


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.

<p>For Official Use Only</p> <div style="text-align: center;">  </div> <p>E</p>	<p>1. FILE NUMBER</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">0 4 2 - 4 1 5</p>	<p>2. PERIOD COVERED</p> <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 style="border: 1px solid black; padding: 2px;">0 1</td> <td style="border: 1px solid black; padding: 2px;">0 1</td> <td style="border: 1px solid black; padding: 2px;">2 0 0 1</td> </tr> <tr> <td style="text-align: center;">From</td> <td></td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 2</td> <td style="border: 1px solid black; padding: 2px;">3 1</td> <td style="border: 1px solid black; padding: 2px;">2 0 0 1</td> </tr> <tr> <td style="text-align: center;">Through</td> <td></td> <td></td> </tr> </table>	MO	DAY	YEAR	0 1	0 1	2 0 0 1	From			1 2	3 1	2 0 0 1	Through			<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/></p> <p>(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"/></p> <p>(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"/></p>
MO	DAY	YEAR																
0 1	0 1	2 0 0 1																
From																		
1 2	3 1	2 0 0 1																
Through																		
<p>4. AFFILIATION OR ORGANIZATION NAME</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">TEAMSTERS AFL-CIO</p>		<p>8. MAILING ADDRESS</p> <p>First Name</p> <p style="border: 1px solid black; padding: 2px;">JOHN</p> <p>Last Name</p> <p style="border: 1px solid black; padding: 2px;">BULGARO</p> <p>P.O. Box - Building and Room Number (if any)</p> <p style="border: 1px solid black; height: 20px;"></p> <p>Number and Street</p> <p style="border: 1px solid black; padding: 2px;">8 9 0 T H I R D S T R E E T</p> <p>City</p> <p style="border: 1px solid black; padding: 2px;">A L B A N Y</p> <p>State ZIP Code + 4</p> <p style="border: 1px solid black; padding: 2px;">N Y 1 2 2 0 6 - </p>																
<p>5. DESIGNATION (Local, Lodge, etc.)</p> <p style="border: 1px solid black; padding: 2px;">LU</p>	<p>6. DESIGNATION NUMBER</p> <p style="text-align: center;">294</p>	<p>7. UNIT NAME (if any)</p> <p style="border: 1px solid black; height: 20px;"></p>																
<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>																		

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.)

<p>76. SIGNED: <u>John Bulgaro</u> PRESIDENT</p> <p style="text-align: center;">(If other title, see instructions.)</p> <p style="text-align: center;">Date: <u>3/28/02</u> Telephone Number: <u>518-489-5436</u></p>	<p>77. SIGNED: <u>[Signature]</u> TREASURER</p> <p style="text-align: center;">(If other title, see instructions.)</p> <p style="text-align: center;">Date: <u>3/28/02</u> Telephone Number: <u>518-489-5436</u></p>
---	--

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> </u> \$6 MIN \$56 MAX	per MONTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u> </u> \$10MIN-\$400MAX	
(c) Transfer Fees	\$ <u> </u> \$.50	
(d) Work Permits	\$ <u> </u> N/A	per MONTH <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 4 2 - 4 1 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.....		3 9 7 4 1 2	3 5 3 3 0 4
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		1 0 4 6 4 5	1 6 5 4 4 5
	29. Investments.....	2	2 5 0 0 0	2 5 0 0 0
	30. Fixed Assets.....	5	4 5 3 7 2	5 9 7 0 5
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		5 7 2 4 2 9	6 0 3 4 5 4
LIABILITIES	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
	Item	From SCH #		
	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	8 8 1 7 4	7 4 4 4 8
	37. TOTAL LIABILITIES.....		8 8 1 7 4	7 4 4 4 8
38. NET ASSETS (Item 32 less Item 37).....		4 8 4 2 5 5	5 2 9 0 0 6	

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					
			with Explanation		Column (B)

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 042 - 415

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
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)	
Other Investments	
4. Total Cost	2 5 0 0 0
5. Total Book Value	2 5 0 0 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) LABOR TEMPLE STOCK	2 5 0 0 0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 5 0 0 0
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. ACCRUED VACATION PAY	7 4 4 4 8
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7 4 4 4 8
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 4 2 - 4 1 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	3 7 1 0	3 7 1	3 3 3 9	3 3 3 9
6. Office Furniture and Equipment	6 4 5 6 8	2 6 8 7 4	3 7 6 9 4	3 7 6 9 4
7. Other Fixed Assets	3 7 4 4 6	1 8 7 7 4	1 8 6 7 2	1 8 6 7 2
8. Totals of Lines 1 through 7	1 0 5 7 2 4	4 6 0 1 9	5 9 7 0 5	5 9 7 0 5
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 4 2 - 4 1 5**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. US T BILL	60800	60800	60800
2. OFFICE EQUIPMENT	19865	19865	19865
3. TRAILER	3710	3710	3710
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	84375	84375	84375
7. Less Reinvestments			0
8. Net Purchases			84375

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 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 4 2 - 4 1 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.	BULGARO JOHN PRESIDENT	C	9 0 3 1 8	0	1 8 8 8 7	0	1 0 9 2 0 5
2.	KEARNEY JOHN SEC/TRES	P	6 6 7 5 4	7 0 0 0	5 7 7 2	0	7 9 5 2 6
3.	KEARNEY, JR FRANK BUS AGENT	C	7 6 4 9 8	0	1 5 0 1 7	0	9 1 5 1 5
4.	HUNTER KEVIN SEC/TRES	C	7 7 0 0 2	0	2 0 8 6 5	0	9 7 8 6 7
5.	YEVOLI LAWRENC ORGANIZER	C	4 7 8 6 1	8 4 0 0	6 3 6 3	0	6 2 6 2 4
6.	SHADE RICHARD REC. SEC	P	0	6 9 6 4	0	0	6 9 6 4
7.	READY JOSEPH VICE PRESIDENT	P	0	1 5 6 6	0	0	1 5 6 6
8. Totals from additional pages (if any)			1 1 0 3 4 5	2 0 9 4 3	1 9 9 2 9	0	1 5 1 2 1 7
9. Totals of Lines 1 through 8			4 6 8 7 7 8	4 4 8 7 3	8 6 8 3 3	0	6 0 0 4 8 4
					10. Less Deductions	1 9 2 2 9 6	
The total from Line 11 is entered in Item 56					11. Net Disbursements	4 0 8 1 8 8	

*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 4 2 - 4 1 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.	HARKINS OFFICE	KATHLEE 4 7 4 1 6	0	0	0	4 7 4 1 6
2.	JUAREZ OFFICE	CHRISTI 8 9 3 9	0	0	0	8 9 3 9
3.	LARSON OFFICE	HENRIE 3 6 8 6 2	0	0	0	3 6 8 6 2
4.	BULGARO OFFICE	PHYLLIS 3 6 7 3 8	0	0	0	3 6 7 3 8
5.						
6.	Totals from additional pages (if any)					
7.	Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		0	0	0	0
8.	Totals of Lines 1 through 7		1 2 9 9 5 5	0	0	1 2 9 9 5 5
				9. Less Deductions		4 2 6 3 5
The total from Line 10 is entered in Item 57				10. Net Disbursements		8 7 3 2 0

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 4 2 - 4 1 5

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	NYS TEAMSTERS PENSION FUN	1 1 1 4 5 3
2. HEALTH & WELFARE PLAN	NYS TEAMSTERS COUNCIL HLT	5 3 5 6 8
3. 401k SAVINGS	STATE STREET BANK	7 0 7 6 8
4. HEALTH & WELFARE PLAN	BLUE SHIELD	5 1 4 0
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 4 0 9 2 9
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	4 4 5 5 6
2. SUPPLIES & PRINTING	1 5 5 8 2
3. TELEPHONE	2 1 1 3 3
4. INSURANCE	6 6 0 5
5. POSTAGE	9 7 4 0
6. FLOWERS & CONDOLENCES	1 2 8 4
7. Total from additional pages (if any)	1 4 4 5 4
8. Total of Lines 1 through 7	1 1 3 3 5 4
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. RECEIPTS FROM AFFILIATES	4 7 5 1
2. OVERPAYMENT ON CHECKOFFS	1 2 7
3. COLLECTION OF RETURN CHECKS	3 7 2 5 0
4. OTHER COLLECTIONS	1 9 7 8
5. REFUNDS OF EXPENSES	6 9 9
6. REIMBURSEMENTS	1 0 7 3 2 9
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 5 2 1 3 4
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. REFUND OF DUES & FEES	6 2 8 6
2. MEETING & COMMITTEE EXPENSE	2 1 3 4 2
3. STRIKE EXPENSE & FUND	6 6 6 0
4. OUT OF TOWN TRAVEL	2 8 1 3 7
5. CHECKS UNCOLLECTED & RETURNED	3 7 1 1 6
6. ELECTION EXPENSE	5 9 5
7. OVERPAYMENT ON CHECKOFFS	1 5 7
8. CREDIT CARD FINANCE CHARGE	3 1
9. CDL SCHOOL	7 4 2 9 6
10. PICKET DUTY	2 6 2 0
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 7 7 2 4 0
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
TEAMSTERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: **0 4 2 - 4 1 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>							
ENGEL PAUL	BUS. AGENT	C	7 6 4 9 7	0	1 5 2 1 6	0	9 1 7 1 3
OLESKI EDWARD	VICE PRESIDENT	C	0	5 0 0 0	0	0	5 0 0 0
CARY RONALD	TRUSTEE	P	0	2 3 2 0	0	0	2 3 2 0
LOSAVIO ROCCO	TRUSTEE	C	3 3 8 4 8	4 5 2 0	4 7 1 3	0	4 3 0 8 1
CERONE JAMES	SGT. AT ARMS	C	0	8 2 5	0	0	8 2 5
ROMEO, JR GERALD	SGT. AT ARMS	P	0	1 5 0	0	0	1 5 0
MARRO MICHAEL	TRUSTEE	N	0	4 7 1 7	0	0	4 7 1 7
SWATT PETER	REC. SEC	N	0	1 8 2 3	0	0	1 8 2 3

ORGANIZATION NAME: TEAMSTERS AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

FILE NUMBER: 0 4 2 - 4 1 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>		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)*					
LESH	MARTIN	0	1 5 1 3	0	0	1 5 1 3
TRUSTEE	N					
BENTLEY	CHARLES	0	7 5	0	0	7 5
SGT. AT ARMS	N					

ORGANIZATION NAME:

TEAMSTERS AFL-CIO

FILE NUMBER: 0 4 2 - 4 1 5

ENDING DATE OF PERIOD COVERED:

12/31/2001

75. ADDITIONAL INFORMATION

Item Number	
11	TEAMSTERS LOCAL 294 ALBANY AREA TRUCKING & ALLIED INDUSTRIES HEALTH & WELFARE FUND ID#14-1582160 19 AVIATION ROAD ALBANY, NY 12205

ORGANIZATION NAME:
TEAMSTERS AFL-CIO

FILE NUMBER: 0 4 2 - 4 1 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION (continued)

Item Number	
14	STAFF CIAMPINO & CO. PC INDEPENDENT AUDITOR

ORGANIZATION NAME:
TEAMSTERS AFL-CIO

FILE NUMBER: 0 4 2 - 4 1 5

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
16	JOHN BULGARO - JOINT COUNCIL 18 AND SEE SCHEDULE #9