisions: *	
Reimbursements to Affiliates	\$29,783
Meeting and Seminars	19,490
Bank Service Charges	433
Trade Division Pins	4,698
Refunds of Deposits in Error	275
	54,679
Transmittal of Funds Received in Error	40,601
Union Dues Withholding Remitted	81,605
Total Other Disbursements	\$10,095,676

* See supplemental Trade Division Schedule for breakdown of expenses.

** Does not include Salary and FICA for IRB Secretary reported on Schedule 10 of \$36,590 and \$3,031 respectively.
 A supplemental schedule is attached detailing these expenses.

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 10 - Subsidiary Organizations

Teamsters' National Headquarters Building Corporation
25 Louisiana Avenue, NW
Washington, DC 20001

Headquarters Building Subsidiary to service/maintain headquarters for the International Brotherhood of Teamsters.
Incorporated in the State of Delaware.

Teamsters International, Inc.
25 Louisiana Avenue, NW
Washington, DC 20001

Subsidiary to service/maintain an office building in Puerto Rico used by Teamsters Local Union 901.
Incorporated in the Commonwealth of Puerto Rico

Teamsters International, Inc. sold the office building in Puerto Rico in 1993. The organization has no activity and the documents to dissolve the Corporation were filed with the Commonwealth of Puerto Rico.

Financial information concerning these corporations is included within this report.

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 11 - Related Organizations

Retirement and Family Protection Plan 25 Louisiana Avenue, N.W. Washington, D.C. 20001 Provides Retirement and Death Benefits to Officers and Employees.	File No. WP 53748 EIN No. 52-6049376 EIN No. 53-0215427 Plan No. 001
The Teamster Affiliates Pension Plan 25 Louisiana Avenue, N.W. Washington, D.C. 20001 Provides Retirement, Death, Disability and Termination Benefits to Officers and Employees of Local Unions and other entities affiliated with the International Union.	File No. WP 164475 EIN No. 38-6059444 EIN No. 52-6128127 Plan No. 001
Teamster Disaster Relief Fund 25 Louisiana Avenue, N.W. Washington, D.C. 20001 Provides relief to victims of hurricane, flood, earthquake, fire, accident or other disaster.	EIN No. 52-1790540
Committee for Democrat, Republican, Independent Voter Education (DRIVE) 25 Louisiana Avenue, N.W. Washington, D.C. 20001 Political Action Committee of the International Brotherhood of Teamsters	EIN No. 53-0261255
Teamsters National 401(K) Savings Plan 25 Louisiana Avenue, N.W. Washington, D.C. 20001 Master 401(K) Plan for officers, employees and members.	EIN No. 52-1967784
James R. Hoffa Memorial Scholarship Fund 25 Louisiana Avenue, N.W. Washington, D.C. 20001 Provides scholarships to Teamster members and their families.	EIN No. 52-2206826
International Brotherhood of Teamsters Health and Welfare Plan 25 Louisiana Avenue, N.W. Washington, D.C. 20001 Provides health and welfare and insurance benefits to IBT employees.	EIN No. 53-0215427 Plan No. 501

Item No. 12 - Political Action Committee

The Committee for Democratic, Republican, Independent Voter Education (DRIVE) is the political action committee (PAC) for the International Brotherhood of Teamsters. The PAC has two funds; a Political Fund and an Education and Legislative Fund. The financial information of the DRIVE Political Fund is not included in the International Union's Form LM-2 as DRIVE is required to file periodic reports with the Federal Election Commission and state election commission agencies which disclose its financial activity. The financial information of the DRIVE Education and Legislative Fund is included in the International Union's Form LM-2.

2000 IBT HEADQUARTERS LM2

Item No. 12 - Political Action Committee (Con't)

DRIVE files election reports in the following states:

Alabama	Secretary of State, Elections Division
Alaska	State of Alaska
Arizona	Arizona Secretary of State
Arkansas	Office of the Secretary of State
California	Secretary of State
Delaware	State of Delaware
Dist of Columbia	Office of Campaign Finance
Florida	Dept. of State, Division of Elections
Georgia	Secretary of State Elections Division
Hawaii	Campaign Spending Commission
Illinois	Illinois State Board of Elections
Indiana	Indiana Election Commission
Iowa	Iowa Ethics and Campaign Disclosure Board
Kansas	Kansas Secretary of State
Kentucky	Kentucky Registry of Election Finance
Louisiana	Louisiana Board of Ethics
Maine	Commission of Government Ethics
Maryland	State Administrative Board of Elections
Minnesota	Campaign Finance & Public Disclosure Board
Mississippi	State of Mississippi
Montana	Secretary of State, Elections Division, State Capitol
Nebraska	Nebraska Accountability and Disclosure Comm
New Jersey	New Jersey Election Law Enforcement Comm
New Mexico	Office of the Secretary of State
New York	State of New York
North Carolina	North Carolina State Board of Elections
North Dakota	Secretary of State, State of North Dakota
Ohio	Mr. Kurt Mayhew, Ofc of the Sec of State
Oklahoma	Oklahoma Ethics Commission
Pennsylvania	Commonwealth of PA-Dept of State
Rhode Island	State of Rhode Island and Providence Plantations
South Carolina	State Ethics Commission
South Dakota	Secretary of State, Elections Division
Utah	Office of the Lieutenant Governor
Virginia	Commonwealth of Virginia
Tennessee	Registry of Election Finance
Hamilton	Hamilton County Election Commission
Knox	Knox County Election Commission
Shelby	Shelby County Election Commission
Davidson	Davidson County Election Commission
Wilson	Wilson County Election Commission
Marion	Marion County Election Commission
Vermont	Office of the Secretary of State
West Virginia	West Virginia Secretary of State
Wisconsin	State Elections Board
Wyoming	Secretary of State, Elections Division

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 13

Disposal of Furniture and Equipment

During 2000 in order to become Y2K compliant the IBT upgraded and replaced computer equipment throughout the building. The obsolete equipment was removed and disposed of. It had a cost of \$1,141,609.08 and \$334,963.34 book value.

<u>Item</u>	<u>Purchased</u>	<u>Cost</u>	<u>Book Value</u>
Computer Equipment	1984	\$6,438.65	\$0.00
Computer Equipment	1985	30,295.63	0.00
Computer Equipment	1986	37,640.98	0.00
Computer Equipment	1987	23,641.04	0.00
Computer Equipment	1988	32,540.36	0.00
Computer Equipment	1989	31,997.79	0.00
Computer Equipment	1990	83,915.10	1,522.92
Computer Equipment	1991	67,039.84	7,104.10
Computer Equipment	1992	242,295.33	58,686.16
Computer Equipment	1993	264,146.43	84,161.70
Computer Equipment	1994	37,360.15	15,334.11
Computer Equipment	1995	106,069.47	55,197.10
Computer Equipment	1996	141,971.44	87,031.93
Computer Equipment	1997	33,773.87	23,938.92
Computer Equipment	1998	2,483.00	1,986.40
Total		<u>\$1,141,609.08</u>	<u>\$334,963.34</u>

Various furniture and equipment that was damaged beyond repair was disposed of during the year. It had a cost \$21,768.04 and \$63.07 book value. Draperies were replaced due to wear and tear. They had a cost of \$5,961.20 and \$0.00 book value.

<u>Item</u>	<u>Purchased</u>	<u>Cost</u>	<u>Book Value</u>
1-Typewriter	1980	\$1,050.00	0.00
4-Typewriters	1985	6,678.00	0.00
1-Typewriter	1986	1,851.82	0.00
3-Typewriters	1987	3,623.50	0.00
1-Typewriter	1988	893.50	0.00
1-Typewriter	1991	630.70	63.07
41-Chairs	1971	2,174.50	0.00
29-Seating Units	1955	3,640.00	0.00
20-Tables	1955	662.52	0.00
1-Table	1969	60.50	0.00
1-Chair	1986	503.00	0.00
Draperies	1978	1,445.60	0.00
Draperies	1984	2,668.02	0.00
Draperies	1985	474.88	0.00
Draperies	1986	1,372.70	0.00
Total		<u>\$27,729.24</u>	<u>\$63.07</u>

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 13 (Continued)

Sales and Claims

A copier purchased in 1995 was sold to Teamsters Local Union 984 located in Memphis, TN for \$800.00. It had a cost of \$2,175.00 and \$0 00 book value.

A computer projector purchased in 1999 was used at a conference in Florida. It was lost in transit after being shipped back to the International. It had a cost of \$5, 614.47 and a book value of \$5,333.75. A claim was filed and settlement was received in the amount of \$4,524.00.

During 1998 the International Brotherhood of Teamsters entered into an agreement to sell an aircraft hangar to Northrop Grumman Corporation. The total sales price was \$750,000.00. Payments were received during 1998 totaling \$250,000.00 with equal installments of \$250,000.00 each to be paid on February 1, 1999 and February 1, 2000. The \$250,000 installment due in 2000 was received. The hangar had a cost of \$798,826.82 and a book value of \$422,383.11.

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 14 - Independent Audit

The International Brotherhood of Teamsters has a semi-annual audit of its books and records performed by an independent CPA firm. The audit for the period ending December 31, 2000 was performed by Thomas Havey LLP.

Item No. 15 - Loss or Shortage of Funds or Other Property

As a result of an internal audit, the International Union discovered that one employee had improperly claimed approximately \$3,400 in expenses during the reporting period which were paid by the Union. The full amount of this shortage was repaid, the employee was dismissed, all appropriate authorities, including the Department of Labor, were notified, and a complete investigation is being conducted by outside counsel.

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Item No. 16 - Officers receiving compensation as an officer or employee of another labor organization or employee benefit plan

Officer	Other Labor Organization/Employee Benefit Plan	Title
Robert Bouvier	Teamsters Canada	President and Director
Jose Cadiz	IBT Local Union 901	Secretary-Treasurer
Randy Cammack	IBT Local Union 63	Secretary-Treasurer
Jack Cipriani	IBT Local Union 391	President
Dan DeSanti	IBT Local Union 701	President
	IBT Joint Council 73	Secretary-Treasurer
Patrick Flynn	IBT Local Union 710	President
Charles Gardner	IBT Local Union 745	Secretary-Treasurer
Fred Gegare	IBT Local Union 75	Secretary-Treasurer
Chester Glanton	IBT Local Union 743	President
Tyson Johnson	IBT Local Union 745	Secretary-Treasurer
Louis Lacroix	Teamsters Canada	President and Director
	IBT Local Union 1999	President
Walter Lytle	IBT Local Union 414	Secretary-Treasurer
Chuck Mack	IBT Local Union 70	Secretary-Treasurer
	IBT Joint Council 7	President
Ron McClain	IBT Local Union 147	President
Lawrence McDonald	Teamsters Canada	Executive Board Member/Director
Joseph McLean	IBT Local Union 879	President
John Murphy	IBT Local Union 122	Secretary-Treasurer
Thomas O'Donnell	IBT Local Union 817	President
Jon Rabine	IBT Local Union 763	Secretary-Treasurer
	IBT Joint Council 28	President
Jim Santangelo	IBT Local Union 848	Secretary-Treasurer
	IBT Joint Council 42	President

2000 IBT HEADQUARTERS LM2

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2000 IBT HEADQUARTERS LM2

FILE NO. 000-093

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Item No. 16 - Officers receiving compensation as an officer or employee of another labor organization or employee benefit plan

Officer	Other Labor Organization/Employee Benefit Plan	Title
Les Singer	IBT Local Union 20	President
	Ohio Conference of Teamsters	President
John Steger	IBT Local Union 639	Vice President
Ralph Taurone	IBT Local Union 222	Secretary-Treasurer
	IBT Joint Council 3	President
Richard Volpe	IBT Local Union 550	Secretary-Treasurer
Ken Wood	IBT Local Union 79	President
	Georgia-Florida Conference	President
Phil Young	IBT Local Union 41	President

2000 IBT HEADQUARTERS LM2

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

2000 IBT HEADQUARTERS LM2

Item No. 17 - Liquidation or Reduction of Liabilities Without Disbursement of Cash

The accrued pension liability for the Teamster Affiliate Pension Plan was reduced in 2000 based on actuarial calculations and in accordance with Financial Accounting Standards 87 and 88. The Plan was curtailed effective December 31, 1994 and most participants' benefits were frozen at that time.

Item No. 18 - Members at End of Reporting Period

The number of members reported is based on the average per capita to the International Union during the reporting period. It is the best estimate of year-end membership available and is consistent with prior reports.

Item No. 21 - Rate of Dues and Fees

The International Union does not receive regular dues/fees or initiation fees from its members. In accordance with the International Constitution, each Local Union shall pay to the IBT General Secretary-Treasurer the sum of \$2.50 for every initiation fee or reinitiation fee collected. In addition, each Local Union shall pay to the IBT General Secretary-Treasurer a per capita tax of \$3.90 per month.

Item No. 23 - Assets Secured or Encumbered

The International Brotherhood of Teamsters (IBT) obtained \$15 million in loans in order to pay strike benefits during the National Master Freight strike in April 1994. As part of the loan agreement, the IBT granted the makers of the loans a security interest in the Accounts Receivable of the IBT. The fair market value of these secured assets is estimated at book value. The loan balances on the secured loans at December 31, 2000 were \$1,500,000.

Item No. 24

Potential Adjustment of Assets and Liabilities

Pension assets and liabilities currently included in Schedules 3 and 4 of Statement A are subject to adjustment pending receipt of information from the International Brotherhood of Teamsters' actuary, The Segal Company. The information is prepared in accordance with Statement of Financial Standards No. 87 - Employers' Accounting for Pensions and Statement of Financial Standards No. 88 - Employers' Accounting for Settlements and Curtailments of Defined Benefit Pension Plans and for Termination Benefits.

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 – 2000
ITEM NO. 75
ADDITIONAL INFORMATION

Item No. 24 – Contingent Liabilities

The International Union is engaged in various lawsuits. In the opinion of management, based on advice from Counsel, the ultimate outcome of these lawsuits should not have a material impact on the International Union. The International Union had the following contingent liabilities as of December 31, 2000:

Plaintiffs: William Achord, Ernesto Acosta, Robert Alameda, William Basher, Donald Beattie, William Bekerich, James Birchall, Bob Breslin, Grant Brundage, Joann Calabrese, Stephen Cannes, Luis Fernando Carlin, Raymond Carter, Steve Clarke, Louis Copeland, Raymond Creel, Robert Cunningham, Frank De Lisi, Michael Delima, Daniel Diz, Juan Dominguez, Thomas Earley, Joaguin Fernandez, C.E. Frias, Gerald Green, James Harvard, James Jeffrey, Mark Kantner, John Karlsson, Joseph Macenka, John Madden, Manuel Marquez, Edward Mendez, Feliz Molina, William Scott Piel, William Pothier, Ricardo Rojas, Giancarlo Sizzi, Donald Smith, William Stuteville, Dean Taylor, L. David Thomas, Tom Van Halm, Henry Walcott, and Thomas Wick

Case No.: CA-00-00578
Court: U.S. District Court for the Southern District of Florida
Case Type: Duty of fair representation

Plaintiffs: Don and Theresa Adams
Case No.: 99-CV-4910
Court: U.S. District Court for the Eastern District of Pennsylvania
Case Type: Civil rights, state tort claims

Plaintiffs: Jeffrey Albright, Norman Boire, Gary Dietz, William Erdman, Michael Fritz, A. Ronald Baugh, Ralph Harris, Allen Landis, Lowell McGuire, Walter Minich, Raymond Nivens, Stanley Nye, Vincent Ramirez, Jr., Keith Scignoli, Ray Snyder, Jr., Lawrence Welker
Case No.: 1-CV-00-878
Court: U.S. District Court for the Middle District of Pennsylvania
Case Type: Duty of fair representation

Plaintiffs: America West Airlines
Case No.: 97-17056
Court: U.S. Court of Appeals for the 9th Circuit
Case Type: Challenge to certification of bargaining unit under RLA

Plaintiffs: Lawrence Bastian and Robert Weisenburger
Case No.: 97-CV-1101/98 Civ. 1137
Court: U.S. District Court for the Southern District of New York
Case Type: Constructive discharge, LMRDA Title I (due process)

Plaintiffs: Lawrence Bastian and Robert Weisenburger
Case No.: 97-CV-1289/98 Civ. 0517
Court: U.S. District Court for the Southern District of New York
Case Type: State tort claim

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 – 2000
 ITEM NO. 75
ADDITIONAL INFORMATION

Item No. 24 – Contingent Liabilities

Plaintiffs: Roderick and Earthly Carter
 Case No.: 00-5488 CA13
 Court: Circuit Court of the 11th Judicial Circuit in and for Dade County, Florida
 Case Type: State tort claims

Plaintiff: Rodney Collet
 Case No. 00-554-A-M1
 Court: U.S. District Court for the Middle District of Louisiana
 Case Type: Duty of fair representation

Plaintiffs: Detroit Newspaper Agency (counter-plaintiff)
 Case No.: 95-CV-40474
 Court: U.S. District Court for the Eastern District of Michigan
 Case Type: Civil RICO counterclaim

Plaintiff: Surgret Doss
 Case No.: 99-1569-CIV-T-17B
 Court: U.S. District Court for the Middle District of Florida
 Case Type: Duty of fair representation, civil rights claims

Plaintiff: James Douglas
 Case No.: A98A0723
 Court: Court of Appeals, State of Georgia
 Case Type: State tort claim

Plaintiff: James S. Drucker
 Case No.: CV-N-00-0154-ECR-RAM
 Court: U.S. District Court for the District of Nevada
 Case Type: Duty of fair representation

Plaintiff: Lynda Dunaway
 Case No.: 1:98CV01317
 Court: U.S. District Court for the District of Columbia
 Case Type: Civil rights and state tort claims, implied contract claim

Plaintiff: Lawrence Eanwood
 Case No.: C 3 00 – 117
 Court: U.S. District Court for the Southern District of Ohio
 Case Type: Duty of fair representation

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 – 2000
 ITEM NO. 75
ADDITIONAL INFORMATION

Item No. 24 – Contingent Liabilities

Plaintiff:	Express One International
Case No.:	3-98CV2198-P
Court:	U.S. District Court for the Northern District of Texas
Case Type:	Representation dispute (election interference) under RLA
Plaintiffs:	Robert Flanigan, Hiram Alvarado, Luis Aponte
Case No.:	3:00 CV 2256
Court:	U.S. District Court for the District of Connecticut
Case Type:	LMRDA Title I (due process/free speech)
Plaintiff:	Gabrush Transport
Case No.:	QB No. 1000
Court:	Provincial Court of Saskatchewan, Canada
Case Type:	Secondary picketing claim
Claimant:	Sarah Griffin
Case No.:	12-CB-3028
Forum:	NLRB (decision enforced by U.S. Court of Appeals for District of Columbia Circuit, 1/6/95)
Case Type:	Unfair Labor Practice claim
Plaintiff:	John Himelsbach and Greg Floyd
Case No.:	98-L-55
Court:	Circuit Court of the Sixth Judicial Circuit, Macon County, Illinois
Case Type:	State tort claims
Plaintiff: J	James S. Jessup and James D. Josey
Case No.:	3 98-3480 17 BC
Court:	U.S. District Court for the District of South Carolina
Case Type:	Civil rights claim
Plaintiff:	William L. Kauffman
Case No.:	0002159-99
Court:	Superior Court of the District of Columbia
Case Type:	Contract claim
Plaintiff:	Pamela Lamberti, Susan Card, Mary Don Erskine, Peter Fiske, Connie Mason Harper, Sandra Pietron James, Ruth Jordan, George Krsenlohr, Paul Konrardy, Pamela Keyes Lyle, Gloria McCullar, Guy Meek, Maureen Murphy, Diane Seward (v. Northwest Airlines, IBT)
Case No:	C-00-3729 SI
Court:	U.S. District Court for the Northern District of California
Case Type:	Duty of fair representation and fiduciary duty claims

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 – 2000
ITEM NO. 75
ADDITIONAL INFORMATION

Item No. 24 – Contingent Liabilities

Plaintiff: Carl E. Lawrence
Case No.: CV-97-12-0765
Court: Court of Common Pleas, Allen County, Lima, Ohio (removed to U.S. District Court for the Northern District of Ohio, Case No. 3:98-CV-7047)
Case Type: Duty of fair representation

Plaintiff: Harold McCord
Case No.: 1-00-CV-3119
Court: U.S. District Court for the Northern District of Georgia
Case Type: Civil rights claims

Plaintiffs: John P. Morris, Kenneth J. Woodring, Elmore Mack, Harold Fischer
Case No.: 99-CV-5479
Court: U.S. District Court for the Eastern District of Pennsylvania
Case Type: Challenge to emergency trusteeship

Plaintiffs: John P. Morris, Joshua Johnson III
Case No.: 001241
Court: Court of Common Pleas of Philadelphia County
Case Type: Internal union governance, state tort claims

Plaintiff: Gregory Mullenholz
Case No.: 98-CA-006552
Court: Superior Court, District of Columbia
Case Type: Wrongful discharge, state tort claims

Plaintiff: Joseph J. Mrozowski, Jr.
Case No.: 6619-C-99
Court: Court of Common Pleas of Luzerne County
Case Type: State tort claims

Plaintiff: Overnite Transportation Co.
Case No.: 99-CV-7509
Court: Superior Court for the County of Bibb, Georgia
Case Type: Unlawful picketing; state tort claims

Plaintiff: Overnite Transportation Co.
Case No.: 1-00-1023
Court: U.S. District Court for the Western District of Tennessee
Case Type: Civil RICO claim

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 – 2000
ITEM NO. 75
ADDITIONAL INFORMATION

Item No. 24 – Contingent Liabilities

Plaintiff: Overnite Transportation Co.
Case No.: SCVSS 62202
Court: Central District Superior Court, San Bernardino County, California
Case Type: Unlawful picketing

Plaintiff: Overnite Transportation Co.
Case No.: 99-CV-5585
Court: Court of Common Pleas, Montgomery County, Ohio
Case Type: Unlawful picketing

Plaintiff: Overnite Transportation Co.
Case No.: CL 99-1359
Court: Circuit Court for the County of Henrico
Case Type: State tort claim

Plaintiff: Overnite Transportation Co.
Case No.: 02C01-9911-CP1452
Court: Circuit Court, County of Allen, Indiana
Case Type: Unlawful picketing

Plaintiff: Overnite Transportation Co.
Case No.: 99-2747 DV
Court: U.S. District Court for the Western District of Tennessee
Case Type: LMRA § 303 claim

Plaintiff: Overnite Transportation Co.
Case No.: 99L07779
Court: Circuit Court of Cook County, Illinois
Case Type: Trespass and state tort claims

Plaintiff: Overnite Transportation Co.
Case No.: 99-C-3207
Court: District Court of Wyandotte County, Kansas
Case Type: Unlawful picketing

Plaintiff: Overnite Transportation Co.
Case No.: 1999CV15685
Court: Superior Court of Fulton County, Georgia
Case Type: Unlawful picketing

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 – 2000
 ITEM NO. 75
ADDITIONAL INFORMATION

Item No. 24 – Contingent Liabilities

Plaintiff:	Sherry Ann Pardee
Case No.:	CV 99-12060
Court:	U.S. District Court for the Central District of California
Case Type:	Civil rights claims, state tort claim, contract claim
Plaintiff:	Geraldine Parnell
Case No.:	95-CV-2776
Court:	U.S. District Court for the Southern District of New York
Case Type:	Civil rights claim
Plaintiff:	Dennis Pedescleaux
Case No.:	375-092-K
Court:	Parish of East Baton Rouge, Louisiana
Case Type:	Contract claim
Plaintiff:	John Joseph Perez
Case No.:	00 Civ. 1983
Court:	U.S. District Court for the Southern District of New York
Case Type:	Civil rights claim
Plaintiffs:	Donald Scott, Gregory C. Charron
Case No.:	1:00CV3344
Court:	U.S. District Court for the Northern District of Georgia
Case Type:	Internal union governance, LMRDA Title I claim (free speech and due process)
Plaintiff:	Carlton E. Shepard
Case No.	8:00-CV-51-TT-30C
Court:	U.S. District Court for the Middle District of Florida
Case Type:	Civil rights claim
Plaintiff:	Taylor Milk Co.
Case No.	95-1663
Court:	U.S. District Court for the Western District of Pennsylvania
Case Type:	LMRA § 303 claim
Plaintiffs:	Michael Tettanble, Stephen Piglowski, Gene Dale Rosenberger, Daniel Rulo, John Jones, Herbert Jones, Anthony Van De Riet, Michael Blanke, Thomas Rhoda, Paul Ogle, Russell Behrle, and Richard Michels
Case No.	4 00CV01437TCM
Court:	U.S. District Court for the Eastern District of Missouri
Case Type:	Labor union jurisdictional dispute

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 – 2000
ITEM NO. 75
ADDITIONAL INFORMATION

Item No. 24 – Contingent Liabilities

Plaintiff: Ernest Tusino
Case No.: 96-Civ-2774
Court: U.S. District Court for the Southern District of New York
Case Type: LMRDA Title I claim

Plaintiff: Norm J. Vella
Case No.: 98-CV-6219
Court: U.S. District Court for the Western District of New York
Case Type: LMRA § 301 claim, fiduciary duty and negligence claims

2000 IBT HEADQUARTERS LM2

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INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Item No. 27 and Schedule 1 - Loans Receivable and Item No. 31 and Schedule 3 - Other Assets

The International Union periodically reviews all loans receivable to ascertain the likelihood of collection of the loan amounts. For those loans where the likelihood of collection is uncertain, the International Union reserves these loans as potentially uncollectible on its books and records. All outstanding loans, whether potentially collectible or not, are included in Item 27 and Schedule 1 - Loans Receivable. Those loans that are reserved as potentially uncollectible are noted with a footnote (A) next to them. The total reserve for potentially uncollectible loans is included in Item 31 and Schedule 3 - Other Assets.

The International Union wrote-off two loans in 2000. The loan to the Hoffa Medical Center in the amount of \$295,691 was reserved as potentially uncollectible in 1974 due to the financial condition of the Hoffa Medical Center. The Hoffa Medical Center subsequently filed for bankruptcy in 1981. As the International Union did not recover any proceeds from the bankruptcy proceedings, the International Union is writing off the loan and corresponding allowance for doubtful loans from its books. The International Union also wrote off the loan for the Viewer Sponsored Television Debentures in the amount of \$50,000 and the corresponding allowance for doubtful loan. These debentures were acquired in 1973 through the disposition of assets of the Alliance for Labor Action. These debentures were due in 1978 and as VSTF was insolvent with no proceeds available for distribution, the International Union established an allowance for uncollectible loan. As there have been no recovery of these funds and no likelihood of any future recovery of funds on these debentures, the International Union wrote off the loan and corresponding allowance in 2000.

The International Union executed a promissory note establishing a loan receivable from Teamsters Local Union No. 103 in the amount of \$85,525 for delinquent per capita tax due to the International Union.

The International Union executed a promissory note establishing a loan receivable from Teamsters Local Union No. 911 in the amount of \$73,523 for delinquent per capita tax due to the International Union.

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 28

Reconciliation of U. S. Treasury Securities

	<u>Reference</u>	<u>Amount</u>
Balance at start of period (Statement A)		\$6,649,501.57
Add:		
Purchases	Schedule 7	31,510,619.37
Amortization of premium and discount *		0.00
Deduct:		
Sales	Schedule 6	35,404,925.94
Balance at end of period (Statement A)		<u>\$2,755,195.00</u>

* Non-cash accrual accounting entries made to reflect the periodic write-off of premiums and discounts on investments.

2000 IBT HEADQUARTERS LM2

Item No. 29 and Schedule 2 - Investments other than U.S. Treasury Securities and Mortgage Investments and Item No. 31 and Schedule 3 - Other Assets

The International Union maintains its books and records in accordance with Generally Accepted Accounting Principles (GAAP). As required under GAAP, the International Union follows Financial Accounting Standard (FAS) No. 124 - *Accounting for Certain Investments Held by Not-for-Profit Organizations*. This Statement establishes standards for accounting for certain investments held by not-for-profit organizations. It requires that investments in equity securities with readily determinable fair values and all investments in debt securities be reported at fair value with gains and losses included in a statement of activities. The International Union has reported its marketable securities in accordance with the LM-2 instructions. The unrealized gain on marketable securities is reported on the International Union's LM-2 Report in Item - 31 Other Assets and Schedule 3 - Other Assets under the heading "Unrealized Gain on Investments" and the unrealized loss on marketable securities is reported in Item 29 and Schedule 2 - Marketable Securities as part of the book value of the securities.

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
 ITEM 75
 ADDITIONAL INFORMATION

Item No. 29 and Schedule 2 - Investments other than U.S. Treasury Securities and Mortgage Investments

Description (A)	Original Cost (B)	Book Value (B)
Marketable Securities:		
Common Stock	\$17,444,315.19	\$15,041,573.51
Corporate Bonds	15,015,241.30	14,265,086.02
Convertible Bonds	1,390,628.75	1,319,753.75
Foreign Bonds	2,752,343.92	2,752,343.92
Mutual Funds	0.00	0.00
Preferred Stock	100,988.50	35,939.75
U.S. Government Securities (Other than U.S. Treasury Securities)	20,563,803.68	20,468,409.47
Total Cost	<u>\$57,267,321.34</u>	<u>\$53,883,106.42</u>
Total Book Value	<u>\$57,267,321.34</u>	<u>\$53,883,106.42</u>

* See Item 75 - Item 29 and Schedule 2 - Investments in Marketable Securities other than U.S. Treasury Securities
 Securities and Item 31 and Schedule 3 - Other Assets for additional information on the reporting of unrealized gains
 and losses on marketable securities.

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 29

Reconciliation of Other Investments

	Balance at Start of Period (Statement A)	Add Purchases (Schedule 7)	Add Amortization of Premium and Discount*	Deduct Sales (Schedule 6)	Unrealized Loss on Securities	Trades Pending Settlement 1/1/00	Trades Pending Settlement 12/31/00	Balance at End of Period (Statement A)
U.S. Government Securities	\$25,574,859.21	\$103,986,623.01	\$0.00	\$105,969,673.88	(\$95,394.21)	(\$9,392,996.88)	\$6,364,992.22	\$20,468,409.47
Common Stock	11,994,156.30	18,100,001.33	0.00	12,658,438.38	(2,402,741.68)	0.00	8,595.94	15,041,573.51
Corporate Bonds	12,067,600.46	18,871,733.06	0.00	15,995,154.72	(750,155.28)	0.00	71,062.50	14,265,086.02
Convertible Bonds	1,042,125.00	914,081.32	0.00	636,796.32	(70,875.00)	0.00	71,218.75	1,319,753.75
Foreign Bonds	2,607,282.06	7,743,534.57	0.00	7,598,472.71	0.00	0.00	0.00	2,752,343.92
Preferred Stock	71,743.50	129,795.00	0.00	100,550.00	(65,048.75)	0.00	0.00	35,939.75
Commercial Paper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Municipal Bonds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Monetary Funds	1,077,430.96	577,903.59	0.00	1,655,334.55	0.00	0.00	0.00	(0.00)
Total (Statement A)	<u>\$54,435,197.49</u>	<u>\$150,323,671.88</u>	<u>\$0.00</u>	<u>\$144,614,420.56</u>	<u>(\$3,384,214.92)</u>	<u>(\$9,392,996.88)</u>	<u>\$6,515,869.41</u>	<u>\$53,883,106.42</u>

* Non-cash accrual accounting entries made to reflect the periodic write-off of premiums and discounts on investments.

** See Item 75 - Item 29 and Schedule 2 - Investments in Marketable Securities other than U.S. Treasury Securities Securities and Item 31 and Schedule 3 - Other Assets for additional information on the reporting of unrealized gains and losses on marketable securities.

2000 IBT HEADQUARTERS LM2

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INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ITEM 75 - LINE NO. 30

DETAILED BREAKDOWN OF FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation (C)	Book Value (D)	Fair Market Value (E)
Washington, DC Real Properties				
Land - 25 Louisiana Avenue, NW, DC	\$794,116.97	\$0.00	794,116.97	\$8,308,575.00 A
Building - Headquarters, DC	13,034,830.60	7,170,445.96	5,864,384.64	5,873,425.00 A
Total - Washington, DC Real Properties	13,828,947.57	7,170,445.96	6,658,501.61	14,182,000.00
Other Fixed Assets				
Automotive Equipment	139,433.83	94,662.72	44,771.11	104,050.00 C
Furniture and Equipment	5,476,254.42	4,192,576.71	1,283,677.71	3,329,861.00 B
Data Processing Equipment	14,413,373.59	12,594,514.87	1,818,858.72	14,376,108.00 B
Capitalized Software	880,799.35	134,223.48	746,575.87	746,575.87 D
Other Fixed Assets	810,344.80	810,344.80	0.00	271,918.00 B
Leasehold Improvements	26,000.00	1,812.50	24,187.50	24,187.50 D
Financial Systems	1,184,981.88	1,184,981.88	0.00	0.00 D
Total Other Fixed Assets	22,931,187.87	19,013,116.96	3,918,070.91	18,852,700.37
Summary				
Washington, DC Real Properties	13,828,947.57	7,170,445.96	6,658,501.61	14,182,000.00
Other Fixed Assets	22,931,187.87	19,013,116.96	3,918,070.91	18,852,700.37
Total Fixed Assets	\$36,760,135.44	\$26,183,562.92	\$10,576,572.52	\$33,034,700.37

- A. Tax Assessment
- B. Insurance
- C. N.A.D.A. Used Car Guide
- D. Book Value

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Item No. 30

Book Value Reconciliation of Fixed Assets

	Balance at Start of Period (Statement A)	Add Purchases (Schedule 7)	Add Accts Payable 12/31/2000	Deduct Sales/Claims (Schedule 6)	Deduct Non-Cash Disposals & Sales	Deduct Trade-Ins (Item 75)	Deduct Accts Payable Reversed 1/1/2000	Deduct Depreciation	Balance at End of Period (Statement A)
Land	\$794,116.97								\$794,116.97
Headquarters Building, Washington, DC	5,569,635.79	\$489,500.05	\$157,163.76				\$77,641.76	\$274,273.20	5,864,384.64
Automotive Equipment	46,043.35	30,415.46						31,687.70	44,771.11
Leasehold Improvements	25,487.50	5,500.00					5,500.00	1,300.00	24,187.50
Furniture and Equipment	1,431,216.15	438,485.04	18,737.70	\$5,333.75	\$335,026.41		71,378.13	193,022.89	1,283,677.71
Data Processing Equipment	379,765.89	1,569,223.43	32,062.19					162,192.79	1,818,858.72
Capitalized Software	514,026.73	880,799.35					514,026.73	134,223.48	746,575.87
Other Fixed Assets	3,456.17	94,882.00	12,940.12				3,456.17	107,822.12	0.00
Financial Systems	2,174.32							2,174.32	0.00
Total (Statement A)	<u>\$8,765,922.87</u>	<u>\$3,508,805.33</u>	<u>\$220,903.77</u>	<u>\$5,333.75</u>	<u>\$335,026.41</u>	<u>\$0.00</u>	<u>\$672,002.79</u>	<u>\$906,696.50</u>	<u>\$10,576,572.52</u>

2000 IBT HEADQUARTERS LM2

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Item No. 30

Cost Basis Reconciliation of Fixed Assets

	<u>Balance at Start of Period</u>	<u>Add Purchases (Schedule 7)</u>	<u>Add Accts Payable 12/31/2000</u>	<u>Deduct Sales/Claims (Schedule 6)</u>	<u>Deduct Non-Cash Disposals & Sales</u>	<u>Deduct Trade-Ins (Item 75)</u>	<u>Deduct Accts Payable Reversed 1/1/2000</u>	<u>Balance at End of Period (Schedule 5)</u>
Land	\$794,116.97							\$794,116.97
Headquarters, Washington, DC	12,465,808.55	\$489,500.05	\$157,163.76				\$77,641.76	13,034,830.60
Building, Arlington, VA	0.00							0.00
Automotive Equipment	109,018.37	30,415.46						139,433.83
Leasehold Improvements	26,000.00	5,500.00					5,500.00	26,000.00
Furniture and Equipment	6,265,362.60	438,485.04	18,737.70	\$5,614.47	\$1,169,338.32		71,378.13	5,476,254.42
D Processing Equipment	12,812,087.97	1,569,223.43	32,062.19					14,413,373.59
Capitalized Software	514,026.73	880,799.35					514,026.73	880,799.35
Other Fixed Assets	708,153.85	94,882.00	12,940.12	2,175.00			3,456.17	810,344.80
Financial Systems	1,184,981.88							1,184,981.88
Total	<u>\$34,879,556.92</u>	<u>\$3,508,805.33</u>	<u>\$220,903.77</u>	<u>\$7,789.47</u>	<u>\$1,169,338.32</u>	<u>\$0.00</u>	<u>\$672,002.79</u>	<u>\$36,760,135.44</u>

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 36 - Other Liabilities

The International Union records all assets and liabilities in its accounting records in the currency in which the asset or liability is denominated. The International Union's balance sheet is adjusted to reflect any changes in the foreign currency value in order to properly reflect the realizable value of these assets in the International Union's base currency. As the International Union maintains cash and investments in Canadian Dollars, the International Union has included a Reserve for Foreign Exchange - Canadian in Item 36 - Other Liabilities in the amount of \$1,679,921.

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 – 2000
ITEM NO. 75
ADDITIONAL INFORMATION

Line 56 and Schedule 9 – Disbursements to Officers and
Line 57 and Schedule 10 – Disbursements to Employees

The International Union has included certain expenses in Column G – Other Disbursements in Schedules 9 and 10 of the LM-2. These items include the Employee-Paid FICA and Employee-Paid State Unemployment/State Disability Premiums for those employees receiving this benefit.

In addition, the International Union has included housing expenses provided by the International Union for the General President, General Secretary-Treasurer and their Executive Assistants in Washington, DC. The International Union has also included in Column G certain air travel expenses incurred by these individuals to and from their home city and Washington, DC. In prior LM Reports, these expenses had been reported in Column F of Schedule 9 and 10 for housing expenses and Schedule 13 for the air travel expenses. The Department of Labor, which has accepted this method of reporting for many years, has now informed the Union that these travel expenses must be reported in Column G.

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 56 and Schedule 9 - Disbursements to Officers

The following supplemental information is provided with regard to Schedule 9 to provide the complete position held by the officers of the International Union listed on Schedule 9:

Name	Position
HOFFA, JAMES P	GENERAL PRESIDENT
KEEGEL, C. THOMAS	GENERAL SECRETARY-TREASURER
BOUVIER, ROBERT	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & PRESIDENT, TEAMSTERS CANADA
CAMMACK, RANDY	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
CIPRIANI, JACK	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & TRADE DIVISION DIRECTOR, BREWERY AND SOFT DRINK WORKERS
DE SANTI, DAN	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
FLYNN, PATRICK W	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
GARDNER, CHARLES	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
GEWARE, FRED	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & TRADE DIVISION DIRECTOR, DAIRY DIVISION
GLANTON, CHESTER	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
JOHNSON, TYSON	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
LACROIX, LOUIS	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & PRESIDENT, TEAMSTERS CANADA
LYTLE, WALTER A	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & CENTRAL REGION FREIGHT DIRECTOR
MACK, CHUCK	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
MALINSKY, DOROTHY M	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
MC DONALD, LAWRENCE	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 56 and Schedule 9 - Disbursements to Officers

The following supplemental information is provided with regard to Schedule 9 to provide the complete position held by the officers of the International Union listed on Schedule 9.

Name	Position
MC LEAN, JOSEPH	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE,
MURPHY, JOHN	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE AND DIRECTOR, ORGANIZING
O'DONNELL, THOMAS R.	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
RABINE, JOHN	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
SANTANGELO, JIM	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
SINGER, LESTER A	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
TAURONE, RALPH	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & WESTERN REGION FREIGHT DIRECTOR
VOLPE, RICHARD	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & TRADE DIVISION DIRECTOR, BAKERY & LAUNDRY CONFERENCE
WOOD, KEN	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE
YOUNG, PHILIP E	VICE PRESIDENT- INTERNATIONAL REPRESENTATIVE & TRADE DIVISION DIRECTOR, FREIGHT DIVISION
CADIZ, JOSE	TRUSTEE- INTERNATIONAL REPRESENTATIVE
MC LAIN, RON	TRUSTEE- INTERNATIONAL REPRESENTATIVE
STEGER, JOHN	TRUSTEE- INTERNATIONAL REPRESENTATIVE

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

	Name	Position
	ALLEN, ALLYNN D.	CLERK TYPIST II
	ALLEN, PATRICIA A	ASSISTANT OFFICE MANAGER
	ALLEN, WANDA G	GENERAL CLEANER
	ALOISE, ROME A.	INTERNATIONAL REPRESENTATIVE
	AMES, JOANNE L	PENSION BENEFIT ANALYST
	ARIAS, AUDELIA DEL CARMEN	COUNTER SERVER
#	ARMSTRONG, MELISSA	ACCOUNTS PAYABLE CLERK
	ARNOLD, DENNIS	INTERNATIONAL REPRESENTATIVE
	ASHE, MARY P	AGREEMENTS SUPERVISOR
	ASHTON, CHERYL W	LEGAL SECRETARY
	ASHU, GEORGE A	PENSION ACCOUNTANT
	ATWELL, BRANDI R	BILLING/COORDINATOR SPECIALIST
	AYERS, JAMES	INTERNATIONAL REPRESENTATIVE
	BAEZ, CHARLES	RISE COMMITTEE
	BAGWELL, EDWARD	INTERNATIONAL REPRESENTATIVE
	BAILEY, CHRISTINE	ACTING FIELD COORDINATOR
	BAKER, ROBERT H	WATCH ENGINEER
#	BAKER, SHARON D	SECRETARY II
	BAKULA, MELISSA M	ASSISTANT PROGRAM MANAGER
	BANE, MICHAEL	INTERNATIONAL REPRESENTATIVE
	BANIECKI, LOUIS S	INTERNATIONAL AUDITOR
	BARNARD, JACK	INTERNATIONAL REPRESENTATIVE
	BARNEY, RAYMOND O	RESEARCH ASSISTANT
	BARTHOLOMEW, DANIEL	ASSISTANT TO DIRECTOR
	BARTON, DANNY L	COMMITTEE CHAIRMAN - CENTRAL
	BARTON, DONALD W	SUPERVISOR, MICROGRAPHICS
	BARTUS, NORMA F	ASSISTANT DIRECTOR, INDUSTRIAL
	BATTLE, BEVERLY W	DATA ENTRY CLERK
	BATTLE, JOHN L	BUILDING MAINTENANCE
	BATZ, JOANNE C	LEGAL ASSISTANT
	BEEHARILAL, JAMES	EDUCATION COORDINATOR II
	BEIGHEY, RICHARD C	WATCH ENGINEER
	BELANS, ROBERT	REGIONAL DIR - SOUTH
	BENACK, ALBERT H	INTERNATIONAL REPRESENTATIVE
	BENNETT, DEANNA M	OFFICE MANAGER
	BENNETTA, JOSEPH F	INTERNATIONAL REPRESENTATIVE
	BENNING JR., RAY W	TRADE DIVISION DIRECTOR, AIRLINE DIVISION
	BENZER, LINDA M	LEGAL ADMINISTRATIVE SUPERVISOR
	BERGER, STEPHEN H.	COMPUTER OPERATOR II
	BERRIOS, JOENA L	CONFIDENTIAL SECRETARY

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

#	Name		Position	
	BIGHAM,JACQUELYN H		RESEARCH SPECIALIST	
	BINSKY,JACKIE L		EXECUTIVE SECRETARY	
	BISH,GEARY A		CHIEF ENGINEER	
	BLACK JR.,ROBERT D.		COMMUNICATIONS COORDINATOR	
	BLACK,LORRAINE E		SECRETARY I	
	BLANCHARD,JAMES		INTERNATIONAL REPRESENTATIVE	
	BLOUNT,THOMAS W		STAFF ACCOUNTANT	
	BLYDEN,LOUIE H		MANAGER, OUT-OF-WORK BENEFITS	
	BOESEN,GERALD J		EDUCATION COORDINATOR II	
	BOINEAU,ALAIN		FOOD SERVICES MANAGER	
	BOOKTER,JACK		REGIONAL DIRECTOR - WEST	
	BOSS,THOMAS M		ASSISTANT DIRECTOR, INFORMATION SYSTEMS	
	BOULEY,NORMAN E.		INTERNATIONAL ORGANIZER	
	BRANTHOVER,DIANE Q		ASSISTANT ADMIN. MANAGER	
	BRENNAN,LAWRENCE		INTERNATIONAL REPRESENTATIVE	
	BREWER,JAMES T.		DRIVE FIELD REPRESENTATIVE	
	BROOKS,ANITA J		GENERAL CLEANER	
	BROOKS,LOREN M		RECEPTIONIST CLERK TYPIST II	
	BROWN,ANN J		HUMAN RESOURCES ASSISTANT	
	BROWN,CARMELITA		ASST SUPERVISOR, MAIL & RECORDS	
			INTERNATIONAL REPRESENTATIVE AND	
			DEPARTMENT DIRECTOR, STRATEGIC	
			CAMPAIGNS	
	BROWN,CLAUDE		GENERAL CLEANER	
	BROWN,MILDRED D		AGREEMENTS TECHNICIAN	
	BROWN,RICARDO S		CO-CHAIRMAN SOUTHERN COMMITTEE	
	BRYANT, KEN		REGIONAL DIRECTOR - WEST	
	BUCCELLATO,WILLIAM		DRIVE FIELD REPRESENTATIVE	
	BULLWINKEL,PETER		RESEARCH ANALYST	
	BURKE,ANNETTE M		INTERNATIONAL REPRESENTATIVE	
	BURKE,EDMUND J		INSTALLATION SPECIALIST	
	BUSH,GREGORY W.		REPRODUCTION TECHNICIAN	
	BUTLER,LEONARD		ADMINISTRATIVE SECRETARY	
	BUTLER,MARGARET L		DEPARTMENT DIRECTOR, SAFETY & HEALTH	
	BYRD,LAMONT		REGIONAL DIRECTOR - EAST	
	BYRNES,CHARLES		OFFICE MANAGER	
	CALDWELL,BARBARA		DEPARTMENT DIRECTOR, COMMUNICATIONS	
	CALDWELL,BRET		INTERNATIONAL REPRESENTATIVE	
	CALLAHAN,PATRICIA A		COMMUNICATIONS COORDINATOR	
	CAMERON,DAVID O		GENERAL CLEANER	
	CAMPBELL,THIUS			
	CANCELOSE,RONALD J		ASSISTANT DIRECTOR, RESEARCH	

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

#	Name		Position	
	CANDLER, RONNIE L		INTERNATIONAL REPRESENTATIVE	
	CAPUTY, MICHAEL P		ACCOUNTING MANAGER	
	CAREY, CHARLES M		COMPUTER PROCEDURES COORDINATOR	
	CARTER JR., JAMES H		SUPERVISOR, REPRODUCTION	
	CARTER, DIANE		OFFICE MANAGER	
	CARTER, HARRY L		BUILDING MAINTENANCE	
	CARTER, SALLIE F		MICROFILM CLERK	
	CARVER, RONALD P		STRATEGIC CAMPAIGNS COORDINATOR	
	CASHMAN, GEORGE W		INTERNATIONAL REPRESENTATIVE	
	CHAN, LILY A		MICROFILM CLERK	
	CHAN, MONY		COMPUTER OPERATOR II	
	CHANG, CHEE		GRANTS PROGRAM MANAGER	
	CHAPMAN, BRUCE A		GENERAL CLEANER	
	CHARNOCK, DENNIS M		DEPARTMENT DIRECTOR, BUILDING & SUPPORT SERVICES	
	CHEEKS, CLASSIE		FOOD SERVICES SUPERVISOR	
	CLANCY, JOHN		INTERNATIONAL ORGANIZER	
	CLEMENTS, WALLACE D		DEPARTMENT DIRECTOR, RETIREE AFFAIRS	
	COLE, PATRICIA G		INVESTMENT ACCOUNTANT II	
	COLI, JOHN T		REGIONAL DIRECTOR - CENTRAL	
	CONDER, CARL B.		TRADE DIVISION DIRECTOR, AUTOMOBILE TRANSPORTERS	
	CONDREY, A.D.		PROJ ORGANIZER	
	CONGLETON, RONALD		COMMITTEE CHAIRMAN - SOUTH	
	CONYNGHAM, MICHAEL E		DEPARTMENT DIRECTOR, RESEARCH	
	COOPER, LEON		NAT'L GRIEVANCE COMM SGT AT ARM	
	CORNELIUS, ANTHONY H.		INTERNATIONAL REPRESENTATIVE	
	COX, WILBUR E		INTERNATIONAL REPRESENTATIVE	
	CRANCER, BARBARA J		ADMIN ASST. TO DIR., HUMAN RIGHTS COMMISSION	
	CRAWLEY, CHARLES		INTERNATIONAL REPRESENTATIVE	
	CUITE, JOHN		INTERNATIONAL REPRESENTATIVE	
	CULLEN, BILLY DARRELL		INTERNATIONAL REPRESENTATIVE	
	CUMMINGS, RUDY		INTERNATIONAL REPRESENTATIVE	
	DALSTROM, FRANCIS G		PRE AUDIT SUPERVISOR	
	DALTON, JANET M		PAYROLL SUPERVISOR	
	DAMICO, ANTHONY		COMMUNICATIONS SOFTWARE SPECIALIST	
	DARE, JACQUELYN A		SECRETARY II	
	DAUGHERTY, KENNETH R		INTERNATIONAL REPRESENTATIVE	
	DAVIDSON, LOLA K		GENERAL CLEANER	
	DAVIES, PETER M		STAFF ACCOUNTANT II	

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

Name	Position
DAVIS-HEATLEY,CAROL A	ACQUISITIONS COORDINATOR
DAY,MICHAEL A	LEAD COMPUTER OPERATOR
DE LA GARZA,JOSE A	NETWORK CONTROLLER
DEANER,CHARLES L	INTERNATIONAL REPRESENTATIVE
DEL CASTILLO,HORTENCIA	SECRETARY I
DELLINGER JR.,HARRY E	DIRECTOR, INFORMATION TECHNOLOGY
DELLINGER,RYAN M.	SHIPPING CLERK
DEMAN,JOAN E	TITAN FIELD REPRESENTATIVE
DERFLER,ANN M	EXECUTIVE SECRETARY
DERFLER,MICHAEL	NETWORK CONTROLLER
DIEKEMPER JR.,HERBERT T	INTERNATIONAL AUDITOR
DIPIETRO,CARL	STATE LEGISLATIVE COORDINATOR
DITCHEK,NEIL	STAFF ATTORNEY
DONOHUE,THOMAS J	CHIEF, BUILDING SECURITY
DOWNING,ROBERT C	RECORDS MANAGEMENT MANAGER
DUNAWAY,DONALD W	DEPARTMENT DIRECTOR, RECORDS MANAGEMENT
DUNN, TIMOTHY	CASUAL LABORER
DUNN,GERALD	CO-CHAR SOUTHERN/WESTERN COMM
DUSINA,BARBARA L	INTERNATIONAL ORGANIZER
EDWARDS,WALTER R	RESEARCH ANALYST
ELCHEHABI,OMAR	FOOD SERVICES MANAGER
ERNEST,JAN M	INVESTMENT ANALYST
ERNEST,MARK	MICROFILM CLERK
ESPOSITO,JENNIFER	LEGISLATIVE REPRESENTATIVE
ESQUIVEL,PAUL O	TRAVEL OFFICE STAFF
EVANS SR.,DAMON R	BUILDING MAINTENANCE
EVANS,CAROL	EXECUTIVE SECRETARY
EVANS,WILLIAM P	INTERNATIONAL AUDITOR
EVERHART,DEBRA S	NEGOTIATIONS INDEXER
FELIX,ADOLPH	DRIVE FIELD REPRESENTATIVE
FERGUSON,AMY T	EDUCATION COORDINATOR I
FERNEN JR.,JAMES	MAINTENANCE ENGINEER
FIORI,ANTHONY	DRIVE FIELD REPRESENTATIVE
FISCHER,BETTY ROSE	INTERNATIONAL REPRESENTATIVE
FITZGERALD,VALERIE D	SECRETARY I
FLANAGAN,REBECCA A	PENSION BENEFIT ANALYST
FOLTZ,JEFFREY V	DATA ENTRY CLERK
FOY,LASHONDA L.	SECRETARY II

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

#	Name		Position	
	FRANK, THOMAS E.		ELECTRICIAN	
	FRENCH, KAREN M		RECORDS COORDINATOR	
	GAGNON, CHARLES E		INTERNATIONAL REPRESENTATIVE	
	GARCIA, ERIC		MAILROOM CLERK	
	GARCIA, JIMMY		BUILDING SECURITY	
	GARDNER, KIMBERLEE A.		TRAVEL OFFICE STAFF	
	GAREAU, GERALDINE		SECRETARY II	
	GARY, CLAUDE		INTERNATIONAL REPRESENTATIVE	
	GASMAN, DOREEN		INTERNATIONAL REPRESENTATIVE	
	GENTILE, FRANK		COMMITTEE CHAIRMAN - EAST	
	GERDES, GEORGE		REGIONAL DIRECTOR - CENTRAL	
	GLEASON, KEITH		TRADE DIVISION DIRECTOR, TANKHAUL	
	GOBBEL, GAIL A		ADMINISTRATIVE SECRETARY	
	GOEBEL, MIKE		COMM CHAIRMAN	
	GOMEZ, ZARINETH		LAW CLERK	
	GORMLEY, DAVID F		TITAN SYSTEMS MANAGER	
	GORMLEY, SHERRI L		OFFICE ASSISTANT II	
	GRAY, ROBERT		WATCH ENGINEER	
	GRAY, VICTORIA L		INTERNATIONAL REPRESENTATIVE	
	GREELEY, MARILYN P		GENERAL CLEANER	
	GREEN, LAURA A.		STAFF ACCOUNTANT II	
	GRENEWALD, ELIZABETH C.		COMMUNICATIONS COORDINATOR	
	GRENKE, ROBERT L		RESEARCH ANALYST	
	GRIFFITH, THOMAS B.		REGIONAL DIRECTOR - EAST	
	GROSS, ROBERT M		BUILDING SECURITY	
	GUEVARA, GINETH P		GENERAL CLEANER	
	GUEVARA, MARIA I		GENERAL CLEANER	
	HAIGLER, GLORIA P		COMPUTER OPERATIONS MANAGER	
	HALL, KEN		CO-CHAIR ATLANTIC GRIEV COMM	
	HALL, PAMELA L.		LEGAL SECRETARY (FLOATER)	
	HAMILTON, CAROL A		EXECUTIVE SECRETARY	
	HANCE, BONNIE S		COMPUTER PROCEDURES COORDINATOR	
	HANCOCK, TERRENCE J.		INTERNATIONAL REPRESENTATIVE	
	HANDS, DENNIS		INTERNATIONAL REPRESENTATIVE	
	HARDIMAN, MARY G		DEPARTMENT DIRECTOR, EDUCATION	
	HARMAN, KATHY A		SECRETARY II	
	HARPLE, CHARLES E		ASSISTANT DEPARTMENT DIRECTOR, GOVERNMENT AFFAIRS	
	HARRELL, DIANE		TITAN FIELD REPRESENTATIVE	
	HARRINGTON, MARK A		INTERNATIONAL REPRESENTATIVE	

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

	<u>Name</u>	<u>Position</u>
	HARRIS,DONALD R	DATA BASE ADMINISTRATOR
	HARRIS,TOMICA S.	SECRETARY II
	HARRISON,DALE C	ASSISTANT DEPARTMENT DIRECTOR, PENSION & INVESTMENTS
	HARRISON,FLOYD W	SYSTEMS PROGRAMMER I
	HART,DENNIS	INTERNATIONAL REPRESENTATIVE
	HAYNES,CARROLL E	TRADE DIVISION DIRECTOR, PUBLIC EMPLOYEES
	HECK,RICHARD	TRADE DIVISION DIRECTOR, PARCEL & SMALL PACKAGE
#	HEDLUND,DIANE J	LEGAL SECRETARY
	HEYING,GARY D	EXECUTIVE SECRETARY
	HICKMAN,VINCENT R	INTERNATIONAL REPRESENTATIVE
	HILBISH,KENNETH	TRADE DIVISION DIRECTOR, WAREHOUSE
	HILL,DEBORAH C	SENIOR LEGAL SECRETARY
	HILL,DEBORAH L.	CORRESPONDENCE DATA TECHNICIAN
	HOGAN,WILLIAMT.	INTERNATIONAL REPRESENTATIVE
	HOLLIDAY,JUSTIN	CHAIRMAN - NORTHWEST COMMITTEE
	HORGAN,JOSEPH P	PROJECT ADMINISTRATOR ASSOCIATE
	HORNER,RONALD L	TITAN FIELD REPRESENTATIVE
	HOUCK,PAUL R	CO-CHAIR/INT'L REP-EAST COMM
	HOUSE,MARGARET M	OUT OF WORK BENEFITS ASSISTANT
#	HOWARD,JOYCE M	ACCOUNTING TECHNICIAN
	HOYLE-POWERS,DEBORAH L	SHIPPING CLERK
	HUDSON,RONALD C	SUPERVISOR, AFFILIATES FINANCE
	HUFFMAN,JENNIE L	OFFICE ASSISTANT I
	HUNT,ROGER	REGIONAL DIRECTOR - CENTRAL
	HUNTER,LESLIE	SECRETARY II
	HUNTINGTON,RICHARD L	TITAN FIELD REPRESENTATIVE
	HYPES,HOLLIS G	DEPARTMENT DIRECTOR, AFFILIATE RECORDS
	IACINO,DAWN M	DEPARTMENT DIRECTOR, TRAVEL SERVICES
	IENG-YIN,NAVY S	MICROFILM CLERK
	IMPALA,CYNTHIA G	PROJECT MANAGER
	INSPRUCKER,ROGER	PERSONAL REPRESENTATIVE TO GP
	ITKIN,DAVID H.	COMMUNICATIONS SPECIALIST
	JACKSON,JAMES D	INTERNATIONAL REPRESENTATIVE
	JACKSON,JR. RONALD M.	ACCOUNTS PAYABLE CLERK
	JACOBSON,EDDIE L.	INTERNATIONAL REPRESENTATIVE
	JENKINS,RONALD	COMMITTEE CHAIRMAN - EAST
	JEREZ,BOSCO R.	DATA ENTRY OPERATOR
	JHINGORY,MARCIA J	OFFICE MANAGER

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

	Name	Position
	JOHNSON, CHERYL	DEPARTMENT DIRECTOR, HUMAN RIGHTS COMMISSION, SPECIAL EVENTS COORDINATOR AND ASSISTANT TO THE GENERAL PRESIDENT
	JOHNSON, JOHNNY	CO-CHAIRMAN SOUTHERN COMMITTEE
#	JOHNSON, PATRICIA O	EDUCATION COORDINATOR II
#	JOHNSON, WALTER	DRIVE FIELD REPRESENTATIVE
	JONES, LAVERNE E	SECRETARY II
	JONES, WALTER A	INDUSTRIAL HYGIENIST
	JONES, WILLIAM J	SENIOR GRAPHIC DESIGNER
	JORDAN, SUSIE M	SPECIAL PROJECTS COORDINATOR
	JOSEPH, RAQUEL	ADMINISTRATIVE ASSISTANT
	JOSEPH, THERESA R	AGREEMENTS TECHNICIAN
	KALLAOS, TAMLya	COMMUNICATIONS COORDINATOR
	KAMERAS, DAVID H.	COMMUNICATIONS COORDINATOR
	KAMMERER, ANN	GRAPHIC DESIGNER I
	KANE JR., DANIEL J	REGIONAL DIRECTOR - EAST
	KANE SR., DANIEL	INTERNATIONAL REPRESENTATIVE
	KEATING, JUSTIN P	STAFF ATTORNEY
	KENDALL, MARTIN A.	AUDIT MANAGER
	KERNEY, ANNA A	OFFICE ASSISTANT II
	KEYSER, EDWARD F.	INTERNATIONAL REPRESENTATIVE
	KHOURY, ISSA N	COMPUTER OPERATOR II
	KIKES, JOHN	INTERNATIONAL REPRESENTATIVE
	KILDEE, BRIAN H.	LEGISLATIVE REPRESENTATIVE
	KILLAM, HAROLD B	DEPARTMENT DIRECTOR, INFORMATION SYSTEMS
	KING, MONA L	DATA ENTRY CLERK
	KIRK, FRANCES I	ADMINISTRATIVE ASSISTANT
#	KIRKPATRICK, ROBERT	INTERNATIONAL ORGANIZER
	KNIGHT, CHARLES W.	INTERNATIONAL REPRESENTATIVE
	KNOTTS, MARGARET P	ACCOUNTS RECEIVABLE CLERK
	KORMOS, LOUISE V	CLERK TYPIST II
#	KORN, PANSEY	PROJECT ORGANIZER
	KORTH, KATHRYN MICHELLE	INDUSTRIAL ENGINEER
	KRAHLING, SUSAN L	AUTOMATED RECORDS MANAGER
	KRAHLING, VICKY S	OFFICE MANAGER
	KRAHLING, WAYNE C	SHIPPING SUPERVISOR
	KREUZER, ROBERT	INTERNATIONAL ORGANIZER
#	KRUSE, RICHARD T	SUPERVISOR, AFFILIATE PER CAPITA TAX
	KUENZEL, SUSAN L	ADMINISTRATIVE ASSISTANT

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

	Name	Position
	KUMSTAR,JOSEPH H	INTERNATIONAL REPRESENTATIVE
	LAUGHTON,DAVID W	ASSISTANT TO THE TRADE DIVISION DIRECTOR
	LEARY,DEBORAH A	SYSTEMS ANALYST
	LEE JR.,JAMES	BUILDING MAINTENANCE
	LEE,SIK H	GENERAL CLEANER
	LEHMAN,TIM	REGIONAL DIRECTOR - EAST
	LEHRBACH, LYNN	INTERNATIONAL REPRESENTATIVE
	LENNOX,ROBERT	REGIONAL DIRECTOR - WEST
	LEWIS JR.,TIMOTHY	INTERNATIONAL ORGANIZER
	LEWIS,DAVID R	COMPUTER OPERATOR II
	LEWIS,TIMOTHY	NEGOTIATIONS INDEXER
#	LEWIS-WRIGHT,TIFFANY	INDUSTRIAL ENGINEER
	LICHTENWALD,WILLIAM D.	INTERNATIONAL REPRESENTATIVE
	LIDDELL,MARY	CORRESPONDENCE DATA TECHNICIAN
	LITTLE,RICHARD	SHIPPING/INVENTORY CLERK
	LIU,JEAN SHIAN	STAFF ACCOUNTANT II
#	LLOYD,AMY E	OFFICE SUPERVISOR
	LOCKARD,JOHN W	EASTERN REGION COORDINATOR, DRIVE
	LUCORE,ROBERT E	SENIOR RESEARCH ANALYST
	LUMPKIN,TAMMY L	ADMINISTRATIVE SECRETARY
	LYTER,RICHARD A.	EXECUTIVE ASSISTANT TO THE GST
	MABRY,PATRICIA A	COMMUNICATIONS SPECIALIST
	MACCHELLO,PAULA A	CAMPAIGN COORDINATOR
	MACK,EDWARD	GENERAL CLEANER
	MACK,STEPHEN J.	TRADE DIVISION DIRECTOR, INDUSTRIAL TRADES
	MADAR,SCOTT A	ASSISTANT DIRECTOR, SAFETY AND HEALTH
	MALIZIA,LOUIS B	ASSISTANT DIRECTOR, STRATEGIC CAMPAIGNS
#	MAPPEN,STEPHEN A	PROGRAMMER/ANALYST II
	MARKOWITZ,MICHAEL J	INTERNATIONAL REPRESENTATIVE
	MARTINEZ,MARTHA O	GENERAL CLEANER
	MASHAYEKHI,AZITA	INDUSTRIAL HYGIENIST
	MATHIS,ANTHONY D	INTERNATIONAL AUDITOR
	MATHIS,MICHAEL E	DEPARTMENT DIRECTOR, GOVERNMENT AFFAIRS
	MAYS,JOHN	CHAIRMAN - GRIEVANCE PANEL
	MCCALL,JAMES A	ASSISTANT DIRECTOR, LEGAL DEPARTMENT
	MCCULLOCH,BERNADETTE	INTERNATIONAL ORGANIZER
	MCDONALD,JOHN S	DEPARTMENT DIRECTOR, PURCHASING

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
 INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
 ADDITIONAL INFORMATION
 ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

#	Name		Position	
	MCGRATH, THOMAS J		TRADE DIVISION DIRECTOR, NEWSPAPER, MAGAZINE AND ELECTRONIC MEDIA	
	MCLAUGHLIN, MICHAEL		REGIONAL DIRECTOR - WEST	
	MCLUCKIE, FREDERICK P		DEPUTY DIRECTOR OF LEGISLATION	
	MEDeiros, DEBORAH L		BILLING COORDINATOR SPECIALIST	
	MEHRINGER, CHERYL N		ACCOUNTANT I	
	MENTOR, SHARLENE J		COMMUNICATIONS ASSISTANT	
	METZINGER, THOMAS R		DEPARTMENT DIRECTOR, PENSION & INVESTMENTS	
	MIDDLETON, RICK		INTERNATIONAL REPRESENTATIVE	
	MILLER, BRENDA		PAYROLL SUPERVISOR	
	MILLER, LOUIE		CO-CHAIRMAN CENTRAL COMMITTEE	
	MILLER, MICHELLE M.		DATA ENTRY CLERK	
	MILLIES, BRUCE A		INDUSTRIAL HYGIENIST	
	MITCHELL, KAREN		OFFICE MANAGER	
	MODECKER, EDWARD		REGIONAL DIRECTOR - WEST	
	MONROE, BOBBY		INTERNATIONAL ORGANIZER	
	MOORE, CAROLYN H		EXECUTIVE SECRETARY	
	MOORE, KERI M.		NEGOTIATIONS INDEXER	
	MOORE, KEVIN		INTERNATIONAL ORGANIZER	
	MOORE, WILLIAM A.		INTERNATIONAL REPRESENTATIVE	
	MORAWSKI-ALVARO, CARMEN		LEGAL SECRETARY	
	MORISAK, JACK R		PER CAPITA TAX ACCOUNTANT	
	MULLIGAN, KELLI J		ADMINISTRATIVE SECRETARY	
	MUNDY, STUART B.		INTERNATIONAL REPRESENTATIVE	
	MUNOZ, NORA L		SWITCHBOARD OPERATOR	
	MURPHY, MICHAEL		STAFF ATTORNEY	
	MURPHY, VINCENT C		INTERNATIONAL REPRESENTATIVE	
	MYERS, ARTHUR E		BUILDING SECURITY	
	NELSON JR., THOMAS H		GRANT'S ACCOUNTANT	
	NELSON, RICHARD W		INTERNATIONAL REPRESENTATIVE	
	NEWELL, ROGER C		COMMUNICATIONS SPECIALIST	
	NGUYEN, LINN V		PENSION BENEFIT ANALYST	
	NOLAN, CLIFF		DRIVE FIELD REPRESENTATIVE	
	NOLAN, MARIE A		OFFICE ASSISTANT II	
	NOLAN, TIMOTHY J		INTERNATIONAL AUDITOR	
	NOONEY, DIANE F		SECRETARY II	
	NOWAK, GREG		INTERNATIONAL REPRESENTATIVE	
	O'CONNOR, PATRICK W		BUILDING SECURITY	
	O'DONNELL, PATRICK		COMMITTEE CHAIRMAN - WEST	
	OLIVER, JANICE D		LEGISLATIVE REPRESENTATIVE	

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees.

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

Name	Position
O'NEILL, JENEFER J.	ASSISTANT TO SPECIAL EVENTS COORDINATOR
OWEN, DONNA J	ADMINISTRATIVE SECRETARY
OWENS, MAURICE D.	COMMUNICATIONS SPECIALIST
PAFFENROTH, ROBERT	COMMITTEE CHAIRMAN - WEST
PAGE, STEPHANIE L	COMPUTER PROCEDURES COORDINATOR
PAGE, THOMAS	CASUAL LABORER
PAINTER, KATHERINE M	OFFICE ASSISTANT II
PALUMBO, JOHN	INTERNATIONAL REPRESENTATIVE
PANE, PATRICIA Y	GENERAL CLEANER
PANGALLO, MARGARET A	OFFICE MANAGER
PARKER, BRENDA	LEGAL SECRETARY
PASSO, DANE M	INTERNATIONAL REPRESENTATIVE
PATTERSON, KIMBERLY M	ADMINISTRATIVE SECRETARY
PAYNE, JENNIFER N	CODING CLERK
PAYNE, SARA P	ASSOCIATE DIRECTOR, EDUCATION
PENLEY, WILLIAM L	BUILDING SECURITY
PERALTA, JOHN G	CASUAL LABORER
PERSAUD, DEONARAIN	GENERAL CLEANER
PETRECCA, NICHOLAS	INTERNATIONAL ORGANIZER
PHILLIPS, CATHERINE R	ACCOUNTING TECHNICIAN
PICARELLO, NICHOLAS	COMMITTEE CHAIRMAN - EAST
PINEDA, SCARLET	TRAVEL OFFICE STAFF
POINDEXTER, DONNETTA Y	SECRETARY II
POLLARD, NICOLE R	STAFF ATTORNEY
POLO, JOSEPH	INTERNATIONAL AUDITOR
PRATT, EDWARD R	INTERNATIONAL AUDITOR
PROCTOR, GARY	COMMITTEE CHAIRMAN - CENTRAL
PUDLO, DENISE	SECRETARY I
RAINVILLE, BRIAN	ASSISTANT DIRECTOR, COMMUNICATIONS
RAMOS, JOSE I	FOOD SERVICES
RAMOS, JUAN A	FOOD SERVICES
RAMSHAW, ROBERT J	INTERNATIONAL ORGANIZER
RAPP, CATHERINE H	ACCOUNTS PAYABLE MANAGER
RAYES, ROBERT	REGIONAL DIRECTOR - CENTRAL
RAYMOND, DENNIS	REGIONAL DIRECTOR - NORTHERN
REARICK, MARLENE E	SECRETARY II
REDDING, KEN	CHAIRMAN-NAT'L AIR GREY COMM
REDMOND, HOWARD	CHRMN, PREM. SVC. JT NAT'L GRV CO
REED, LEO	TRADE DIVISION DIRECTOR, MOTION PICTURE

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

#	Name		Position	
	REEVES,THERESA Y		OFFICE MANAGER	
	REYNOLDS,KATHLEEN L		SECRETARY I	
	REYNOSO,EDWARD S.		DRIVE FIELD REPRESENTATIVE	
#	RIEGEL,EDWIN R		BUILDING SECURITY	
	RILEY,CYNTHIA		DRIVE FIELD REPRESENTATIVE	
	RINER,MELISSA		DEPARTMENT DIRECTOR, INTERNAL AUDIT	
	ROBBINS,TAMALA		CLERK TYPIST II	
	ROBINSON,DAVID		INTERNATIONAL REPRESENTATIVE	
	ROBINSON,DENOLON		SHIPPING CLERK	
	ROBINSON,JOHN		BUILDING SECURITY	
	ROBINSON,YVETTE		SECRETARY II	
	ROCHA,RONALD		INTERNATIONAL REPRESENTATIVE	
	RODRIGUEZ,JOSE		INTERNATIONAL ORGANIZER	
	ROMANS,FRANCIS R		BUILDING SECURITY	
	ROTH,CHARLES M.		INTERNATIONAL REPRESENTATIVE	
#	ROTH,GREGORY		INTERNATIONAL REPRESENTATIVE	
	ROZAK,ROBERT J		SYSTEMS PROGRAMMER II	
	SAGAN,NICHOLAS G		BUILDING SECURITY	
	SANDERS,NORMAN C.		BUILDING SECURITY	
	SANSBURY,ERICA		SECRETARY II	
	SAVOY,GAMALIEL L		CLERK TYPIST II	
	SAWYER,AARON E		INTERNATIONAL REPRESENTATIVE	
	SAWYER,BRENDA		INDUSTRIAL ENGINEER	
	SAWYER,CASEY		REGIONAL DIRECTOR - WEST	
	SCALF,CARLOW B		EXECUTIVE ASSISTANT TO THE GENERAL PRESIDENT	
	SCARLATOS,PETER		REGIONAL DIRECTOR - EAST	
	SCHATZ,THOMAS J		ETHICAL PRACTICES STAFF	
	SCHOESSLING,JAMES J		INTERNATIONAL AUDITOR	
	SCHWAB,RONALD B		INTERNATIONAL REPRESENTATIVE	
	SCOTT,TRACEY V		PENSION BENEFIT ANALYST	
	SEALES-MCLEOD,DENISE D		REQUESTS COORDINATOR	
	SELSAVAGE,JOSEPH A		DEPARTMENT DIRECTOR, ACCOUNTING	
	SEMLER JR.,RICHARD H		COMMUNICATIONS TERMINAL ENGINEER	
	SHARP,MYRON O		EDUCATION COORDINATOR I	
	SHIFFLETT,JEFFREY A		NETWORK CONTROLLER	
	SHUMAR,MARK W		WESTERN REGION COORDINATOR, DRIVE	
	SILVA,MARY E		STAFF ACCOUNTANT II	
	SIST,LYNDA M		ACTING DEPARTMENT DIRECTOR, HUMAN RESOURCES	
	SIZEMORE,PEGGY Y		RECEPTIONIST CLERK TYPIST I	

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10

Name	Position
SKOWRONSKI, MICHAEL H	NETWORK CONTROLLERS SUPERVISOR
SLAWSON SR., BRAD D.	INTERNATIONAL REPRESENTATIVE
SLOSKEY, DEBORAH A	MANAGER, AFFILIATES RECORDS
SMELL, GREGORY M	ASSISTANT DIRECTOR, PURCHASING
SMITH, DAVID E.	INTERNATIONAL AUDITOR
SMITH, DONALD A	BUILDING SECURITY
SMITH, EILEEN B	MEMBERSHIP SERVICES ASSISTANT
SMITH, GERALDINE	TITAN FIELD REPRESENTATIVE
SMITH, JR, LEWIS R	INTERNATIONAL REPRESENTATIVE
SMITH, LEON	INTERNATIONAL ORGANIZER
SOEHL, ERNIE	INTERNATIONAL REPRESENTATIVE
SOSINSKY, JOEL	ASSISTANT DIRECTOR, PUBLIC EMPLOYEES DIVISION
SOWELL, ERNEST E.	INTERNATIONAL REPRESENTATIVE
SPITZINGER, DEBORAH L	OFFICE MANAGER
SPRAKER, REGINA	NEGOTIATIONS INDEXER
ST. LOUIS, JAMES	FIELD REPRESENTATIVE
STEPHENS, RONALD	INTERNATIONAL REPRESENTATIVE
STEPHENSON, VERONICA	INTERNATIONAL REPRESENTATIVE
STERN, RICHARD H	TRADE DIVISION DIRECTOR, BUILDING MATERIAL AND CONSTRUCTION
STEWART, GLORIA M	ASSISTANT TO IRB ADMINISTRATOR
STEWART, LEONARD M	REPRODUCTION TECHNICIAN
STILSON, ANGELA S	OFFICE SUPERVISOR, DRIVE ACCOUNTING
STROUD, DAVID C. III	ACCOUNTS PAYABLE CLERK
# SULLIVAN, EILEEN	INTERNATIONAL REPRESENTATIVE
SULLIVAN, JOHN K	WATCH ENGINEER
SULLIVAN, VICTORIA L.	DATA ENTRY COORDINATOR
SWEETON, GORDON	INTERNATIONAL REPRESENTATIVE
SWIANTEK, JOHN	DRIVE FIELD REPRESENTATIVE
TARANGO, CONNIE	SECRETARY I
TAYLOR, DENIS	INTERNATIONAL REPRESENTATIVE
# THOMPSON, CONSTANCE	LEGAL SECRETARY
THOMPSON, LESLIE M	SECRETARY II
THOMPSON, TODD J	FIELD STAFF COORDINATOR/STATE
TINSLEY-JONES, IRENE	LEGISLATIVE COORDINATOR
TORRICELLI, MARIO U	GENERAL CLEANING SUPERVISOR
TREICHLER, DONALD R	COMPUTER PROCEDURES COORDINATOR
TURNER, LINDA L	INTERNATIONAL REPRESENTATIVE
TURNER, PAMELA L	SECRETARY II
	EXECUTIVE SECRETARY

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

#	Name		Position	
	TURNER, ROBERT		INTERNATIONAL REPRESENTATIVE	
	ULICA, PATRICIA A		SECRETARY II	
	UTTER, KAREN M		STAFF ATTORNEY	
	VADINI, DENNIS		REGIONAL DIRECTOR - CENTRAL	
	VAIRMA, STEVEN		INTERNATIONAL REPRESENTATIVE	
	VALENZUELA, MANNY		INTERNATIONAL REPRESENTATIVE	
	VIREN, ANTHONY		INTERNATIONAL ORGANIZER	
	VIRTUE, DANIEL A		COMMITTEE CHAIRMAN - EAST	
	WALKER, EARL		CO-CHAIR CENTRAL/SOUTHERN COMM	
	WAMSLEY, JANET D		HEAD LIBRARIAN	
	WARD, LUTHER		DRIVE FIELD REPRESENTATIVE	
	WARD, ROBIN E		OFFICE ASSISTANT II	
	WARE, ERNEST R		GENERAL CLEANER	
	WASHINGTON, ELLA		PROJ ORGANIZER	
	WATKINS, CHARLES		PROJECT ORGANIZER	
	WEINERT, DENNIS		COMMITTEE CHAIRMAN - CENTRAL	
	WEST-LANGLEY, CAROLYN R		OFFICE ASSISTANT II	
	WETTERAU, MAUREEN E		AUDIT SENIOR	
	WHELAN, WILLIAM J.		REGIONAL DIRECTOR - EAST	
	WHIPPLE, FRED		PERSONAL REPRESENTATIVE TO GST	
	WHITE, DAVID W		PRODUCTION SPECIALIST	
	WHITE, HERBERT H		REPRODUCTION TECHNICIAN	
	WHITE, ROBERT		INTERNATIONAL REPRESENTATIVE	
	WHITFIELD, MITCHELL		BUILDING MAINTENANCE	
	WHOBREY, CHUCK		REGIONAL DIRECTOR - SOUTH	
	WIEKER, HEATHER R.		TITAN FIELD REPRESENTATIVE	
	WIGGINS, MAMIE J		NEGOTIATIONS INDEXER	
	WILBUR, GARTH C		NETWORK CONTROLLER	
	WILKINSON, TIMOTHY A		GENERAL CLEANER	
	WILLIAMS, JOHN		REGIONAL DIRECTOR - WEST	
	WILLIAMS, NATHANIEL		INTERNATIONAL ORGANIZER	
	WILSON, PATRICIA E		OFFICE MANAGER	
	WILSON, ROD E		PER CAPITA TAX ACCOUNTANT	
	WINBORNE, RALEIGH D.		CORRESPONDENCE DATA TECHNICIAN	
	WITLEN, GARY S		DEPARTMENT DIRECTOR, LEGAL	
	WOO, NORMAN W		RESEARCH SPECIALIST	
	WOODWARD, JAMES		INTERNATIONAL REPRESENTATIVE	
	WOOTEN, DONALD		INTERNATIONAL ORGANIZER	
	WOYTKO, DALE M		ASSISTANT CHIEF ENGINEER	
	WRIGHT, SEAN C		COMPUTER PROCEDURES COORDINATOR	

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 57 and Schedule 10 - Disbursements to Employees

The following supplemental information is provided with regard to Schedule 10 to provide the complete position and supplemental information for employees listed on Schedule 10.

#	Name	Position
	WRIGHT, THOMAS H	ASSISTANT DIRECTOR, INFORMATION SYSTEMS
	XEUNG, CHENG J.	MICROFILM CLERK
	YOKE, NANCY	DRIVE FIELD REPRESENTATIVE
	YOUNG JR, THEODORE H	GENERAL CLEANER
	YOUNGER, ROBERT	COMMITTEE CHAIRMAN - WEST
	ZELAYA, LUIS	TRAVEL ACCOUNTANT I
	ZELENKO, CARIN R	DEPARTMENT DIRECTOR, STRATEGIC CAMPAIGNS
	ZUCKERMAN, FRED	COCHAIR CNTR/STH COMMITTEE

Employment ceased during reporting period

2000 IBT HEADQUARTERS LM2

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FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 73 - Other Disbursements and Schedule 15

Deposits

The International Union in its ordinary course of business makes disbursements for deposits to vendors. Throughout the year these deposits are applied to actual goods or services provided by the vendor and subsequently reclassified to the proper expense account with no disbursement of cash. These amounts are included in Item 73 - Other Disbursements and detailed on Schedule 15. The International Union includes the original amount expensed to Deposits, the subsequent reclasses to the expense account once the goods are provided by the vendor, and the amount disbursed during the year and remaining in Deposits on Schedule 15.

Consent Decree Related Expenses

The International Union reports expenses associated with the consent decree in 88 Civ 4486 *United States of America v. International Brotherhood of Teamsters, et.al.* in Item No. 73 - Other Disbursements as these expenses are extraordinary expenses not normally incurred in the day to day operations of a labor union and to provide the reader of the LM-2 with a detailed disclosure of these expenses.

Item No. 75

Grants

The International Union received grant funding during the year through the National Institute of Environmental Health Sciences for worker health and safety training and the Department of Labor. Expenses disbursed in accordance with the grants during calendar year 2000 are reported in the appropriate cash disbursement line items of Statement B. Cash reimbursements for the grants for calendar year 2000 are reported in Item 54 and Schedule 14 - Other Receipts.

Tom Shay Scholarship Fund

The International Union established the Tom Shay Scholarship Fund in 1995 for the benefit of the children of Tom Shay, an International Vice President who was killed in an automobile accident in 1994. This Fund is maintained by the International Union. In 2000, the Fund received interest of \$734.69 and did not make any disbursements during the year.

2000 IBT HEADQUARTERS LM2

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FILE NO. 0C 93
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
 LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item 75 - Adjustment of Beginning Balances

The International Union reclassified certain items between line items which required the adjustment of the beginning balances of the affected line items. A reconciliation for each of the line items that was adjusted follows.

Line 28 - U.S. Treasury Securities

U.S. Treasury Securities Balance as Previously Reported
 Deduct: Unrealized Loss on Securities
 Adjusted U.S. Treasury Security Balance at Start of Period

6,649,502
(124,667)
<u>6,524,835</u>

Line 29 - Marketable Securities and Other Investments

Marketable Securities Balance as Previously Reported
 Deduct: Unrealized Loss on Securities
 Adjusted Marketable Securities Balance at Start of Period

54,435,197
(1,452,063)
<u>52,983,134</u>

Line 27 - Loans

Loans Receivable Balance as Previously Reported
 Add: Allowance for Doubtful Loans
 Add: VSTF & Hoffa Medical Center Loan
 Adjusted Loans Receivable Balance at Start of Period

5,199,905
1,073,650
345,696
<u>6,619,251</u>

Line 31 - Other Assets

Other Assets Balance as Previously Reported
 Add: Unrealized Loss on Securities
 Deduct: Allowance for Doubtful Loans
 Deduct: VSTF & Hoffa Medical Center Loans
 Adjusted Other Assets Balance at Start of Period

1,415,591
1,576,730
(1,073,650)
(345,696)
<u>1,572,975</u>

2000 IBT HEADQUARTERS LM2

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 75

Breakdown of Consent Decree Related Expenses

Independent Review Board

I. IRB MEMBERS

	FEES	FRINGE BENEFITS	EXPENSES	TOTAL
Grant Crandall	99,999.96	35,000.04	14,066.51 *	149,066.51
Frederick B. Lacey	99,999.96	35,000.04	41,991.44 *	176,991.44
William H. Webster	91,666.63	32,083.37	0.00 ***	123,750.00
Total	291,666.55	102,083.45	56,057.95	449,807.95

II. INVESTIGATION OFFICERS

Charles M. Carberry	480,910.00	35,000.04	198,985.27 *	714,895.31
Robert J. Allen	75,000.00	24,499.92	9,211.74	108,711.66
Michael F. Campbell	75,000.00	24,499.92	10,750.52	110,250.44
Richard J. Murray	75,000.00	24,499.92	10,277.18	109,777.10
William P. Nugent	75,000.00	24,499.92	3,808.01	103,307.93
James E. Reilly	37,500.00	12,249.96	11,212.67	60,962.63
Haluk Savci	75,000.00	24,499.92	10,152.19	109,652.11
Donald F. Schwally	75,000.00	24,499.92	14,489.96	113,989.88
John J. Skala	50,000.16	16,333.20	11,126.21	77,459.57
Dennis E. Milton	75,000.00	24,499.92	9,005.52	108,505.44
Joseph W. Vidovich	75,000.00	24,499.92	24,018.78	123,518.70
Raymond A. Wren	75,000.00	24,499.92	21,550.95	121,050.87
Celia A. Zahner	84,999.96	27,999.96	9,803.25	122,803.17
Total	1,328,410.12	312,082.44	344,392.25	1,984,884.81

III. OFFICE RENT

0.00	0.00	293,120.83	293,120.83
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IV. ADMINISTRATOR

Charles E. Jordan	28,400.00	0.00	0.00	28,400.00
Eric M. Saidel	60.00	0.00	0.00	60.00
John E. Converse	62,800.00	0.00	195.80	62,995.80
John J. Cronin Jr.	45,000.00	0.00	4,925.72	49,925.72
Rebecca Lopez	13,300.00	0.00	3.01	13,303.01
Doris Chen	4,525.00	0.00	0.00	4,525.00
Total	154,085.00	0.00	5,124.53	159,209.53

2000 IBT HEADQUARTERS LM2

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(

FILE NO. 000-093
INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LM-2 - 2000
ADDITIONAL INFORMATION
ITEM 75

Item No. 75

Breakdown of Consent Decree Related Expenses

Independent Review Board

V. STAFF

Gloria Stewart **

	FEES	FRINGE BENEFITS	EXPENSES	TOTAL
	0.00	3,274.06	0.00	3,274.06

VI. OFFICE EXPENSES

Administrative & Office	0.00	0.00	29,696.93	29,696.93
Payroll Taxes	0.00	0.00	3,231.01	3,231.01
Postage	0.00	0.00	36,223.86	36,223.86
Printing	0.00	0.00	28,978.34	28,978.34
Telephone	0.00	0.00	28,866.18	28,866.18
Total	0.00	0.00	126,996.32	126,996.32

VII. Teamster Magazine Costs

Costs for publishing IRB Report
in Teamster Magazine

	0.00	0.00	352,109.52	352,109.52
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Total Independent Review Board Expenses

1,774,161.67	417,439.95	1,177,801.40	3,369,403.02
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Independent Financial Auditor - KPMG

632,908.50

2001 IBT Delegate and Officer Election Expenses

1,400,000.00

Teamster Magazine Costs for U.S. District Court for
Southern District of NY Decisions and Election Related Pages

318,601.59

Total Consent Decree Related Expenses

5,720,913.11

* Expenses include additional staff support and expenses at the individuals' respective law firm.

** Does not include Salary and FICA for IRB Secretary reported on Schedule 10 of \$36,590
and \$3,031.

*** One monthly payment was not received by IRB member and check voided in 2000 and reissued in 2001.

2000 IBT HEADQUARTERS LM2

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2000 IBT HEADQUARTERS LM2

FILE NO. 000-093

Page 1 of 3

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Trade Divisions' Cash Receipts and Disbursements

The following is supplemental information to the IBT Trade Divisions receipts and disbursements included in this LM-2 report.

All cash is included in Line 25 - Cash.

Trade Division	Address	Period	Balance 1/1/2000	Financial Information		Balance 12/31/2000
				Cash Receipts	Disbursements	
The Division	Raymond Benning, Director 6242 Westchester Parkway, Suite 250 Los Angeles, California 90045	1/01/2000 12/31/2000				
Automotive, Petroleum and Allied Trades Division (Merged with Industrial Trades Division September 1999)	25 Louisiana Avenue, N.W. Washington, D.C. 20001	1/01/2000 12/31/2000				
Automobile Transporters Industry Division	Doc Condor, Director 25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000				
Building Material and Construction Trade Division	Richard Stern, Director 25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000	\$43,105.46	\$27,660.54	\$20,734.21	\$50,031.79
Freight Division	Phil Young, Director 25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000				
Industrial Trades Division	Steven J. Mack, Director 25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000	61,172.23	3,809.39	0.00	64,981.62
Motion Picture and Theatrical Trade Division	Leo T. Reed, Director P.O. Box 6017 North Hollywood, California 91603	1/01/2000 12/31/2000				

2000 IBT HEADQUARTERS LM2

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2000 IBT HEADQUARTERS LM2

FILE NO. 000-093

Page 2 of 3

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Trade Divisions' Cash Receipts and Disbursements

The following is supplemental information to the IBT Trade Divisions receipts and disbursements included in this LM-2 report.

All cash is included in Line 25 - Cash.

Trade Division	Address	Period	Balance 1/1/2000	Financial Information		Balance 12/31/2000
				Cash Receipts	Disbursements	
Newspaper, Magazine and Electronic Media Workers Division	Thomas J. McGrath, Director 25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000	\$80,674.45	\$215,262.61	\$47,103.32	\$248,833.74
Parcel and Small Package Trade Division	Richard Heck, Director 25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000	11,420.57	290.39	0.00	11,710.96
Port Division	George W. Cashman, Director 544 Main Street Boston, MA 02129	1/01/2000 12/31/2000				
Public Employees' Trade Division - U. S. A. and Canada	Carroll Haynes, Director 25 Louisiana Avenue, NW Washington, DC 20001	1/01/2000 12/31/2000				
Tankhaul Division	Keith Gleason, Director 25 Louisiana Avenue, NW Washington, DC 20001	1/01/2000 12/31/2000				
Trade Show and Convention Centers Trade Division	25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000				
Warehouse Division	Kenneth E. Hilbish, Acting Director 25 Louisiana Avenue, N. W. Washington, D. C. 20001	1/01/2000 12/31/2000	\$43,185.73	\$21,356.56	\$2,164.12	\$62,378.17
			\$239,558.44	\$268,379.49	\$70,001.65	\$437,936.28

2000 IBT HEADQUARTERS LM2

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2000 IBT HEADQUARTERS LM2

FILE NO. 000-093

Page 3 of 3

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LM-2 - 2000

ADDITIONAL INFORMATION

ITEM 75

Trade Divisions' Cash Receipts and Disbursements

The following is supplemental information to the IBT Trade Divisions receipts and disbursements included in this LM-2 report.

All cash is included in Line 25 - Cash.

The cash, receipts and disbursements are included in the International Union's LM-2 and were allocated to the following lines:

Receipts

Line 46 - Interest	Interest Income	\$9,597.78
Line 49 - Sale of Investments	Sale of Investments	140,585.05
Line 54 - Other Receipts	Deposits Received in Error	275.00
Line 54 - Other Receipts	Judgments, Suits and Settlements	1,533.16
Line 54 - Other Receipts	Sale of Conference Pins	1,462.50
Line 54 - Other Receipts	Conference Registration Fees	24,618.00
Line 54 - Other Receipts	Contributions	90,308.00
		<u>\$268,379.49</u>

Disbursements

Line 57 - To Employees	Schedule 10 - Employees	\$4,017.51
Line 60 - Office & Admin Exp.	Printing	190.19
Line 60 - Office & Admin Exp.	Airfare	1,036.00
Line 60 - Office & Admin Exp.	Travel - Other	7,988.67
Line 60 - Office & Admin Exp.	Insurance	94.34
Line 60 - Office & Admin Exp.	Computer Software	535.95
Line 62 - Professional Fees	Professional Fees	360.00
Line 64 - Contributions	Contributions	1,100.00
Line 73 - Other Expenses	Bank Service Charges	433.17
Line 73 - Other Expenses	Reimbursements to Affiliates	29,783.07
Line 73 - Other Expenses	Meeting and Seminars	19,490.00
Line 73 - Other Expenses	Purchase of Division Pins	4,697.75
Line 73 - Other Expenses	Refunds of Deposit in Error	275.00
Total Disbursements		<u>\$70,001.65</u>

2000 IBT HEADQUARTERS LM2