

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

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

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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 	1. FILE NUMBER 0 1 1 - 4 4 4	2. PERIOD COVERED From <table border="1"><tr><td>MO</td><td>DAY</td><td>YEAR</td></tr><tr><td>0 1</td><td>0 1</td><td>2 0 0 1</td></tr></table> Through <table border="1"><tr><td>MO</td><td>DAY</td><td>YEAR</td></tr><tr><td>1 2</td><td>3 1</td><td>2 0 0 1</td></tr></table>	MO	DAY	YEAR	0 1	0 1	2 0 0 1	MO	DAY	YEAR	1 2	3 1	2 0 0 1	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												
0 1	0 1	2 0 0 1													
MO	DAY	YEAR													
1 2	3 1	2 0 0 1													
4. AFFILIATION OR ORGANIZATION NAME TEAMSTERS AFL-CIO		8. MAILING ADDRESS First Name J O H N Last Name G R E E N P.O. Box - Building and Room Number (if any) Number and Street 1 6 0 9 N I L L I N O I S S T R E E T City B E L L E V I L L E State ZIP Code + 4 I L 6 2 2 2 1 -													
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 50	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.)													
7. UNIT NAME (if any)															

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>John L. Green</u> Date: <u>3-7-02</u> Telephone Number: <u>618-233-0313</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>William Bradley</u> Date: <u>3-13-02</u> Telephone Number: <u>618-233-0313</u>	TREASURER (If other title, see instructions.)
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