

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.

For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/>
	5 1 2 — 8 4 0	MO DAY YEAR From 0 9 0 1 1 9 9 9 Through 0 8 3 1 2 0 0 0	(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"/>

CHARLES S ANDERSON (2) 512-840
 NATIONAL EDUCATION ASN IND 07B
 SA MICHIGAN EDUCATION ASSOCIATION
 1216 KENDALE BLVD P O BOX 2573 08/00
 EAST LANSING MI 48826 2573

8. MAILING ADDRESS (Type or print in capital letters.)
 First Name
 Last Name
 P.O. Box • Building and Room Number (if any)
 Number and Street
 City
 State ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME
 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER
 7. UNIT NAME (if any)
 9. Are your organization's records kept at its mailing address? Yes No
 (If "No," provide address in Item 75.)

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

Item Number	10 MEA FINANCIAL SERVICES, INC.
11	MICHIGAN EDUCATION SPECIAL SERVICES ASSOCIATION A 501(C)(9) VEBA
12	MICHIGAN EDUCATION ASSOCIATION POLITICAL ACTION COMMITTEE
14	MANER, COSTERISAN & ELLIS, P.C.
21	DUES SCHEDULE ATTACHED
24	OUTSTANDING LETTER OF CREDIT \$261,000

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: [Signature] PRESIDENT 77. SIGNED: [Signature] TREASURER
 (If other title, see instructions.) (If other title, see instructions.)
 Date Telephone Number Date Telephone Number

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First Name _____
 Last Name _____
 P.O. Box • Building and Room Number (if any) _____
 Number and Street _____
 City _____
 State ZIP Code + 4 _____
 9. Are your organization's records kept at its mailing address? Yes No
 (If "No," provide address in Item 75.)

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76. SIGNED: James Ballal PRESIDENT (If other title, see instructions.)
 Date: / / Telephone Number: - -

77. SIGNED: [Signature] TREASURER (If other title, see instructions.)
 Date: / / Telephone Number: - -

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CHARLES S ANDERSON (2) 512-840 NATIONAL EDUCATION ASN IND 07B SA MICHIGAN EDUCATION ASSOCIATION 1216 KENDALE BLVD P O BOX 2573 08/00 EAST LANSING MI 48826 2573		8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4 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"/>	
4. AFFILIATION OR ORGANIZATION NAME 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 7. UNIT NAME (if any)			

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76. SIGNED: James B. [Signature] PRESIDENT (If other title, see instructions.)
 Date: 1 / 1 () - Telephone Number: _____

77. SIGNED: [Signature] TREASURER (If other title, see instructions.)
 Date: 1 / 1 () - Telephone Number: _____

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 (If other title, see instructions.)
 Date Telephone Number Date Telephone Number

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"/> | <input 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"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(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? 1 3 2 0 0 0
19. What is the date of your organization's next regular election of officers? MO: 0 4 YEAR: 2 0 0 2
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? \$ 1 0 0 0 0 0 0
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>SEE ATTACHED</u> per _____ <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <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 have changed, attach two new dated copies. If 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?
24. Did your organization have any contingent liabilities at the end of the reporting period?

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 5 1 2 — 8 4 0

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)	
	Item					
ASSETS	25. Cash			1 8 6 3 7 2 7 6	1 5 8 0 4 5 5 9	
	26. Accounts Receivable			1 5 0 2 7 4 7	1 5 1 6 6 0 9	
	27. Loans Receivable		1		0	0
	28. U.S. Treasury Securities				0	0
	29. Investments		2	7 5 7 3 5 4 9	8 0 2 7 9 4 7	
	30. Fixed Assets		5	5 3 5 9 0 2 0	5 1 1 7 7 6 6	
	31. Other Assets		3	1 1 0 9 8 7 1 8	1 7 0 1 4 7 6 9	
	32. TOTAL ASSETS			4 4 1 7 1 3 1 0	4 7 4 8 1 6 5 0	
LIABILITIES	33. Accounts Payable			2 9 3 6 2 8 8	1 1 2 4 0 8 2	
	34. Loans Payable		8		0	0
	35. Mortgages Payable				0	0
	36. Other Liabilities		4	1 1 3 4 7 6 4 0	1 3 7 3 4 9 3 9	
	37. TOTAL LIABILITIES			1 4 2 8 3 9 2 8	1 4 8 5 9 0 2 1	
	38. NET ASSETS (Item 32 less Item 37)			2 9 8 8 7 3 8 2	3 2 6 2 2 6 2 9	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 1 2 - 0 4 0

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			4 6 2 6 4 3 4 7	56. To Officers	9		6 7 1 2 4 2
40. Per Capita Tax			0	57. To Employees	10		1 7 7 1 0 8 4 5
41. Fees			0	58. Per Capita Tax			0
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		6 6 1 3 5 2 7
44. Work Permits			0	61. Educational & Publicity Expense ...			6 8 6 2 0
45. Sale of Supplies			0	62. Professional Fees			2 9 0 9 0 7 5
46. Interest			1 1 2 7 4 0 1	63. Benefits	11		1 5 8 0 6 7 0 1
47. Dividends			0	64. Contributions, Gifts & Grants	12		2 0 2 4 4 8
48. Rents			1 2 8 8 4 3	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		2 4 1 7 1 2 3	66. Direct Taxes			1 9 7 4 5 5 2
50. Loans Obtained	8		0	67. Withholding Taxes			9 2 2 5 2 6 4
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		3 2 8 8 0 0 7
52. On Behalf of Affiliates for Transmittal to Them			1 1 2 2 4 7 4 0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			1 1 2 2 4 7 4 7	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		3 2 5 3 4 2 1 0	71. To Affiliates of Funds Collected on Their Behalf			9 9 8 6 2 8 3
55. TOTAL RECEIPTS			9 3 6 9 6 6 7 1	72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		2 8 4 8 3 0 9 1
				74. TOTAL DISBURSEMENTS			9 6 9 3 9 6 5 5

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.

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: _____	-0-				-0-
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: 5 1 2 - 8 4 0

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	8,027,947
2. Total Book Value	8,027,947
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	
5. Total Book Value	
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) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	8 0 2 7 9 4 7
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)	17,014,769
7. Total of Lines 1 through 6	1 7 0 1 4 7 6 9
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	13,734,939
7. Total of Lines 1 through 6	1 3 7 3 4 9 3 9
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 1 2 - 8 4 0

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)	359,634		359,634	359,634
3. Buildings (give location):				
4. Totals from additional pages (if any)	5,284,939	3,216,088	2,068,851	2,068,851
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	6,216,828	3,531,710	2,685,118	2,685,118
7. Other Fixed Assets	61,812	57,649	4,163	4,163
8. Totals of Lines 1 through 7	11,923,213	6,805,447	5,117,766	5,117,766
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)	3,669,753	2,509,849	2,417,123	2,417,123
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
		2 4 1 7 1 2 3		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 1 2 - 8 4 0

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)	3,565,109	3,565,109	3,288,007
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
8. Net Purchases			3 2 8 8 0 0 7
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.						
2.						
3.						
4.						
5. Totals from additional pages (if any)						
6. Totals of Lines 1 through 5	0	0	0	0	0	
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: 5 1 2 - 8 4 0

(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>		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. Last Name _____ First Name _____ Title _____ Status <input type="checkbox"/>							
2. Last Name _____ First Name _____ Title _____ Status <input type="checkbox"/>							
3. Last Name _____ First Name _____ Title _____ Status <input type="checkbox"/>							
4. Last Name _____ First Name _____ Title _____ Status <input type="checkbox"/>							
5. Last Name _____ First Name _____ Title _____ Status <input type="checkbox"/>							
6. Last Name _____ First Name _____ Title _____ Status <input type="checkbox"/>							
7. Last Name _____ First Name _____ Title _____ Status <input type="checkbox"/>							
8. Totals from additional pages (if any)							711,743
9. Totals of Lines 1 through 8							711,743
10. Less Deductions							4 0 5 0 1
Enter the Total from Line 11 in Item 56 →							6 7 1 2 4 2
*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.					<small>(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.)</small>		

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 1 2 - 8 4 0

(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>					
1. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
6. Totals from additional pages <small>(if any)</small>					26,541,772
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					353,836
8. Totals of Lines 1 through 7					26,895,608
Enter the Total from Line 10 in.....			9. Less Deductions	9 1 8 4 7 6 3	
Item 57 ⇨			10. Net Disbursements	1 7 7 1 0 8 4 5	

SCHEDULE 11 — BENEFITS

FILE NUMBER: 5 1 2 - 8 4 0

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		15,806,701
6. Total of Lines 1 through 5		1 5 8 0 6 7 0 1
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	202,448
8. Total of Lines 1 through 7	2 0 2 4 4 8
Enter the Total from Line 8 in	
↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	6,613,527
8. Total of Lines 1 through 7	6 6 1 3 5 2 7
Enter the Total from Line 8 in	
↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	32,534,210
17. Total of Lines 1 through 16	3 2 5 3 4 2 1 0
Enter the Total from Line 17 in [↑] Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	28,483,091
17. Total of Lines 1 through 16	2 8 4 8 3 0 9 1
Enter the Total from Line 17 in [↑] Item 73	

SCHEDULE 3 -- OTHER ASSETS

Description (A)	Amount (B)
Deferred Compensation	4,335,621
Prepaid Retirement	10,748,353
Other Prepaid Expenses	264,432
Deposits	59,939
Inventory	177,031
Interest/Other	392,659
Affiliate Receivables	1,036,534
Investments in Subsidiaries	200
Total Other Assets - Other	17,014,769

SCHEDULE 4 -- OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
Accrued Leave	1,914,000
Deferred Comp	4,335,621
Payroll/Related	1,242,824
Retirement	5,106,022
Deferred Revenue	276,995
Capital Leases	703,885
Affiliate Payables	155,592
Total Other Liabilities - Other	13,734,939

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

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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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: <u>BATTAGLIERI</u> First Name: <u>LUIGI</u>	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> C	1 2 7 0 9 9		4 7 3 9 4	2 3 0 3 8	1 9 7 5 3 1
Last Name: <u>SALTERS</u> First Name: <u>IRIS</u>	<u>V. PRES.</u>	<input checked="" type="checkbox"/> C	8 2 6 7 0		2 9 0 0 3	7 2 7 6	1 1 8 9 4 9
Last Name: <u>COOK</u> First Name: <u>STEVEN</u>	<u>SECY / TREAS</u>	<input checked="" type="checkbox"/> C	1 9 6 6 1 9		2 3 3 8 4	4 4 1 9	2 2 4 4 2 2
Last Name: <u>ANDERSON</u> First Name: <u>DONNA</u>	<u>BOARD MEMBER</u>	<input checked="" type="checkbox"/> C	4 9 7		2 5 2 3	0	3 0 2 0
Last Name: <u>ANDERSON</u> First Name: <u>JULIA</u>	<u>BOARD MEMBER</u>	<input checked="" type="checkbox"/> C	0		1 6 5 2	0	1 6 5 2
Last Name: <u>ARRIBAS</u> First Name: <u>BERTHA</u>	<u>BOARD MEMBER</u>	<input checked="" type="checkbox"/> C	3 0 0		1 5 6 0	0	1 8 6 0
Last Name: <u>AUGUSTINE</u> First Name: <u>RUTH</u>	<u>BOARD MEMBER</u>	<input checked="" type="checkbox"/> C	0		1 7 4 5	0	1 7 4 5
Last Name: <u>BARHAM</u> First Name: <u>GAYLON</u>	<u>BOARD MEMBER</u>	<input checked="" type="checkbox"/> N	0		2 7 4	0	2 7 4
Totals							

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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>		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>							
Last Name _____ First Name _____							
Title _____ Status <input type="checkbox"/>							
Last Name _____ First Name _____							
Title _____ Status <input type="checkbox"/>							
Last Name _____ First Name _____							
Title _____ Status <input type="checkbox"/>							
Last Name _____ First Name _____							
Title _____ Status <input type="checkbox"/>							
Last Name _____ First Name _____							
Title _____ Status <input type="checkbox"/>							
Last Name _____ First Name _____							
Title _____ Status <input type="checkbox"/>							
Last Name _____ First Name _____							
Title _____ Status <input type="checkbox"/>							
Totals							

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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	First Name				
B A S C O M	K I R K	0	1 4 6 3	0	1 4 6 3
Title BOARD MEMBER	Status C				
B E A M I S H	A L V A	0	2 2 4 6	0	2 2 4 6
Title BOARD MEMBER	Status C				
B E E T H E M	L O W E L L	0	2 8 3 5	0	2 8 3 5
Title BOARD MEMBER	Status C				
B E L L	W I L L I A M	0	2 0 8 6	0	2 0 8 6
Title BOARD MEMBER	Status C				
B E N N E T T	D A N I E L	3 8 8	2 1 8 1	0	2 5 6 9
Title BOARD MEMBER	Status C				
B L A I N	S H E I L A	0	1 9 0 2	0	1 9 0 2
Title BOARD MEMBER	Status C				
B L E W E T T	P A U L	7 3 2	2 8 3 0	0	3 5 6 2
Title BOARD MEMBER	Status C				
B O D E L L	R O G E R	0	1 5 9 3	0	1 5 9 3
Title BOARD MEMBER	Status C				
Totals					

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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>B O M A N</u> First Name: <u>F O L K E</u>		0		2 5 8 3	0	2 5 8 3
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>B O U S A M R A</u> First Name: <u>T H O M A S</u>		0		2 0 4 4	0	2 0 4 4
Title: <u>B O A R D M E M B E R</u> Status: <input type="checkbox"/> N						
Last Name: <u>B O W E R M A N</u> First Name: <u>A L</u>		0		1 6 2 3	0	1 6 2 3
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>B R A N N A N</u> First Name: <u>C A R O L</u>		0		1 6 7 5	0	1 6 7 5
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>B R I S H</u> First Name: <u>H E L E N</u>		0		1 4 2 7	0	1 4 2 7
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>B R O W N</u> First Name: <u>P E R C Y</u>		0		2 4 6	0	2 4 6
Title: <u>B O A R D M E M B E R</u> Status: <input type="checkbox"/> N						
Last Name: <u>B U R O W</u> First Name: <u>C A R O L</u>		0		0	0	0
Title: <u>B O A R D M E M B E R</u> Status: <input type="checkbox"/> N						
Last Name: <u>C A R T E R</u> First Name: <u>L I N D A</u>		0		2 2 7 7	0	2 2 7 7
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Totals						

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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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: C H A P A First Name: E L I A S Title: B O A R D M E M B E R Status: C			0		1 8 1 2	0	1 8 1 2
Last Name: C L A P P E R First Name: M E L I S S A Title: B O A R D M E M B E R Status: C			1 2 7 4		2 4 8 8	0	3 7 6 2
Last Name: C O O K First Name: B R E N D A Title: B O A R D M E M B E R Status: C			0		1 9 7 5	0	1 9 7 5
Last Name: D A N I E L S First Name: K A T H E R I Title: B O A R D M E M B E R Status: C			0		1 6 4 1	0	1 6 4 1
Last Name: D O E L E - M U S S E R First Name: C H R I S T I Title: B O A R D M E M B E R Status: P			3 6 0		1 1 4 6	0	1 5 0 6
Last Name: E L L I S First Name: J O E L L Y N Title: B O A R D M E M B E R Status: C			0		1 7 9 1	0	1 7 9 1
Last Name: E R V I N First Name: C H E R Y L Title: B O A R D M E M B E R Status: C			0		1 7 9 7	0	1 7 9 7
Last Name: F E D E R I C O First Name: S U E Title: B O A R D M E M B E R Status: N			4 3 1		1 7 1 5	0	2 1 4 6
Totals							

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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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: F I N K First Name: R I C H A R D	BOARD MEMBER	N	0		2 0 0	0	2 0 0
Last Name: F L Y N N First Name: R I C H A R D	BOARD MEMBER	C	0		1 2 7 9	0	1 2 7 9
Last Name: G A R C I A First Name: E L E N A	BOARD MEMBER	N	0		7 2 8	0	7 2 8
Last Name: G O O D First Name: A N N E	BOARD MEMBER	C	1 2 3 7		1 7 3 5	0	2 9 7 2
Last Name: G R A V E S First Name: M I C H A E L	BOARD MEMBER	C	1 7 2		2 3 1 5	0	2 4 8 7
Last Name: H A M L I N First Name: K E N N E T H	BOARD MEMBER	C	0		1 7 8 5	0	1 7 8 5
Last Name: H A S K E First Name: D A N I E L	BOARD MEMBER	C	5 9 3		2 5 4 8	0	3 1 4 1
Last Name: H A W K I N S First Name: R I C H A R D	BOARD MEMBER	C	4 9 6		1 0 2 2	0	1 5 1 8
Totals							

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

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>	(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	(C) Status	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: H O C K A D A Y First Name: D A V I D	BOARD MEMBER	<input checked="" type="checkbox"/> C	0		1 6 3 6	0	1 6 3 6
Last Name: H O F M E I S T E R - R First Name: D E B O R A H	BOARD MEMBER	<input checked="" type="checkbox"/> C	3 6 5		2 2 7 3	0	2 6 3 8
Last Name: H O G E R H E I D E First Name: R I C	BOARD MEMBER	<input checked="" type="checkbox"/> C	0		1 8 7 2	0	1 8 7 2
Last Name: J A C K S O N First Name: G E O R G E	BOARD MEMBER	<input checked="" type="checkbox"/> C	1 1 6 7		2 0 9 8	0	3 2 6 5
Last Name: J O H N S O N First Name: T E R A N C E	BOARD MEMBER	<input type="checkbox"/> N	2 6 0		2 3 6 0	0	2 6 2 0
Last Name: K A R P I A K First Name: S T E V E N	BOARD MEMBER	<input checked="" type="checkbox"/> C	5 4 3		3 6 3 1	0	4 1 7 4
Last Name: K L O N A R I S First Name: N I K K I	BOARD MEMBER	<input checked="" type="checkbox"/> C	0		1 1 6 0	0	1 1 6 0
Last Name: K U I P E R First Name: W I L L I A M	BOARD MEMBER	<input type="checkbox"/> P	0		1 2 4 0	0	1 2 4 0
Totals							

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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>L A K E</u>	First Name <u>C H E R Y L</u>	4 4 8		2 9 3 5	0	3 3 8 3
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> C					
Last Name <u>L A N G A N</u>	First Name <u>D I A N E</u>	0		2 3 4 5	0	2 3 4 5
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> C					
Last Name <u>L E W I S</u>	First Name <u>C L A R E N C</u>	0		7 8 8	0	7 8 8
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> N					
Last Name <u>M A S O N</u>	First Name <u>L Y N N</u>	2 6 8 7		1 6 4 3	0	4 3 3 0
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> C					
Last Name <u>M A T R I L L E</u>	First Name <u>J A M E S</u>	0		1 5 4 8	0	1 5 4 8
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> C					
Last Name <u>M A T U R K A N I C H</u>	First Name <u>S U E</u>	0		1 9 2 4	0	1 9 2 4
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> C					
Last Name <u>M C F A D D E N</u>	First Name <u>L I L L I A N</u>	0		1 0 7 0	0	1 0 7 0
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> C					
Last Name <u>M C K E N Z I E</u>	First Name <u>H E L E N</u>	0		3 7 7	0	3 7 7
Title <u>B O A R D M E M B E R</u>	Status <input type="checkbox"/> N					
Totals						

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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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	(C) Status	(D) Gross Salary (before taxes and other deductions)	(E) Allowances	(F) Disbursements for Official Business	(G) Other Disbursements	(H) Total
M C L E L L A N M A R G A R E	BOARD MEMBER	C	371		1606	0	1977
M I T C H E L L L A G R A T T	BOARD MEMBER	C	0		1453	0	1453
M O L L O Y T H O M A S	BOARD MEMBER	C	0		1777	0	1777
M O R R I S O N C H R I S T I	BOARD MEMBER	C	0		284	0	284
M U S E U T	BOARD MEMBER	C	0		1652	0	1652
N A S K I R O B E R T	BOARD MEMBER	P	0		136	0	136
N A T I O N S T H O M A S	BOARD MEMBER	C	0		1362	0	1362
N I E M A N N C A R R O L L	BOARD MEMBER	C	557		1452	0	2009
Totals							

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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>N O L I N</u> First Name: <u>G A I L</u>		0		9 7 7	0	9 7 7
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>O ' C A L L A G H A N</u> First Name: <u>J E A N N E</u>		0		2 2 3 9	0	2 2 3 9
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>O L I V E R I O</u> First Name: <u>J O S E P H</u>		0		1 1 3 3	0	1 1 3 3
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>O N G</u> First Name: <u>B E T T Y</u>		0		1 3 3 1	0	1 3 3 1
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> P						
Last Name: <u>O V E R S M I T H</u> First Name: <u>L A U R E N C</u>		0		1 5 5 0	0	1 5 5 0
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>P A P O</u> First Name: <u>W I L L I A M</u>		0		2 0 0 4	0	2 0 0 4
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>P O R T E L L I</u> First Name: <u>C H A R L E S</u>		0		1 3 4 1	0	1 3 4 1
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Last Name: <u>P O U L I N</u> First Name: <u>C O N N I E</u>		7 5 0		1 6 7 9	0	2 4 2 9
Title: <u>B O A R D M E M B E R</u> Status: <input checked="" type="checkbox"/> C						
Totals						

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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 (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)	(D)	(E)	(F)	(G)	(H)
Last Name: P R A T T First Name: R O S E Title: B O A R D M E M B E R Status: <input checked="" type="checkbox"/> C		0		6 6 3		6 6 3
Last Name: R A M O S - M O N T I G L U P E First Name: Title: B O A R D M E M B E R Status: <input checked="" type="checkbox"/> C		0		2 9 2 1		2 9 2 1
Last Name: R O B I N S O N First Name: S T E V E N Title: B O A R D M E M B E R Status: <input checked="" type="checkbox"/> C		0		8 8 7		8 8 7
Last Name: R O E H R I G First Name: G L E N N Title: B O A R D M E M B E R Status: <input checked="" type="checkbox"/> C		2 7 0		1 8 2 0		2 0 9 0
Last Name: R O E H R I G First Name: L Y N N E Title: B O A R D M E M B E R Status: <input type="checkbox"/> P		0		0		0
Last Name: R O S S First Name: P A T R I C I Title: B O A R D M E M B E R Status: <input checked="" type="checkbox"/> C		8 3		0		8 3
Last Name: R U D D First Name: D A N I E L Title: B O A R D M E M B E R Status: <input checked="" type="checkbox"/> C		0		1 4 9 3		1 4 9 3
Last Name: S C H R A M First Name: B A R B A R A Title: B O A R D M E M B E R Status: <input checked="" type="checkbox"/> C		3 4 4		9 2 8		1 2 7 2
Totals						

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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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: S M I T H First Name: T I M	BOARD MEMBER	C	1 7 6 5		1 1 9 2	0	2 9 5 7
Last Name: S O U R S First Name: S H A R L O T	BOARD MEMBER	P	2 5 2		8 1 0	0	1 0 6 2
Last Name: S P A R A P A N I First Name: J A M E S	BOARD MEMBER	C	2 8 8		3 3 7 3	0	3 6 6 1
Last Name: S P R I N G E R First Name: B E T T Y	BOARD MEMBER	C	3 2		1 7 1 6	0	1 7 4 8
Last Name: S T A H R First Name: T H O M A S	BOARD MEMBER	N	0		3 8 7	0	3 8 7
Last Name: S T A N L E Y First Name: M A U R E E N	BOARD MEMBER	N	0		4 5 2	0	4 5 2
Last Name: S U L L I V A N First Name: P A T R I C K	BOARD MEMBER	C	3 9 9		1 7 7 9	0	2 1 7 8
Last Name: T R I P P First Name: K A T H R Y N	BOARD MEMBER	C	1 5 1 8		2 1 8 0	0	3 6 9 8
Totals							

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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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: T U R N E R First Name: E D D I E	BOARD MEMBER	C	0		1 7 2 8	0	1 7 2 8
Last Name: T U R N E R First Name: E S T H E R	BOARD MEMBER	C	0		8 6 4	0	8 6 4
Last Name: V A N T I L First Name: L O R N A	BOARD MEMBER	C	0		1 8 5 7	0	1 8 5 7
Last Name: W A G E N E R First Name: G L O R I A	BOARD MEMBER	C	8 9 1		1 7 9 9	0	2 6 9 0
Last Name: W A T K I N S First Name: P E G G Y	BOARD MEMBER	C	1 3 5		1 9 7 3	0	2 1 0 8
Last Name: W E S T First Name: J O N E T H	BOARD MEMBER	C	0		1 2 7 9	0	1 2 7 9
Last Name: W I L L I A M S First Name: O L I V I A	BOARD MEMBER	C	0		1 1 7 7	0	1 1 7 7
Last Name: W I L S O N First Name: G I L D A	BOARD MEMBER	C	2 2 4		2 2 1 2	0	2 4 3 6
Totals							

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840

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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>	(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: W I N G F I E L D First Name: G E O R G E	B O A R D M E M B E R	C	0		1 5 7 6	0	1 5 7 6
Last Name: W O O D First Name: R O M A	B O A R D M E M B E R	N	0		5 9 2	0	5 9 2
Last Name: Y A K E S First Name: D A N I E L	B O A R D M E M B E R	C	0		1 7 3 6	0	1 7 3 6
Last Name: First Name: Title: Status: <input type="checkbox"/>							
Last Name: First Name: Title: Status: <input type="checkbox"/>							
Last Name: First Name: Title: Status: <input type="checkbox"/>							
Last Name: First Name: Title: Status: <input type="checkbox"/>							
Totals			426,217		250,793	34,733	711,743

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840

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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)
Last Name: A D A M S First Name: M A R Y A N Position: C O N S U L T A N T Name of Affiliated Organization:	9 9 7 2 2		1 0 7 4 5	3 4 9 2	1 1 3 9 5 9
Last Name: A G E R S T R A N D First Name: C H A R L E S Position: C O N S U L T A N T Name of Affiliated Organization:	9 9 7 2 2		1 8 4 7 0	1 4 2 9	1 1 9 6 2 1
Last Name: A H R E N S First Name: S U S A N Position: A C C O U N T I N G S U P V Name of Affiliated Organization:	5 4 5 3 5		5 2 1	0	5 5 0 5 5
Last Name: A L L E Y First Name: Z A N Position: D I R E C T O R Name of Affiliated Organization:	1 0 4 8 8 6		1 0 5 0 8	4 5 9 0	1 1 9 9 8 4
Last Name: A L W A R D First Name: M A U L S H R Position: S E C R E T A R Y Name of Affiliated Organization:	4 2 8 2 9		0	0	4 2 8 2 9
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/06

FILE NUMBER: 512-840
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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>LANG E</u> First Name: <u>CURTIS</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	<u>98993</u>		<u>11679</u>	<u>3614</u>	<u>114286</u>
Last Name: <u>LANG E</u> First Name: <u>DAVID</u> Position: <u>ACCOUNTING SUPV</u> Name of Affiliated Organization:	<u>80575</u>		<u>839</u>	<u>0</u>	<u>81414</u>
Last Name: <u>LANGHAM</u> First Name: <u>BINGHAM</u> Position: <u>PRODUCTION</u> Name of Affiliated Organization:	<u>46435</u>		<u>0</u>	<u>0</u>	<u>46435</u>
Last Name: <u>LANGLEY</u> First Name: <u>J ROBIN</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	<u>98814</u>		<u>15601</u>	<u>3291</u>	<u>117706</u>
Last Name: <u>LANKFORD</u> First Name: <u>MARTIN</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	<u>72940</u>		<u>10083</u>	<u>4957</u>	<u>87981</u>
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840
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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)
Last Name: <u>A M Y</u> First Name: <u>R O N A L D</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 9 7 2 2		9 5 9 0	6 6 5 1	1 1 5 9 6 3
Last Name: <u>A N D E R S O N</u> First Name: <u>C H A R L E S</u> Position: <u>E X E C D I R E C T O R</u> Name of Affiliated Organization:	1 7 3 6 9 1		3 8 6 2 8	1 2 0 1 5	2 2 4 3 3 4
Last Name: <u>A N D E R S O N</u> First Name: <u>G L A D Y S</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	3 1 6 3 4		0	0	3 1 6 3 4
Last Name: <u>A N G E L L</u> First Name: <u>J A M E S</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	6 6 5 8 2		1 2 2 0 2	1 3 6 0	8 0 1 4 3
Last Name: <u>A R M S T R O N G</u> First Name: <u>C H E R Y L</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	4 2 9 5 7		1 4	0	4 2 9 7 1
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

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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: <u>L A R S E N</u> First Name: <u>H A R O L D</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization: _____	<u>9 9 7 2 2</u>		<u>9 4 2 0</u>	<u>6 8 8 5</u>	<u>1 1 6 0 2 6</u>
Last Name: <u>L A R S E N</u> First Name: <u>L Y N N</u> Position: <u>F O R M E R V . P R E S</u> Name of Affiliated Organization: _____	<u>2 4 1 1 4</u>		<u>7 1 2 3</u>	<u>2 8 5 9</u>	<u>3 4 0 9 6</u>
Last Name: <u>L A S H</u> First Name: <u>C L A R A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	<u>4 2 6 4 4</u>		<u>9 5</u>	<u>0</u>	<u>4 2 7 3 9</u>
Last Name: <u>L A T H A M</u> First Name: <u>D A R L E N E</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	<u>6 4 6 1 2</u>		<u>9 4 0</u>	<u>0</u>	<u>6 5 5 5 2</u>
Last Name: <u>L A T H E R S</u> First Name: <u>S</u> Position: <u>A T T O R N E Y</u> Name of Affiliated Organization: _____	<u>1 8 2 4 3</u>		<u>- 2 2 9 1</u>	<u>3 9 5 7</u>	<u>1 9 9 0 9</u>
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

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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)
Last Name: <u>A S P I N A L L</u> First Name: <u>M I C H E L L</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	3 0 8 0 8		0	0	3 0 8 0 8
Last Name: <u>B A C O N</u> First Name: <u>R O N A L D</u> Position: <u>C O N S U L T A N T</u> Name of Affiliated Organization:	9 8 8 4 4		9 9 5 3	4 4 0 9	1 1 3 2 0 6
Last Name: <u>B A I L E Y</u> First Name: <u>R E B E C C A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	4 2 6 9 6		8 6	0	4 2 7 8 3
Last Name: <u>B A I L H E</u> First Name: <u>R I C H A R D</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	8 9 5 5 3		1 1 0 9 9	3 2 1 7	1 0 3 8 6 9
Last Name: <u>B A L D W I N</u> First Name: <u>E M A L E E</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	6 9 4 7 1		1 4 0 3 2	8 6 1	8 4 3 6 4
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840

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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: <u>L E C H E</u> First Name: <u>K E N N E T H</u>	<u>9 6 5 3 0</u>		<u>1 4 0 7 6</u>	<u>2 6 9 1</u>	<u>1 1 3 2 9 7</u>
Position: <u>D I R E C T O R</u>					
Name of Affiliated Organization:					
Last Name: <u>L E I G H T O N</u> First Name: <u>C H E R Y L</u>	<u>4 2 8 5 2</u>		<u>0</u>	<u>0</u>	<u>4 2 8 5 2</u>
Position: <u>S E C R E T A R Y</u>					
Name of Affiliated Organization:					
Last Name: <u>L E M S O N</u> First Name: <u>P A T R I C I</u>	<u>4 2 7 7 6</u>		<u>1 5 9 8</u>	<u>0</u>	<u>4 4 3 7 4</u>
Position: <u>S E C R E T A R Y</u>					
Name of Affiliated Organization:					
Last Name: <u>L E O N A R D</u> First Name: <u>D O R O T H Y</u>	<u>9 8 9 9 3</u>		<u>- 1 2 7 7</u>	<u>1 6 1 9 2</u>	<u>1 1 3 9 0 9</u>
Position: <u>C O N S U L T A N T</u>					
Name of Affiliated Organization:					
Last Name: <u>L E W I S</u> First Name: <u>A D A</u>	<u>6 6 4 0 3</u>		<u>4 1 7 3</u>	<u>0</u>	<u>7 0 5 7 6</u>
Position: <u>A D M I N A S S T</u>					
Name of Affiliated Organization:					
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-846

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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)
Last Name: <u>B A N U C H I E - K I N T I N A</u> First Name: _____ Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	3 4 8 2 5		0	0	3 4 8 2 5
Last Name: <u>B A R A N</u> First Name: <u>E V E L Y N</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization: _____	9 8 9 9 3		1 3 9 6 5	1 3 1 2	1 1 4 2 7 0
Last Name: <u>B A U G H</u> First Name: <u>W I L L I A M</u> Position: <u>M E M B E R S H I P P R O C</u> Name of Affiliated Organization: _____	3 7 1 1 0		0	0	3 7 1 1 0
Last Name: <u>B E D N A R S K I</u> First Name: <u>S H A R O N</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	4 2 5 0 2		3 0 0	0	4 2 8 0 2
Last Name: <u>B E I E R</u> First Name: <u>R U T H</u> Position: <u>L A B O R E C O N O M I S T</u> Name of Affiliated Organization: _____	9 8 8 1 4		1 5 4 2 9	1 8 5 3	1 1 6 0 9 7
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840
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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: L E W I S First Name: A R C H I E Position: D I R E C T O R Name of Affiliated Organization:	9 0 0 1 2		1 4 5 3 5	3 3 7 4	1 0 7 9 2 1
Last Name: L O N G First Name: R I C H A R D Position: D I R E C T O R Name of Affiliated Organization:	9 9 7 2 2		9 3 8 4	9 6 4 0	1 1 8 7 4 7
Last Name: L O N G First Name: S H E L L I Position: S E C R E T A R Y Name of Affiliated Organization:	3 3 8 2 8		1 2 9	0	3 3 9 5 7
Last Name: L O N G F I E L D First Name: L E E Position: D I R E C T O R Name of Affiliated Organization:	1 0 7 3 7 4		3 6 1 0	1 3 5 8 3	1 2 4 5 6 6
Last Name: L U M B E R T First Name: F R A N C I S Position: M E M B E R S H I P P R O C Name of Affiliated Organization:	3 2 1 0 2		0	0	3 2 1 0 2
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/06

FILE NUMBER: 512-846
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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)
Last Name: <u>B E L A N G E R</u> First Name: <u>P A T R I C I</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	4 7 7 8 5		3 3 9	0	4 8 1 2 4
Last Name: <u>B E N D A L L</u> First Name: <u>D E B R A</u> Position: <u>M E M B E R S H I P P R O C</u> Name of Affiliated Organization:	4 3 1 8 7		0	0	4 3 1 8 7
Last Name: <u>B E N D E R</u> First Name: <u>D A V I D</u> Position: <u>D U P L I C A T O R O P E R</u> Name of Affiliated Organization:	3 4 2 7 4		0	0	3 4 2 7 4
Last Name: <u>B E N T O N</u> First Name: <u>W A L T E R</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 9 7 2 2		1 2 9 3 9	4 9 4 5	1 1 7 6 0 6
Last Name: <u>B E R R Y M A N</u> First Name: <u>J A M E S</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	3 4 2 3 3		6 0 0 7	2 3 0	4 0 4 6 9
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840

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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: L U T K E First Name: D O N N A Position: L O B B Y I S T Name of Affiliated Organization:	1 0 0 9 6 3		1 5 2 8 4	2 3 2 8	1 1 8 5 7 5
Last Name: L Y C O S First Name: G A Y L E Position: D I R E C T O R Name of Affiliated Organization:	9 9 0 7 5		1 1 4 9 9	1 7 8 7	1 1 2 3 6 0
Last Name: M A C G R E G O R First Name: K E N N E T H Position: C O N S U L T A N T Name of Affiliated Organization:	9 9 7 2 2		5 4 6 2 7	9 2 4	1 5 5 2 7 3
Last Name: M A D D O X First Name: J U L I U S Position: F O R M E R P R E S I D E N T Name of Affiliated Organization:	4 9 5 6 2		- 1 5 6 6 9	3 8 6 6 1	7 2 5 5 4
Last Name: M A D E J C Z Y K First Name: D A N I E L Position: D I R E C T O R Name of Affiliated Organization:	7 3 5 5 8		1 2 3 5 4	3 6 0	8 6 2 7 2
Totals					

ORGANIZATION NAME: MILWAUKEE EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-846

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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: <u>B I L L</u> First Name: <u>T E R R I</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	4 2 6 4 4		1 0 3	0	4 2 7 4 7
Last Name: <u>B O E R M A</u> First Name: <u>J A M E S</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 9 7 2 2		7 7 8 5	8 8 3 7	1 1 6 3 4 4
Last Name: <u>B O O T H</u> First Name: <u>M I C H A E L</u> Position: <u>P R O D U C T I O N C O O R D</u> Name of Affiliated Organization:	5 2 3 8 9		0	0	5 2 3 8 9
Last Name: <u>B O R U C K I</u> First Name: <u>B A R B A R A</u> Position: <u>G R A P H I C A S S T .</u> Name of Affiliated Organization:	4 0 3 4 2		8 0	0	4 0 4 2 2
Last Name: <u>B O U K N I G H T</u> First Name: <u>B A R B A R A</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 3 1 0 6		9 7 1 8	9 0 8 9	1 1 1 9 1 3
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 9/31/00

FILE NUMBER: 512-840

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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>					
<small>Last Name</small> M A K A <small>First Name</small> K A T H L E E	8 8 5 9 5		1 3 2 1 5	3 4 4 4	1 0 5 2 5 5
Position: D I R E C T O R					
<small>Name of Affiliated Organization</small>					
<small>Last Name</small> M A L L O R Y <small>First Name</small> J A N E Y	4 2 7 9 0		0	0	4 2 7 9 0
Position: T Y P E S E T T E R					
<small>Name of Affiliated Organization</small>					
<small>Last Name</small> M A N I E R S T O N <small>First Name</small> S U S A N	1 4 2 7 9		- 9 1 3 4	9 1 3 4	1 4 2 7 9
Position: D I R E C T O R					
<small>Name of Affiliated Organization</small>					
<small>Last Name</small> M A N N O R - S M I T H <small>First Name</small> M A R C I A	4 3 3 6 7		8 3	0	4 3 4 5 0
Position: S E C R E T A R Y					
<small>Name of Affiliated Organization</small>					
<small>Last Name</small> M A R R I O T T <small>First Name</small> B A R B A R A	4 3 4 8 5		0	0	4 3 4 8 5
Position: S E C R E T A R Y					
<small>Name of Affiliated Organization</small>					
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840

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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)
Last Name: <u>B O W M A N</u> First Name: <u>C L A R K E</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 9 7 2 2		2 0 0 8 1	3 2 4 0	1 2 3 0 4 2
Last Name: <u>B R E G E N Z E R</u> First Name: <u>D I A N N E</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 8 0 9 2		7 8 1 7	8 7 2 7	1 1 4 6 3 6
Last Name: <u>B R O W N</u> First Name: <u>L I N D A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	3 8 6 6 4		9 4	0	3 8 7 5 8
Last Name: <u>B R O W N</u> First Name: <u>O L L I E</u> Position: <u>B I N D E R Y O P E R A T O R</u> Name of Affiliated Organization:	4 0 5 7 0		0	0	4 0 5 7 0
Last Name: <u>B R O W N</u> First Name: <u>S T E P H A N</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	7 6 1 4 6		1 7 3 9 8	1 3 5 2	9 4 8 9 5
Totals					

ORGANIZATION NAME: MILHLGAN EDUCATION ASSOCIATION

FILE NUMBER: 512-840

ENDING DATE OF PERIOD COVERED: 8/31/00

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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>M A R S H A L L</u> First Name: <u>R O B E R T</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	1 7 0 3 4 3		4 7 8 4	1 4 3 0 4	1 8 9 4 3 2
Last Name: <u>M A R T I N E Z</u> First Name: <u>C O N N I E</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	4 2 5 0 0		1 5 3	0	4 2 6 5 3
Last Name: <u>M A R Z E T T I</u> First Name: <u>A N G E L A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	1 3 7 4 4		0	0	1 3 7 4 4
Last Name: <u>M A T H E W S J R</u> First Name: <u>W I L L I E</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 8 9 9 3		1 0 9 6 2	1 8 8 4	1 1 1 8 4 0
Last Name: <u>M A Z U C A</u> First Name: <u>D A N I E L</u> Position: <u>M A I L R O O M C O O R D</u> Name of Affiliated Organization:	4 1 3 9 2		0	0	4 1 3 9 2
Totals					

ORGANIZATION NAME: MILLIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840
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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)
Last Name: B U L L A R D First Name: J A C K I E Position: B I N D E R Y O P E R A T O R Name of Affiliated Organization:	3 9 9 1 6		0	0	3 9 9 1 6
Last Name: B U R G E S S First Name: E L I Z A B E Position: S E C R E T A R Y Name of Affiliated Organization:	3 3 6 9 1		3 4 0	0	3 4 0 3 1
Last Name: B U R N E L L First Name: S T A N L E Y Position: D I R E C T O R Name of Affiliated Organization:	9 9 7 2 2		1 3 9 5 7	1 2 6 9	1 1 4 9 4 8
Last Name: B U R T First Name: S U S A N Position: D I R E C T O R Name of Affiliated Organization:	7 2 4 4 8		7 8 4 3	3 7 4 0	8 4 0 3 1
Last Name: C A D Y First Name: T I M O T H Y Position: D I R E C T O R Name of Affiliated Organization:	6 5 5 1 3		1 0 4 5 6	1 1 7 9	7 7 1 4 8
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-846
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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>M A Z Z O N I</u> First Name: <u>A P R I L</u> Position: <u>B O O K K E E P E R</u> Name of Affiliated Organization:	3 2 0 3 3		0	0	3 2 0 3 3
Last Name: <u>M C C O Y</u> First Name: <u>P H Y L L I S</u> Position: <u>C O N S U L T A N T</u> Name of Affiliated Organization:	9 9 7 2 2		1 7 2 0 1	1 9 6 8	1 1 8 8 9 0
Last Name: <u>M C E A C H E R N</u> First Name: <u>M I C H A E L</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	1 3 0 9 8		- 2 4 6 4	2 4 6 4	1 3 0 9 8
Last Name: <u>M C G O R T Y</u> First Name: <u>L A U R A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	3 6 6 1 1		9 6	0	3 6 7 0 7
Last Name: <u>M C M A H O N</u> First Name: <u>E D W A R D</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 8 8 1 4		1 1 8 5 8	3 4 3 8	1 1 4 1 1 0
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/00

FILE NUMBER: 512-840

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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)
Last Name: C A N F I E L D First Name: C E C I L I A Position: S E C R E T A R Y Name of Affiliated Organization:	4 3 4 4 5		3 1 6	0	4 3 7 6 1
Last Name: C A N F I E L D First Name: C H R I S T I Position: A D M . A S S T . Name of Affiliated Organization:	7 6 0 4 6		5 1 8 4	0	8 1 2 3 0
Last Name: C A R E Y First Name: R O S E M A R Position: D I R E C T O R Name of Affiliated Organization:	9 1 8 2 2		1 4 5 5 7	3 0 5 7	1 0 9 4 3 5
Last Name: C A R S W E L L First Name: D E V E R I C Position: B I N D E R Y O P E R A T O R Name of Affiliated Organization:	2 3 8 4 2		0	0	2 3 8 4 2
Last Name: C A S A L E First Name: J O Y C E Position: D I R E C T O R Name of Affiliated Organization:	9 7 9 6 2		1 1 7 4 3	3 2 7 5	1 1 2 9 8 0
Totals					