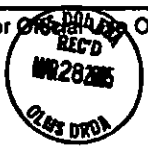


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**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 Officers Only  <b>E</b>	1. FILE NUMBER 0 0 6 - 9 3 5	2. PERIOD COVERED From: MO 0 1 DAY 0 1 YEAR 2 0 0 4 Through: MO 1 2 DAY 3 1 YEAR 2 0 0 4	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME <b>ENGINEERS, OPERATING, AFL-CIO</b>		8. MAILING ADDRESS First Name: DONALD Last Name: GILJUM P.O. Box - Building and Room Number (if any): Number and Street: 1 4 8 WILMA DR City: MARYVILLE State: IL ZIP Code + 4: 6 2 0 6 2 -	
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 148	7. UNIT NAME (if any)	
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

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

76. SIGNED: <u>Michael E. Yates</u> PRESIDENT Date: <u>3-17-05</u> Telephone Number: <u>(618) 271-1807</u>	77. SIGNED: <u>[Signature]</u> TREASURER Date: <u>3/23/05</u> Telephone Number: <u>(618) 271-1807</u>	(If other title, see instructions.)
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**During the Reporting Period Did Your Organization:**

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
|  | Yes                                 | No                                  |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i>  |                                     |                                     |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

18. How many members did your organization have at the end of the reporting period? 1 7 3 8
19. What is the date of your organization's next regular election of officers? MO: 0 8 YEAR: 2 0 0 5
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? \$ 1 5 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  | \$ <u>13.00 TO 95.44</u> per <u>MONTH</u> ..<br><i>(Month, Year, etc.)</i> |
| (b) Initiation Fees    | \$ <u>N/A</u>  |
| (c) Transfer Fees      | \$ <u>N/A</u>  |
| (d) Work Permits       | \$ <u>N/A</u> per <u>N/A</u><br><i>(Month, Year, etc.)</i>                 |

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....
- (If the constitution and bylaws or practices/procedures have changed, see the instructions.)*
- Yes  No
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....
- Yes  No
24. Did your organization have any contingent liabilities at the end of the reporting period? .....
- Yes  No

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

**STATEMENT A - ASSETS AND LIABILITIES**

FILE NUMBER: **006 - 935**

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

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

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

FILE NUMBER: **006 - 935**

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

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: 006 - 935

# SCHEDULE 3 - OTHER ASSETS

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

Description (A)	Book Value (B)
1. LEASE SECURITY DEPOSIT	4 8 6
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 8 6
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. PAYROLL WITHHOLDINGS	7 5 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7 5 0
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **006 - 935**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 148 WILMA DRIVE, MARYVILLE, IL	4 0 0 0 0		4 0 0 0 0	4 0 0 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): 148 WILMA DRIVE, MARYVILLE, IL	2 1 2 8 4 1	1 3 6 1 6 4	7 6 6 7 7	7 6 6 7 7
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	1 4 4 8 6 5	1 3 6 4 9 9	8 3 6 6	8 3 6 6
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	3 9 7 7 0 6	2 7 2 6 6 3	1 2 5 0 4 3	1 2 5 0 4 3
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 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006 - 935

(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.	ACKLIE WALTER CHIEF STEWARD	P	4 7 1	0	2 9 4	0	7 6 5
2.	BAHR DAVID CHIEF STEWARD	C	9 0 7	0	0	0	9 0 7
3.	BECK JIM VICE PRES/CH ST	C	3 0 1 0	0	6 5 1	0	3 6 6 1
4.	BRADFORD MICHAEL REC. SECRETARY	C	6 4 9	0	4 1	0	6 9 0
5.	BOYER JOHN TRUSTEE/FIN COM	C	0	0	0	0	0
6.	BUSKEN JOHN GUARD	C	2 2 7	0	0	0	2 2 7
7.	CAMPBELL GARRY REC. SECRETARY	C	0	0	0	0	0
8. Totals from additional pages (if any)			1 3 5 4 5 8	1 6 8 0 0	1 8 0 7 9	0	1 7 0 3 3 7
9. Totals of Lines 1 through 8			1 4 0 7 2 2	1 6 8 0 0	1 9 0 6 5	0	1 7 6 5 8 7
					10. Less Deductions	8 6 6 6 3	
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements	8 9 9 2 4	

\*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 0 6 - 9 3 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. CUNNINGHAM SECRETARY DONNA	4 7 8 0 0	0	3 3 3 6	0	5 1 1 3 6
2. LINDERER BUSINESS REP KEITH	8 3 7 9 0	8 4 0 0	5 0 5 7	0	9 7 2 4 7
3. MOOSHEGIAN BUSINESS REP ERIC	8 3 7 9 0	8 4 0 0	4 4 4 8	0	9 6 6 3 8
4. MUNSTER BUSINESS REP THOMAS	8 3 7 9 0	8 4 0 0	5 1 6 9	0	9 7 3 5 9
5. SWEET BUSINESS REP DAM	8 3 7 9 0	8 4 0 0	5 7 6 2	0	9 7 9 5 2
6. Totals from additional pages (if any)	5 6 0 0 0	8 4 0 0	1 0 8 7 9	0	7 5 2 7 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 2 0 0 0	0	1 5 5 7	0	1 3 5 5 7
8. Totals of Lines 1 through 7	4 5 0 9 6 0	4 2 0 0 0	3 6 2 0 8	0	5 2 9 1 6 8
			9. Less Deductions	2 2 2 9 9 6	
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements	3 0 6 1 7 2	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 006 - 935

Description (A)	To Whom Paid (B)	Amount (C)
1. RETIREMENT	VAR CO'S EMPLOYING MEMBER	3 9 9 8 2
2. LIFE/MAJOR MEDICAL INSURANCE	VAR CO'S EMPLOYING MEMBER	1 3 4 3 0
3. I.R.A.	A.G. EDWARDS	9 9 8 9
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		6 3 4 0 1
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. FUNERALS	5 0 9 1
2. SCHOLARSHIPS	2 0 5 0
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	7 1 4 1
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT EXPENSE-OFFICE/MEETINGS	8 8 1 0
2. INSURANCE-WORKERS COMP	5 7 7 0
3. UTILITIES	8 5 4 9
4. BUILDING MAINTENANCE	1 2 1 0 7
5. BUILDING INSURANCE	1 7 5 0
6. SUBSCRIPTIONS	7 5 1
7. Total from additional pages (if any)	6 0 3 5 6
8. Total of Lines 1 through 7	9 8 0 9 3
The total from Line 8 is entered in ..... Item 60	

**SCHEDULE 14 -  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. PAC FUND RECEIPTS	6 9 1 5
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 9 1 5
The total from Line 17 is entered in ..... Item 54	

**SCHEDULE 15 -  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. DUES REFUNDS	2 7 1 5
2. PAC FUND DISBURSEMENTS	1 0 7 0 9
3. ORGL. MEMBERSHIP FEES	2 8 2 3
4. SOCIAL FUNCTIONS	1 8 4 4 5
5. HOTEL/MOTEL	2 4 6 8 5
6. PAYROLL DEDUCTIONS	1 3 9 7 9 6
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 9 9 1 7 3
The total from Line 17 is entered in ..... Item 73	

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

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

FILE NUMBER: **006 - 935**

**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>							
CAMPBELL HENRY	CHIEF STEWARD	C	7 7 0	0	0	0	7 7 0
CLARK CAROLYN	VICE PRESIDENT	C	0	0	0	0	0
EDLEY RODNEY	REC. SECRETARY	C	0	0	0	0	0
FEDKE CHUCK	CHIEF STEWARD	C	2 4 7 5	0	2 4 6	0	2 7 2 1
FISHER ANTHONY	CHIEF STEWARD	C	2 2 6 0	0	0	0	2 2 6 0
FRANZEN MICHAEL	CLER. VP/CH ST	C	0	0	9 7	0	9 7
FRAULI RONALD	REC. SECRETARY	C	2 0 0	0	0	0	2 0 0
FRAWLEY KATHY	REC. SECRETARY	C	0	0	0	0	0

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

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

FILE NUMBER: **006 - 935**

**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>							
GEASLEY	JERRY	C	2 7 0	0	1 0 7	0	3 7 7
VICE PRESIDENT							
GILJUM	DONALD	C	9 1 1 7 6	8 4 0 0	3 8 8 2	0	1 0 3 4 5 8
BUSINESS MGR.							
GOINES	ROBERT D	C	2 3 9 3	0	4 7 4	0	2 8 6 7
CHIEF STEWARD							
GRISSOM	KEN	C	2 1 0 2	0	1 6 8 2	0	3 7 8 4
TRAINING COORD.							
HEINTZ	TOM	C	2 2 4	0	6 8	0	2 9 2
REC. SECRETARY							
KASMARZIK	TOM	C	0	0	0	0	0
REC. SECRETARY							
KERLEY	ROGER	C	1 7 9 0	0	9 0	0	1 8 8 0
VICE PRESIDENT							
KOPPELMAN	PHIL	C	2 6 5 0	0	7 0 9	0	3 3 5 9
VP/ CH. STEWARD							

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

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

FILE NUMBER: **006 - 935**

**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>							
LONG RAYMOND	VICE PRESIDENT	C	0	0	0	0	0
LUNG ANDREA	CHIEF STEWARD	C	1 5 6 8	0	6 6 6	0	2 2 3 4
MCCASLIN STAN	CITY CLK/CH ST	C	0	0	0	0	0
MEALY KEVIN	VICE PRESIDENT	C	2 2 8	0	6 3	0	2 9 1
MOONEY STEVE	V PRES/CH ST	C	2 6 1 9	0	0	0	2 6 1 9
NUNGESTER BENJAMIN	TRUSTEE/FIN COM	C	1 9 1	0	0	0	1 9 1
RANDLE GARY	COMM SERV REP	C	6 9 1	8 4 0 0	5 9 1 6	0	1 5 0 0 7
SHELTON CHARLES	REC. SECRETARY	C	1 5 8 3	0	0	0	1 5 8 3

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

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

FILE NUMBER: **006 - 935**

**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)*					
SPARKS WILLIAM FIN SEC/CH ST	C	3 1 3 7	0	1 2 0 7	0	4 3 4 4
STEWART MICHAEL REC. CORR. SEC.	C	2 7 2 9	0	0	0	2 7 2 9
TOLAN GLEN TREASURER	C	2 1 4 8	0	0	0	2 1 4 8
VERES BOB REC. SECRETARY	C	2 4 8	0	2 1 0	0	4 5 8
WELCH KEN CHIEF STEWARD	C	2 1 2 1	0	8 9 0	0	3 0 1 1
WELLS DAVID VP / CH STEWARD	C	3 1 8 7	0	1 1 3 3	0	4 3 2 0
WILLIAMS DOUG CHIEF STEWARD	C	1 5 7 6	0	5 3 1	0	2 1 0 7
WOODCOCK DEAN CHIEF STEWARD	C	1 2 1 7	0	0	0	1 2 1 7

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

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

FILE NUMBER: **006 - 935**

**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>							
YATES	MICHAEL	C	4 6 1 0	0	0	0	4 6 1 0
PRESIDENT							
YORDY	CHRISTOPHE	C	1 2 9 5	0	1 0 8	0	1 4 0 3
TRUSTEE							

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

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

FILE NUMBER: **0 0 6 - 9 3 5**

**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>					
JOYCE STEVEN  ORGANIZER	5 6 0 0 0	8 4 0 0	1 0 8 7 9	0	7 5 2 7 9

ORGANIZATION NAME: <b>ENGINEERS, OPERATING, AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2004</b>

FILE NUMBER: **0 0 6 - 9 3 5**

**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>					



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

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

FILE NUMBER: **006 - 935**

### **75. ADDITIONAL INFORMATION**

Item Number	
12	<p data-bbox="315 292 840 357"><b>LOCAL 148 OPERATING ENGINEERS PAC</b> <b>148 WILMA DRIVE, MARYVILLE, IL 62062</b></p> <p data-bbox="315 389 2011 454"><b>PURPOSE: TO CONTRIBUTE TO STATE AND LOCAL POLITICAL CONDIDATES, AND OTHER POLITICAL ACTIONS COMMITTEES, FOR THE PROMOTION OF GOOD GOVERNMENT AND PROTECTION, PRESERVATION, AND FURTHERANCE OF THE LABOR MOVEMENT.</b></p> <p data-bbox="315 487 1260 519"><b>THE PAC FUND REPORTS TO THE STATE OF ILLINOIS ON A MONTHLY BASIS.</b></p>

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

FILE NUMBER: **0 0 6 - 9 3 5**

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

**75. ADDITIONAL INFORMATION(continued)**

Item Number	
14	THE ACCOUNTING FIRM: WOLFE NILGES NAHORSKI, P.C. PERFORMED AN AUDIT FOR OPERATING ENGINEERS LOCAL 148 FOR THE YEAR ENDED DECEMBER 31, 2004.