

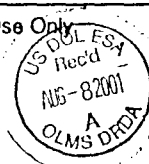
# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

02A

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.

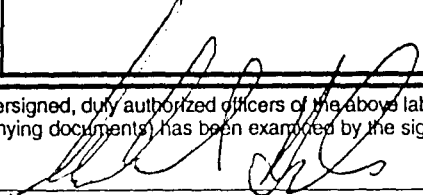
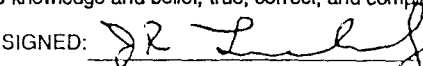
For Official Use Only 	1. FILE NUMBER <b>541-704</b>	2. PERIOD COVERED MO DAY YEAR From <b>07 01 2000</b> Through <b>12 31 2000</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal 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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<p align="center"><b>IMPORTANT</b></p> <p><b>Peel off the address label from the back of the package and place it here.</b></p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>	8. MAILING ADDRESS ( <i>Type or print in capital letters.</i> )	
	First Name <b>JOSEPH</b>	
	Last Name <b>LINDENBERG</b>	
	P.O. Box • Building and Room Number ( <i>if any</i> ) <b>PO BOX 230</b>	
4. AFFILIATION OR ORGANIZATION NAME <b>ACRE</b>		Number and Street
5. DESIGNATION ( <i>Local, Lodge, etc.</i> ) <b>LOCAL</b>	6. DESIGNATION NUMBER <b>9</b>	City <b>BREWSTER</b>
7. UNIT NAME ( <i>if any</i> ) <b>GENERAL COMMITTEE</b>		State ZIP Code + 4 <b>NY 10509-</b>
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes No <input checked="" type="checkbox"/>		

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

Item Number <b>9</b>	<b>1603 EAGLES RIDGE, BREWSTER, NY, 10509</b>
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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.*)

57. SIGNED:  <b>3 122 101</b> ( <b>1860 1349 - 1884</b> ) Date Telephone Number	PRESIDENT ( <i>If other title, see instructions.</i> )	58. SIGNED:  <b>3 121 101</b> ( <b>1845 1278 - 7964</b> ) Date Telephone Number	TREASURER ( <i>If other title, see instructions.</i> )
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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 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 checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  |     | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  |     | <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"/> |
| 15. Discover any loss or shortage of funds or other property? .....  |     | <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 checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   |     | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   |     | <input checked="" type="checkbox"/> |

*(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)*

19. How many members did your organization have at the end of the reporting period? 335
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? \$ 22000
21. 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 have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*
22. What is the date of your organization's next regular election of officers? MO YEAR  
12 2003
23. 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	\$ 18 per MONTH <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ 0
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per _____ <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 541-704

(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 and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. ARICH Last Name Title COMMITTEE REP	GERRY First Name Status C	0	374	374
2. COOPER Last Name Title LOCAL CHAIRMAN	TOMMY First Name Status C	1476	1033	2509
3. DEANDRUS Last Name Title VIC G GENERAL CHMN	RONALD First Name Status C	2410	5394	7804
4. DOYLE Last Name Title GENERAL CHAIRMAN	MICHAEL First Name Status P	4819	836	5655
5. ENGEL Last Name Title LOCAL CHAIRMAN	RICHARD First Name Status P	0	832	832
6. GAINES Last Name Title LEGISLATIVE REP	JOHN First Name Status C	663	0	663
7. GUNDERMAN Last Name Title LOCAL CHAIRMAN	RICHARD First Name Status C	3373	4226	7599
8. Totals from additional pages (if any)		2,651	2,980	5,631
9. Totals of Lines 1 through 8		15,392	15,675	31,067
		10. Less Deductions		1703
Enter the Total from Line 11 in ..... Item 45 ⇨		11. Net Disbursements		29364

\*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 56 on page 1.)

ORGANIZATION NAME: ACRE LOCAL DIVISION 9 - GENERAL COMM

FILE NUMBER: 541-704

ENDING DATE OF PERIOD COVERED: 12/31/00

PAGE \_\_\_ OF \_\_\_ ADDITIONAL PAGES

**24. 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 and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
<small>Last Name</small> L I N D E N B E R G	<small>First Name</small> J O S E P H	0	300	300
<small>Title</small> S E C R E T A R Y T R E A S U R E R	<small>Status</small> C			
<small>Last Name</small> P O T T H A S T	<small>First Name</small> J O H N	2651	2680	5331
<small>Title</small> L O C A L C H A I R M A N	<small>Status</small> C			
<small>Last Name</small>	<small>First Name</small>			
<small>Title</small>	<small>Status</small>			
<small>Last Name</small>	<small>First Name</small>			
<small>Title</small>	<small>Status</small>			
<small>Last Name</small>	<small>First Name</small>			
<small>Title</small>	<small>Status</small>			
<small>Last Name</small>	<small>First Name</small>			
<small>Title</small>	<small>Status</small>			
<small>Last Name</small>	<small>First Name</small>			
<small>Title</small>	<small>Status</small>			
Totals		2,651	2,980	5,631

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 541 - 704

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash .....	0	9511	32. Accounts Payable .....	0	0
	26. Loans Receivable .....	0	0	33. Loans Payable .....	0	0
	27. U.S. Treasury Securities .....	0	0	34. Mortgages Payable .....	0	0
	28. Investments .....	0	0	35. Other Liabilities .....	0	0
	29. Fixed Assets .....	0	0	36. TOTAL LIABILITIES .....	0	0
	30. Other Assets .....	0	0			
	31. TOTAL ASSETS .....	0	9511	37. NET ASSETS (Item 31 less Item 36) .....	0	9511

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues .....	41597	45. To Officers (from Item 24) .....	29364
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	0
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	0
	41. Interest & Dividends .....	0	48. Office & Administrative Expense .....	176
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	7
	43. Other Receipts .....	1107	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	42704	51. Contributions, Gifts & Grants .....	100
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	3546
			55. TOTAL DISBURSEMENTS .....	33193