



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 024-057	2. PERIOD COVERED MO DAY YEAR From 07 01 2000 Through 06 30 2001	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:
JAMES JULIIS (2) 024-057 ENGINEERS, OPERATING, AFL-CIO 240 LU 37 5901 HARFORD RD STE A BALTIMORE, MD 21214 		8. MAILING ADDRESS (Type or print in capital letters.) First Name JAMES Last Name DEJULIIS P.O. Box • Building and Room Number (if any) STE A Number and Street 5901 HARFORD RD City BALTIMORE State MD ZIP Code + 4 21214 -	
4. AFFILIATION OR ORGANIZATION NAME INT'L UNION OF OPERATING ENGINEERS		6. DESIGNATION NUMBER 37	
5. DESIGNATION (Local, Lodge, etc.) LOCAL		7. UNIT NAME (if any)	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	12 IUOE Local 37 PAC MD - Filed with Secretary of State of Maryland, State Board of Election Laws, Annapolis, MD 14 Audit performed by Independent Certified Public Accountants, Kahler & Associates, PC 16 James R. DeJuliis - Int'l Union of Operating Engineers, Trustee 23 4 vehicles pledged as collateral for bank loans thereon. Fair value \$40,000		
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>James R. DeJuliis</u> 9/25/01 Date Telephone Number	BUS. MANAGER PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Walter Hamel</u> 9/25/01 Date Telephone Number	TREASURER (If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | | |
|--|-----|----|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | 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? | | X |
| <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? | | 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? 2017
19. What is the date of your organization's next regular election of officers? MO YEAR
08 2004
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? \$ 200 000
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	\$ 15.50 per MONTH <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$100-240.
(c) Transfer Fees	\$ 1.
(d) Work Permits	\$ 5. per DAY <small>(Month, Year, etc.)</small>

- | | | |
|---|-----|----|
| 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 |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | 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 B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 024-057

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			2053592	56. To Officers	9		282859
40. Per Capita Tax			0	57. To Employees	10		227396
41. Fees			38977	58. Per Capita Tax			192048
42. Fines			35	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		195585
44. Work Permits			0	61. Educational & Publicity Expense ...			12899
45. Sale of Supplies			5658	62. Professional Fees			61231
46. Interest			103573	63. Benefits	11		321016
47. Dividends			0	64. Contributions, Gifts & Grants	12		12522
48. Rents			0	65. Supplies for Resale			7307
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			60903
50. Loans Obtained	8		0	67. Withholding Taxes			186344
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		14629
52. On Behalf of Affiliates for Transmittal to Them			71673	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		20667
54. Other Receipts	14		128673	71. To Affiliates of Funds Collected on Their Behalf			64717
				72. On Behalf of Individual Members ...			21872
				73. Other Disbursements	15		277698
55. TOTAL RECEIPTS			2402181	74. TOTAL DISBURSEMENTS			1959693

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.

FILE NUMBER: 024-057

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. 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)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
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)**

FILE NUMBER: 024-057

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
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	10,000
5. Total Book Value	10,000
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) STATE OF ISRAEL BOND	10,000
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	10000
↑ 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)	
7. Total of Lines 1 through 6	0
↑ Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES PAYABLE	11,617
2. DUE TO BUILDING TRADES	11,297
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	22914
↑ Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 024-057

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	148,088	110,051	38,037	40,000
6. Office Furniture and Equipment	129,489	73,970	55,519	56,000
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			93,556	
Enter the Total from Line 8, Column (D) 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.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 024-057

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. PHOTOCOPIER	12,600	12,600	12,600
2. OFFICE FURNITURE	360	360	360
3. COMPUTERS AND SOFTWARE	1,669	1,669	1,669
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			0
8. Net Purchases			14629
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. SUN TRUST BANK	58,740	0	20,667	0	38,073
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	58740	0	20667	0	38073
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: 024-057

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</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)*					
Last Name 1. DEJULIIS	First Name JAMES	80569	0	17992	0	98561
Title BUSINESS MGR	Status C					
Last Name 2. BOWMAN	First Name TERRY	66038	0	8613	0	74651
Title PRESIDENT	Status C					
Last Name 3. CRIZER	First Name EDWARD	50382	0	5573	0	55955
Title FINANCIAL SECTY	Status C					
Last Name 4. SHANAHAN	First Name JOSEPH	0	0	0	0	0
Title RECORDING SECTY	Status C					
Last Name 5. VANDOMMELLEN	First Name LIONEL	64004	0	5315	0	69319
Title VICE PRESIDENT	Status C					
Last Name 6. HAMEL	First Name WADE	0	0	400	0	400
Title TREASURER	Status C					
Last Name 7. APPEL	First Name RANDEL	47403	0	3830	0	51233
Title EXECUTIVE BRD	Status C					
8. Totals from additional pages (if any)		48,380	0	4,692	0	53,072
9. Totals of Lines 1 through 8		356,776	0	46,415	0	403,191
				10. Less Deductions		120332
Enter the Total from Line 11 in				11. Net Disbursements		282859

*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: 024-057

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>	(D)	(E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>	(D)	(E)	(F)	(G)	(H)
1. ANDERSON QUINTON Position ORGANIZER Name of Affiliated Organization	42020	0	300	0	42320
2. DEJULIIS CONNIE Position BOOKKEEPER Name of Affiliated Organization	40664	0	0	0	40664
3. KNEZEVICH-DODEBRA Position OFFICE MGR Name of Affiliated Organization	34980	0	0	0	34980
4. FELDER DARNEIL Position ORGANIZER Name of Affiliated Organization	42020	0	1502	0	43522
5. IDZZI DOLORES Position SECRETARY Name of Affiliated Organization	27016	0	0	0	27016
6. Totals from additional pages (if any)	104,284	0	4,140	0	108,424
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	25,333	0	0	0	25,333
8. Totals of Lines 1 through 7	316,317	0	5,942	0	322,259
			9. Less Deductions		94863
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements		227396

SCHEDULE 11 — BENEFITS

FILE NUMBER: 024-057

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH, WELFARE + ANNUITY	DEBF BENEFIT FUND	202,236
2. PENSION	CENTRAL PENSION FUND	57,952
3. PENSION	GENERAL PENSION FUND	60,828
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		321,016
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. LABOR ORGANIZATIONS	6,322
2. ORGANIZED CHARITIES	3,450
3. APPRENTICE SCHOOL	2,750
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	12,522
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. BANK SERVICE CHGS.	4,975
2. TRAVEL/ENTERTAINMENT	11,421
3. OFFICE EXPENSES	23,300
4. PRINTING	19,172
5. EXECUTIVE BOARD	2,685
6. VEHICLE EXPENSE	14,128
7. Total from additional pages (if any)	119,904
8. Total of Lines 1 through 7	195,585
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. ORGANIZING GRANT	47,832
2. PROCEEDS - SPEC EVENTS	80,841
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	128,673
Enter the Total from Line 17 in [↑] Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. COST OF SPEC EVENTS	86,710
2. TARGETED JOBS PROG.	188,188
3. PICKETING COSTS	2,800
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	277,698
Enter the Total from Line 17 in [↑] Item 73	

ORGANIZATION NAME: OPERATING ENGINEERS LOCAL 37

FILE NUMBER: 024-057

ENDING DATE OF PERIOD COVERED: 6/30/01

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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. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	(D)	(E)	(F)	(G)	(H)
Last Name <u>COLLINS, SR</u> First Name <u>CURTIS</u> Title <u>EXECUTIVE BRD</u>	Status <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name <u>FULLER, SR</u> First Name <u>RICHARD</u> Title <u>EXECUTIVE BRD</u>	Status <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name <u>HAMILTON</u> First Name <u>MAURICE</u> Title <u>EXECUTIVE BRD</u>	Status <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name <u>D'CONNELL</u> First Name <u>THOMAS</u> Title <u>EXECUTIVE BRD</u>	Status <u>C</u>	<u>48380</u>	<u>0</u>	<u>4692</u>	<u>0</u>	<u>53072</u>
Last Name <u>RENNINGER</u> First Name <u>TERRY</u> Title <u>EXECUTIVE BRD</u>	Status <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name <u>CAMPBELL</u> First Name <u>THOMAS</u> Title <u>TRUSTEE</u>	Status <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name <u>EYLER</u> First Name <u>RONALD</u> Title <u>TRUSTEE</u>	Status <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Last Name <u>HOLSEY</u> First Name <u>ROBERT</u> Title <u>TRUSTEE</u>	Status <u>C</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Totals		<u>48,380</u>	<u>0</u>	<u>4,692</u>	<u>0</u>	<u>53,072</u>

ORGANIZATION NAME: OPERATING ENGINEERS LOCAL 37

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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. Use all capital letters.)</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)					
Last Name <u>MCGEE, JR</u>	First Name <u>CHARLES</u>	0	0	0	0	0
Title <u>AUDITOR</u>	Status <u>C</u>					
Last Name <u>SANTUCCI</u>	First Name <u>RONNIE</u>	0	0	0	0	0
Title <u>AUDITOR</u>	Status <u>C</u>					
Last Name <u>WEDLOCK</u>	First Name <u>HARRY</u>	0	0	0	0	0
Title <u>AUDITOR</u>	Status <u>C</u>					
Last Name <u>HOPKINS, SR</u>	First Name <u>REGINAL</u>	0	0	0	0	0
Title <u>CONDUCTOR</u>	Status <u>C</u>					
Last Name <u>BURKETT</u>	First Name <u>GEORGE</u>	0	0	0	0	0
Title <u>GUARD</u>	Status <u>C</u>					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Last Name	First Name					
Title	Status					
Totals		0	0	0	0	0

ORGANIZATION NAME: OPERATING ENGINEERS LOCAL 37
 ENDING DATE OF PERIOD COVERED: 6/30/01

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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. Use all capital letters.)</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>					
Last Name: <u>MCQUAY</u> First Name: <u>MARK</u> Position: <u>ORGANIZER</u> Name of Affiliated Organization:	<u>42019</u>	<u>0</u>	<u>2638</u>	<u>0</u>	<u>44657</u>
Last Name: <u>OWENS</u> First Name: <u>THERESA</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	<u>20246</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>20246</u>
Last Name: <u>PFEIFER</u> First Name: <u>DEBORAH</u> Position: <u>ORGANIZER</u> Name of Affiliated Organization:	<u>42019</u>	<u>0</u>	<u>1502</u>	<u>0</u>	<u>43521</u>
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization:					
Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization:					
Totals	<u>104,284</u>	<u>0</u>	<u>4,140</u>	<u>0</u>	<u>108,424</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

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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. 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					