


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

130

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 	1. FILE NUMBER 541-770	2. PERIOD COVERED MO DAY YEAR From 03 01 2000 Through 12 31 2000	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:
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IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name
MARK

Last Name
AMORELLO

P.O. Box • Building and Room Number (if any)

Number and Street
420 LEXINGTON AVE Suite 215

City
NEW YORK

State ZIP Code + 4
NY 10017-

4. AFFILIATION OR ORGANIZATION NAME
Association of Commuter Rail Employees

5. DESIGNATION (Local, Lodge, etc.)
Local 1

6. DESIGNATION NUMBER

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)
Yes No

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
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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: *Mark Amorello* PRESIDENT (If other title, see instructions.)
3 129 101 (201) 384-7929
 Date Telephone Number

77. SIGNED: *Mark Amorello* TREASURER (If other title, see instructions.)
3 129 101 (212) 549-5856
 Date Telephone Number

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 541-770

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....			45582
	26. Accounts Receivable.....			
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities.....			
	29. Investments.....	2		
	30. Fixed Assets.....	5		
	31. Other Assets.....	3		23070
	32. TOTAL ASSETS.....	0		68652

LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....			
	34. Loans Payable.....	8		
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4		
	37. TOTAL LIABILITIES.....	0		0
	38. NET ASSETS (Item 32 less Item 37).....	0		68652

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 541-770

(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)*					
1. Last Name: STEIMLE First Name: ANDREW Title: GEN SECRETARY Status: N		14710				14710
2. Last Name: SHAW First Name: MICHAEL Title: V.P. Status: N		1917				1917
3. Last Name: SCALABRINI First Name: JOHN Title: LOCAL CHAIRMAN Status: N		14581				14581
4. Last Name: SANZARI First Name: RALPH Title: LOCAL CHAIRMAN Status: N		16497				16497
5. Last Name: QUINN First Name: WILLIAM Title: LOCAL CHAIRMAN Status: N		4885				4885
6. Last Name: POPE First Name: DENIS Title: LEGISLATIVE REP Status: N		5893				5893
7. Last Name: PERRI First Name: DENNIS Title: LOCAL CHAIRMAN Status: N		7575				7575
8. Totals from additional pages (if any)		144,843				144,843
9. Totals of Lines 1 through 8		606,058				606,058
10. Less Deductions						
Enter the Total from Line 11 in Item 56 →				11. Net Disbursements		210901

*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.)

ORGANIZATION NAME:

ASSOCIATION OF COMMUTER RAIL EMPLOYEES

FILE NUMBER: 541-770

ENDING DATE OF PERIOD COVERED:

12/31/00

PAGE 1 OF 2 ADDITIONAL PAGES

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

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name	First Name					
McNEIL	WILLIAM	14008				14008
LOCAL CHAIRMAN	Status N					
MARCELLA	B.J.	12391				12391
PRESIDENT	Status N					
HOLLAND	PAUL	8327				8327
SECRETARY	Status N					
FISCHBECK	LLOYD	10790				10790
INV. OFFICER	Status N					
FELICETTA	ROBERT	14271				14271
LOCAL CHAIRMAN	Status N					
COLEMAN	PETER	6093				6093
LOCAL CHAIRMAN	Status N					
BOTTALICO	ANTHONY	57120				57120
GEN. CHAIRMAN	Status N					
AVEIS	JEFFREY	6269				6269
LEG. REP.	Status N					
Totals		129,269				129,269

SCHEDULE 11 — BENEFITS

FILE NUMBER: 541-770

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		000000
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CONDUCTOR ENGINEER	2,350
2. CHILDREN OF DECEASED	1,800
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4,150
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	1,410
2. TELEPHONE	4,976
3. OFFICE SUPPLIES	1,009
4. COMPUTER	1,796
5. MEALS	3,167
6. POSTAGE & DELIVERY	40
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	12,398
Enter the Total from Line 8 in ↑ Item 60	