


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

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">0 1 9 - 0 6 5</div>	2. PERIOD COVERED <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td>From 0 1</td> <td>0 1</td> <td>2 0 0 2</td> </tr> <tr> <td>Through 1 2</td> <td>3 1</td> <td>2 0 0 2</td> </tr> </table>	MO	DAY	YEAR	From 0 1	0 1	2 0 0 2	Through 1 2	3 1	2 0 0 2	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
MO	DAY	YEAR										
From 0 1	0 1	2 0 0 2										
Through 1 2	3 1	2 0 0 2										

4. AFFILIATION OR ORGANIZATION NAME OFFICE & PROFESSIONAL EMPLS AFL-CIO	8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px;">L A N I G A N</div> Last Name <div style="border: 1px solid black; padding: 2px;">R I C H A R D</div> P.O. Box - Building and Room Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Number and Street <div style="border: 1px solid black; padding: 2px;">2 6 5 W 1 4 T H S T 6 T H F L R</div> City <div style="border: 1px solid black; padding: 2px;">N E W Y O R K</div> State ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">N Y 1 0 0 1 1 - </div>	
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 153	
7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)		

75. ADDITIONAL INFORMATION Item Number	SEE ATTACHED SCHEDULE
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Debra C. Griffith</u> PRESIDENT (If other title, see instructions.) Date: <u>3/31/03</u> Telephone Number: <u>212-741-8276</u>	77. SIGNED: <u>Richard Lanigan</u> TREASURER (If other title, see instructions.) Date: <u>3/28/03</u> Telephone Number: <u>(212) 741-8276</u>
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During the Reporting Period Did Your Organization:

- 10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes No
- 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? Yes No
- 12. Have a political action committee (PAC) fund? Yes No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No
- 15. Discover any loss or shortage of funds or other property? Yes No
(Answer "Yes" even if there has been repayment or recovery.)
- 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? Yes No
- 17. Liquidate or reduce any liabilities without disbursement of cash? Yes No

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

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

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

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? \$

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	\$ <u>18min,49.84max</u> per <u>month</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>25min,100max</u>
(c) Transfer Fees	\$ <u>0.00</u>
(d) Work Permits	\$ <u>0.00</u> per <u>MONTH</u> <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? Yes No
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

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

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

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

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 1 9 - 0 6 5

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

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

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 1 9 - 0 6 5**

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

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

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 1 9 - 0 6 5

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	7 1 7
2. Total Book Value	7 1 7
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	7 1 7
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. DUE TO AFFILIATED ORGANIZATIONS	1 4 7 3 5 7
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 4 7 3 5 7
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 1 9 - 0 6 5

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	9 0 2 0 4 9	7 9 7 7 2 0	1 0 4 3 2 9	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	9 0 2 0 4 9	7 9 7 7 2 0	1 0 4 3 2 9	0
The total from Line 8, Column (D) is entered in.....				Item 30, Column (B)

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in				Item 49

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 9 - 0 6 5

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FURNITURE & EQUIPMENT	11874	11874	11874
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	11874	11874	11874
7. Less Reinvestments			0
	8. Net Purchases		11874
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

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

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 9 - 0 6 5

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	GOODWIN MICHAEL BUS. MANAGER	C	4 3 7	0	1 2 3 2	0	1 6 6 9
2.	LANIGAN RICHARD SEC. TREAS.	C	1 2 6 0 3 0	0	3 5 4 3 0	0	1 6 1 4 6 0
3.	GRIFFITH NEYSA PRESIDENT	C	2 4 0 0	0	2 2 1 7	0	4 6 1 7
4.	ALVAREZ JUAN VICE PRESIDENT	C	0	0	7 0 1	0	7 0 1
5.	BENTON MARY REC. SECRETARY	C	0	0	7 0 6	0	7 0 6
6.	LIVOTI MARY TRUSTEE	C	0	0	1 0 4 6	0	1 0 4 6
7.	MAGNA WILLIAM TRUSTEE	C	0	0	1 4 6 5	0	1 4 6 5
8. Totals from additional pages (if any)			1 9 0 2	0	2 3 5 4 1	0	2 5 4 4 3
9. Totals of Lines 1 through 8			1 3 0 7 6 9	0	6 6 3 3 8	0	1 9 7 1 0 7
					10. Less Deductions	4 6 2 7 0	
The total from Line 11 is entered in Item 56					11. Net Disbursements	1 5 0 8 3 7	
*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.					(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)		

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 9 - 0 6 5

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. BOSTELMAN CATHERINE ADMIN. ASST. N/A	6 0 6 5 0	0	0	0	6 0 6 5 0
2. BUENO GEORGE OFFICE MGR. N/A	1 2 3 0 0	0	0	0	1 2 3 0 0
3. CARR KATHLEEN BUS. AGENT N/A	1 0 5 3 0	0	1 3 3	0	1 0 6 6 3
4. DATNARAIN SANDRA BOOKKEEPER N/A	5 5 3 9 7	0	0	0	5 5 3 9 7
5. DOONER ROBERT BUS. AGENT N/A	7 0 6 1 8	0	2 6 3 8 6	0	9 7 0 0 4
6. Totals from additional pages (if any)	8 0 7 7 9 0	0	2 1 4 3 6 9	0	1 0 2 2 1 5 9
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	1 5 2 4 5	0	0	0	1 5 2 4 5
8. Totals of Lines 1 through 7	1 0 3 2 5 3 0	0	2 4 0 8 8 8	0	1 2 7 3 4 1 8
9. Less Deductions			3 2 2 5 6 1		
The total from Line 10 is entered in Item 57			10. Net Disbursements 9 5 0 8 5 7		

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 1 9 - 0 6 5

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND WELFARE	LOCAL 153 HEALTH FUND	3 7 2 9 4 2
2. PENSION	LOCAL 153 PENSION FUND	6 3 3 8 2
3. PENSION	OPEIU RETIREMENT FUND	2 2 6 6 8 2
4. LONG TERM DISABILITY	LOCAL 153 LTD FUND	1 0 6 8 8
5. Total from additional pages (if any)		1 5 0 7 6 6 4
6. Total of Lines 1 through 5		2 1 8 1 3 5 8
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE	2 6 7 2 5
2. LABOR ORGANIZATION	6 7 8 7 5
3. EDUCATION	4 0 0
4. TESTIMONIAL	5 7 5
5. POLITICAL	1 3 1 8 2
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 0 8 7 5 7
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	2 4 0 5 5 0
2. ELECTRIC	3 7 7 9 2
3. PRINTING	2 5 5 0 7
4. TELEPHONE	4 2 9 9 3
5. MACHINE MAINTENANCE	2 1 2 3 4
6. MEETING HALL RENTAL	4 1 1 3
7. Total from additional pages (if any)	1 7 5 5 8 0
8. Total of Lines 1 through 7	5 4 7 7 6 9
The total from Line 8 is entered in Item 60	

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. RENTAL REIMBURSEMENT	3 0 7 8 8
2. REFUND - PAYROLL SERVICE	1 0 0
3. REFUND - AUTOMOBILE EXPENSES	1 0 8 2
4. REFUND - CONFERENCE & CONVENTION	1 2 0 0 0
5. EXPENSES - R. DOONER	2 6 0
6. DISABILITY	1 1 1 0 0
7. REFUND - INSURANCE	1 9 3 5
8. REFUND - OFFICE EXPENSES	2 5 0
9. REIMBURSED HEALTH FUND ADMIN.	3 9 9 5 1
10. REIMBURSED PENSION FUND ADMIN.	3 0 3 0 7
11. REIMBURSED LTD FUND ADMIN.	1 2 8 1
12. REIMBURSED OPEIU ADMINISTRATIVE	6 5 3 0 2
13. GREAT ADVENTURE COLLECTIONS	1 0 9 0 9
14. MOVIE TICKET COLLECTIONS	1 1 1 5 6
15. SUBPOENA FEE	1 5
16. Total from additional pages (if any)	9 8 1 3 1 0
17. Total of Lines 1 through 16	1 1 9 7 7 4 6
The total from Line 17 is entered in Item 54	

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. RETURNED CHECKS	1 6 4 9
2. STRIKE EXPENSES	6 2 3 3 2
3. LABOR DAY EXPENSES	1 0 9 2 7
4. ORGANIZING EXPENSES	5 5 5 2 4
5. REIMB. PENSION FUND ADMIN.	6 1 1 0
6. RAFFLE WINNER	5 0 0 0
7. DISASTER RELIEF	1 3 2 0 0
8. REFUND - DUES	4 4 8 7
9. REFUND - INITIATION FEES	1 1 3 0
10. GREAT ADVENTURE PURCHASE	1 0 8 7 7
11. MOVIE TICKETS PURCHASE	1 2 5 7 0
12. AUTOMOBILE EXPENSES	9 6 3 0
13. ORGANIZING SUBSIDY	1 5 6 0 0 0
14.	
15.	
16. Total from additional pages (if any)	1 8 2 6 2 9
17. Total of Lines 1 through 16	5 3 2 0 6 5
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
OFFICE & PROFESSIONAL EMPLS AFL-CIO

FILE NUMBER: 019 - 065

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
GOLDSTEIN	ABRAHAM	C	1 2 0 0	0	5 0 0	0	1 7 0 0
EXE. BOARD							
HARRIS	BARBARA.	C	0	0	4 5 0	0	4 5 0
EXE. BOARD							
JESTER	NANCY	C	0	0	0	0	0
EXE. BOARD							
MARREN	MARGARET	C	0	0	0	0	0
EXE. BOARD							
MELENDEZ	GRACE	C	0	0	4 0 0	0	4 0 0
EXE. BOARD							
NOWEL	CAROLYN	C	0	0	5 9 2	0	5 9 2
EXE. BOARD							
PIERCE	ANGELA	C	0	0	5 0 0	0	5 0 0
EXE. BOARD							
PORT VLIET	LINDA	C	7 0 2	0	4 4 0 0	0	5 1 0 2
EXE. BOARD							

ORGANIZATION NAME:
OFFICE & PROFESSIONAL EMPLS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 1 9 - 0 6 5**

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
RUGGIERO	KATHLEEN	C	0	0	1 5 0	0	1 5 0
EXE. BOARD							
SCOTT	BALDWIN	C	0	0	4 0 0	0	4 0 0
EXE. BOARD							
SHELTON	WANDA	C	0	0	9 9 3 5	0	9 9 3 5
EXE. BOARD							
SLIFKIN	LINDA	C	0	0	4 0 0	0	4 0 0
EXE. BOARD							
SOARES	JOYCE	C	0	0	5 0 0	0	5 0 0
EXE. BOARD							
TAYLOR	VIOLA	C	0	0	4 5 0	0	4 5 0
EXE. BOARD							
THORNTON	THOMAS	C	0	0	0	0	0
EXE. BOARD							
VERAS	MERCEDES	C	0	0	5 0	0	5 0
EXE. BOARD							

ORGANIZATION NAME:
OFFICE & PROFESSIONAL EMPLS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 1 9 - 0 6 5**

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
TURKELTAUB	STEVE	C	0	0	2 4 7 9	0	2 4 7 9
TRUSTEE							
ANGERSTEIN	ELIZABETH	C	0	0	0	0	0
EXE. BOARD							
ANTONIO	STEPHEN	C	0	0	0	0	0
EXE. BOARD							
BANDA	WILMA	C	0	0	1 5 0	0	1 5 0
EXE. BOARD							
DOWNNS	BEVERLY	C	0	0	1 5 0	0	1 5 0
EXE. BOARD							
EDWARDS	OPHELIA	C	0	0	4 5 0	0	4 5 0
EXE. BOARD							
FLANAGAN	PATRICK	C	0	0	4 5 0	0	4 5 0
EXE. BOARD							
GENEREUX	SANDY	C	0	0	2 0 0	0	2 0 0
EXE. BOARD							

ORGANIZATION NAME:
OFFICE & PROFESSIONAL EMPLS AFL-CIO

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ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
WALKER ROSLYN		0	0	6 8 5	0	6 8 5
EXE. BOARD	C					
ZAPPASODI DONNA		0	0	2 5 0	0	2 5 0
EXE. BOARD	C					

ORGANIZATION NAME:
OFFICE & PROFESSIONAL EMPLS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **0 1 9 - 0 6 5**

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.)</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>					
FRAZIER CLERICAL N/A PATRICIA	5 5 3 2 2	0	0	0	5 5 3 2 2
GOODMAN CLERICAL N/A JOANNE	5 2 6 9 8	0	0	0	5 2 6 9 8
GREENSPAN BUS. AGENT N/A PAUL	7 9 6 8 0	0	3 5 8 0 9	0	1 1 5 4 8 9
HAHN BUS. AGENT N/A JOHN	7 6 2 6 3	0	2 9 4 2 4	0	1 0 5 6 8 7
HERNANDEZ CLERICAL N/A DORIS	3 6 1 5 6	0	0	0	3 6 1 5 6

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FILE NUMBER: 0 1 9 - 0 6 5

ENDING DATE OF PERIOD COVERED:
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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.)</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>					
HOFFMAN BUS. AGENT N/A	3 7 9 7 1	0	2 3 7 9 1	0	6 1 7 6 2
KRIPPA BUS. AGENT N/A	6 1 5 9 8	0	2 8 3 6 3	0	8 9 9 6 1
MONTGOMERY BUS. AGENT N/A	1 0 1 7 6	0	2 3 3 0 0	0	3 3 4 7 6
POMARES BUS. AGENT N/A	5 8 3 4 0	0	8 2 5 9	0	6 6 5 9 9
PONTI JR. CLERICAL N/A	5 5 6 3 0	0	0	0	5 5 6 3 0

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
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FILE NUMBER: **0 1 9 - 0 6 5**

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.)</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>					
PONTI SR. CHARLES CLERICAL N/A	1 8 1 5 0	0	0	0	1 8 1 5 0
POSIVAL LUISA CLERICAL N/A	5 2 6 9 8	0	0	0	5 2 6 9 8
TABONE-MIFSU MICHELL CLERICAL N/A	1 2 9 9 0	0	0	0	1 2 9 9 0
THOMSON MATTHEW BUS. AGENT N/A	8 3 4 2 0	0	3 2 5 8 5	0	1 1 6 0 0 5
VERGARA GREGORY BUS. AGENT N/A	4 5 1 1 1	0	1 7 6 6 9	0	6 2 7 8 0

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ENDING DATE OF PERIOD COVERED:
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SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
VILLA SEDORA BUS. AGENT N/A	7 1 5 8 7	0	1 5 1 6 9	0	8 6 7 5 6

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SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
POSTAGE	7 4 3 5 3
STATIONERY & OFFICE SUPPLIES	2 2 1 6 8
COFFEE	2 8 4 7
FLOWERS	3 1 2 5
ADP	7 2 4 6
CLEANING	5 2 5
BANK CHARGES	8 3
INSURANCE	2 6 1 0 3
MESSENGER	7 2 4
GENERAL	4 4 6 3
CONFERENCE & CONVENTION	3 3 9 4 3

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SCHEDULE 15 – OTHER DISBURSEMENTS (continued)

Description (A)	Amount (B)
TIME LOST	1 0 8 3 7
NEGOTIATION & ARBITRATION	9 6 4 4
SHOP STEWARD EXPENSES	8 0 6 6 2
EXECUTIVE BOARD MEETING	5 5 2 5
FINANCE CHARGES	2 8 2
PENSIONERS RE ADDRESS	1 7 4 0
NEWSLETTER	5 7 1 6 9
MEMBERS AWARDS	1 0 0 0
MEMBERS SOCIAL ACTIVITIES	1 3 4 9 5
HOLIDAY GRATUITIES	2 2 7 5

ORGANIZATION NAME:
OFFICE & PROFESSIONAL EMPLS AFL-CIO

FILE NUMBER: 0 1 9 - 0 6 5

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION

Item Number	
11	LOCAL 153 HEALTH FUND - EIN: 13-6110088 PLAN #501 265 WEST 14TH STREET, NEW YORK, NY 10011 LOCAL 153 PENSION FUND - EIN: 13-2864289 PLAN #001 265 WEST 14TH STREET, NEW YORK, NY 10011 LOCAL 153 LONG TERM DISABILITY FUND - EIN: 13-6261542 PLAN #501 265 WEST 14TH STREET, NEW YORK, NY 10011 OPEIU RETIREMENT FUND - EIN: 53-1034639 PLAN #001 1660 L STREET N.W. WASHINGTON, DC 20036 PURPOSE - ALL PROVIDE HEALTH, PENSION AND DISABILITY BENEFITS FOR MEMBERS COVERED BY THESE FUNDS.
12	PERIODIC REPORTS ARE FILED WITH THE FEDERAL ELECTION COMMISSION AND IN NEW YORK STATE BOARD OF ELECTIONS. 1) VOICE OF THE ELECTORATE 2) SEGREGATED TREASURY ACCOUNT
14	STEINBERG, STECKLER & PICCIURRO, CPA'S, 462 SEVENTH AVENUE, NEW YORK, NY 10018
Sch. 9	AUTOMOBILES LEASED BY THE UNION WERE USED MORE THAN 50% FOR OFFICIAL BUSINESS.