

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

FILE NUMBER: 512-840
 PAGE 18 OF 68 ADDITIONAL PAGES

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 <small>(before taxes and other deductions)</small>	Allowances <small>(E)</small>	Disbursements for Official Business <small>(F)</small>	Other Disbursements <small>(G)</small>	Total <small>(H)</small>
(B) Position <small>(Enter employee's job title.)</small>	(D)	(E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>	(D)	(E)	(F)	(G)	(H)
Last Name: M E I S S N E R First Name: E D W A R D Position: D I R E C T O R Name of Affiliated Organization:	1 3 3 6 7		9 9 4	0	1 4 3 6 1
Last Name: M E L V I N First Name: C H E R Y L Position: D I R E C T O R Name of Affiliated Organization:	9 8 0 9 2		9 9 8 1	2 9 9 6	1 1 1 0 6 9
Last Name: M E R E D I T H First Name: J U D Y Position: S E C R E T A R Y Name of Affiliated Organization:	4 3 2 9 4		9 2	0	4 3 3 8 6
Last Name: M E Y E T T E First Name: L O U I S Position: D I R E C T O R Name of Affiliated Organization:	9 8 0 9 2		1 1 5 7 4	3 1 2 6	1 1 2 7 9 2
Last Name: M I C H A E L First Name: M A R C I A Position: S E C R E T A R Y Name of Affiliated Organization:	4 2 6 1 3		1 6 9	0	4 2 7 8 3
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
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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: C H E R R Y First Name: K A R E N Position: R E S E A R C H T E C H Name of Affiliated Organization:	4 5 3 8 5		1 5 7	0	4 5 5 4 1
Last Name: C H U M A C K First Name: L A U R I E Position: S E C R E T A R Y Name of Affiliated Organization:	4 7 4 3 6		0	0	4 7 4 3 6
Last Name: C H U N O V I C H First Name: L A R R Y Position: D I R E C T O R Name of Affiliated Organization:	4 8 6 0 4		4 6 7 0	1 6 4	5 3 4 3 7
Last Name: C I B U L A First Name: P A T R I C I Position: S E C R E T A R Y Name of Affiliated Organization:	2 6 9 8 9		0	0	2 6 9 8 9
Last Name: C L A R K First Name: S H I R L E Y Position: B O O K K E E P E R Name of Affiliated Organization:	5 1 6 4 1		8 7	0	5 1 7 2 7
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
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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: M I C H E L S O N First Name: D A V I D Position: L O B B Y I S T Name of Affiliated Organization:	9 9 7 2 2		1 7 0 2 7	1 4 7 6	1 1 8 2 2 5
Last Name: M I D D L E W O O D First Name: M A R K Position: D I R E C T O R Name of Affiliated Organization:	2 7 3 7 2		3 9 2 3	0	3 1 2 9 5
Last Name: M I L L E R First Name: A N N I E Position: S E C R E T A R Y Name of Affiliated Organization:	4 4 6 1 4		1 9	0	4 4 6 3 3
Last Name: M I L L E R First Name: B A R B A R A Position: S E C R E T A R Y Name of Affiliated Organization:	4 2 6 4 4		1 1 8 6	0	4 3 8 3 0
Last Name: M I L L E R First Name: C I N D Y Position: M E M B E R S H I P P R O C Name of Affiliated Organization:	3 4 4 2 6		0	0	3 4 4 2 6
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: C O C K M A N First Name: M A R Y A N Position: D I R E C T O R Name of Affiliated Organization:	9 3 3 1 9		1 4 1 4 9	3 3 7 9	1 1 0 8 4 7
Last Name: C O L L I N S First Name: V A N Position: D I R E C T O R Name of Affiliated Organization:	9 8 2 2 4		1 1 5 1 4	4 5 6 6	1 1 4 3 0 4
Last Name: C O O P E R First Name: K U I P E J E A N Position: D I R E C T O R Name of Affiliated Organization:	9 9 7 2 2		6 0 8 1	8 0 7 2	1 1 3 8 7 5
Last Name: C O O P E R First Name: D A W N Position: D I R E C T O R Name of Affiliated Organization:	1 2 4 5 6 5		9 3 0 3	1 1 4 9 4	1 4 5 3 6 2
Last Name: C O R E L L A First Name: C H A R L E S Position: D I R E C T O R Name of Affiliated Organization:	9 8 0 9 2		7 0 4 2	8 8 2 3	1 1 3 9 5 7
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
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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: M I L L E R First Name: D I A N A Position: S E C R E T A R Y Name of Affiliated Organization:	4 2 3 3 3		7 8	0	4 2 4 1 1
Last Name: M I T C H E L L First Name: D U N H E L E N Position: D I R E C T O R Name of Affiliated Organization:	7 6 3 5 5		4 2	0	7 6 3 9 7
Last Name: M O O R E First Name: H A R R Y Position: T E M P D I R E C T O R Name of Affiliated Organization:	6 6 5 4 6		5 8 3 2	0	7 2 3 7 8
Last Name: M O R A N First Name: C A T H Y Position: S E C R E T A R Y Name of Affiliated Organization:	2 2 8 5 3		0	0	2 2 8 5 3
Last Name: M O R E N O - D E L C A R A C H A E L First Name: Position: C O N S U L T A N T Name of Affiliated Organization:	8 4 0 4 2		8 8 2 8	1 9 9 6	9 4 8 6 6
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: C O X First Name: T E R R Y Position: D I R E C T O R Name of Affiliated Organization:	9 8 9 9 3		1 2 6 3 5	3 4 4 8	1 1 5 0 7 6
Last Name: C R I M First Name: D A V I D Position: C O N S U L T A N T Name of Affiliated Organization:	9 8 8 1 4		1 7 7 2 6	1 5 2 9	1 1 8 0 7 0
Last Name: C R I S S First Name: M A R K Position: D I R E C T O R Name of Affiliated Organization:	9 6 2 9 7		1 2 0 9 8	2 9 8 4	1 1 1 3 7 8
Last Name: C R O S S J R . First Name: R I C H A R D Position: D I R E C T O R Name of Affiliated Organization:	6 1 6 6 2		1 4 5 0 0	0	7 6 1 6 2
Last Name: C U R T I S First Name: W A R R E N Position: I N T E R N / D I R Name of Affiliated Organization:	7 2 2 2 9		1 8 1 4 5	4 6	9 0 4 2 1
Totals					

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

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

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

FILE NUMBER: 512-840

ENDING DATE OF PERIOD COVERED: 3/31/06

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

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
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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 <small>(before taxes and other deductions)</small>	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Position <small>(Enter employee's job title.)</small>	(D)	(E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <u>D E S L O O V E R</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 9 5 7		2 4	0	4 2 9 8 0
Last Name: <u>D I A Z</u> First Name: <u>L U I S</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	7 9 2 2 9		1 9 8 8 3	3 6 1	9 9 4 7 3
Last Name: <u>D I C K S T E I N</u> First Name: <u>C Y N T H I A</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 9 1 1 6		- 1 0 0 0	2 7 3 0	1 0 0 8 4 6
Last Name: <u>D I E T E L</u> First Name: <u>S U Z A N N E</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	4 8 8 0 2		5 3 2	0	4 9 3 3 4
Last Name: <u>D O D S O N</u> First Name: <u>D E B B I E</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	3 6 6 8 1		3 0 6	0	3 6 9 8 7
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 <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>NIXON</u> First Name: <u>DEBRA</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	1 1 6 6 1 8		2 4 7 0 7	2 0 8 6	1 4 3 4 1 1
Last Name: <u>NOBLE</u> First Name: <u>DONALD</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	9 9 7 2 2		1 4 9 1 4	4 0 5 8	1 1 8 6 9 4
Last Name: <u>NOTHAFT</u> First Name: <u>PATRICI</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	4 2 6 4 4		2 0 3	0	4 2 8 4 7
Last Name: <u>NYQUIST</u> First Name: <u>JEFFREY</u> Position: <u>ATTORNEY</u> Name of Affiliated Organization:	9 8 8 1 4		6 3 9 7	9 3 8 7	1 1 4 5 9 8
Last Name: <u>O'HARA</u> First Name: <u>SUSAN</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	9 8 9 9 3		9 4 7 8	1 7 1 9	1 1 0 1 9 1
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

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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: DONALDSON First Name: BRENDA Position: DIRECTOR Name of Affiliated Organization:	62548		1782	3143	67472
Last Name: DZIADOSZ First Name: GRETCHEN Position: DIRECTOR Name of Affiliated Organization:	99722		4416	10262	114400
Last Name: EISENBERGER First Name: PATTY Position: SECRETARY Name of Affiliated Organization:	42385		0	0	42385
Last Name: ELMORE First Name: CARA Position: CONSULTANT Name of Affiliated Organization:	73387		7361	6651	87399
Last Name: ERICKSON First Name: JOHN Position: DIRECTOR Name of Affiliated Organization:	98814		14237	3929	116980
Totals					

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

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
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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>E R X L E B E N</u> First Name: <u>M A R L E N E</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	4 3 4 5 0		5 0 0	0	4 3 9 5 1
Last Name: <u>F A R R E L L</u> First Name: <u>C R A I G</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization: _____	9 8 9 9 3		1 3 9 4 3	4 7 8 4	1 1 7 7 2 0
Last Name: <u>F E D E R I C O</u> First Name: <u>B A R B A R A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	4 6 5 0 0		2 0 7	0	4 6 7 0 6
Last Name: <u>F E N E C H</u> First Name: <u>B A R B A R A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	3 2 3 7 5		0	0	3 2 3 7 5
Last Name: <u>F E R R I S</u> First Name: <u>T H O M A S</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization: _____	9 9 7 2 2		1 4 6 0 7	2 7 7 9	1 1 7 1 0 7
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

FILE NUMBER: 512-840

ENDING DATE OF PERIOD COVERED: 8/31/06

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

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

FILE NUMBER: 512-840

ENDING DATE OF PERIOD COVERED: 8/31/06

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

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

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

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

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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>QUALLS</u> First Name: <u>DONICA</u> Position: <u>MEMBERSHIP PROC</u> Name of Affiliated Organization:	43950		0	0	43950
Last Name: <u>RAMEY</u> First Name: <u>DONETTE</u> Position: <u>PROGMR / ANALYST</u> Name of Affiliated Organization:	62671		2193	0	64864
Last Name: <u>REESE</u> First Name: <u>W DUNCA</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	89090		19362	1146	109598
Last Name: <u>REEVES</u> First Name: <u>DONNIE</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	99722		20367	348	120437
Last Name: <u>RHODES</u> First Name: <u>JACQUEL</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	41001		152	0	41153
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: G R I N N E L L First Name: K I M Position: S E C R E T A R Y Name of Affiliated Organization:	4 8 7 1 0		6 2	0	4 8 7 7 3
Last Name: G R O G I T S K Y First Name: K I M B E R L Position: A C C O U N T A N T Name of Affiliated Organization:	2 9 7 6 9		0	0	2 9 7 6 9
Last Name: G R O T H First Name: J A N E T Position: S E C R E T A R Y Name of Affiliated Organization:	4 2 3 8 5		6 1 3	0	4 2 9 9 8
Last Name: H A J I First Name: M A R Y Position: S E C R E T A R Y Name of Affiliated Organization:	2 2 8 0 6		0	0	2 2 8 0 6
Last Name: H A K A L A First Name: D O N A L D Position: D I R E C T O R Name of Affiliated Organization:	7 2 3 4 9		1 3 1 4 5	2 9 9 2	8 8 4 8 5
Totals					

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

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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>R I C C A R D I</u> First Name: <u>S A N D R A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	<u>3 8 7 9 1</u>		<u>0</u>	<u>0</u>	<u>3 8 7 9 1</u>
Last Name: <u>R I C H A R D S</u> First Name: <u>B R A D L E Y</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	<u>9 9 5 9 9</u>		<u>1 3 2 3 1</u>	<u>2 2 1 4</u>	<u>1 1 5 0 4 5</u>
Last Name: <u>R I C H A R D S O 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:	<u>4 2 6 4 4</u>		<u>4 8 2</u>	<u>0</u>	<u>4 3 1 2 5</u>
Last Name: <u>R I C H E Y</u> First Name: <u>P A T S Y</u> Position: <u>C O N S U L T A N T</u> Name of Affiliated Organization:	<u>1 0 0 5 3 3</u>		<u>4 9 9 3</u>	<u>7 9 4 5</u>	<u>1 1 3 4 7 0</u>
Last Name: <u>R O B E R T S</u> First Name: <u>D E B R A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	<u>4 6 0 9 6</u>		<u>5 2 0</u>	<u>0</u>	<u>4 6 6 1 6</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 <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: H A R R E L L First Name: D A V I D Position: D I R E C T O R Name of Affiliated Organization:	1 2 1 9 1 8		- 2 9 2 5	1 5 0 0 9	1 3 4 0 0 1
Last Name: H A R R I S First Name: R O B E R T Position: A D V O C A T E Name of Affiliated Organization:	8 9 3 7 1		7 5 9 1	1 0 1 2 5	1 0 7 0 8 7
Last Name: H A R S C H First Name: R A N D O L P Position: A P P L C O O R D I N A T O R Name of Affiliated Organization:	1 2 1 5 7		0	0	1 2 1 5 7
Last Name: H A R T First Name: M A U R I C E Position: D I R E C T O R Name of Affiliated Organization:	5 3 8 9 0		5 6 9 2	1 8 5 8	6 1 4 4 0
Last Name: H A R T M A N First Name: D A V I D Position: D I R E C T O R Name of Affiliated Organization:	1 0 2 5 6		5 2 5	0	1 0 7 8 1
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: <u>R O G O W S K I</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 4 1 1	4 0 8 0	1 1 6 2 1 2
Last Name: <u>S A B E D R A</u> First Name: <u>D A V I D</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 4 2 2 4		1 0 3 6 2	5 9 6 0	1 1 0 5 4 5
Last Name: <u>S A M P S E L</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:	3 0 1 6 2		4 2 1	0	3 0 5 8 3
Last Name: <u>S A N C H E Z</u> First Name: <u>P A U L</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	4 6 7 1 8		2 8 1 6	5 2 6 6	5 4 8 0 0
Last Name: <u>S A N D R O C K</u> First Name: <u>G R O V E</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	1 2 4 1 2 5		3 8 5 1	1 1 9 4 3	1 3 9 9 1 9
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>HARTUNG</u> First Name: <u>MARCELL</u> Position: <u>BARGAINER</u> Name of Affiliated Organization:	71506		7808	5685	84999
Last Name: <u>HAWES</u> First Name: <u>CALVIN</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	17957		4170	0	22127
Last Name: <u>HAYMOND</u> First Name: <u>GERALD</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	98993		13545	955	113493
Last Name: <u>HAYNIE</u> First Name: <u>PATRICI</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	98993		8498	5095	112586
Last Name: <u>HEARL</u> First Name: <u>LUCINDA</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	98993		6812	8048	113853
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

FILE NUMBER: 512-840

ENDING DATE OF PERIOD COVERED: 8/31/06

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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>S A N D S</u> First Name: <u>G U Y</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	6 0 9 4 4		1 1 1 5 4	0	7 2 0 9 8
Last Name: <u>S A R V E R</u> First Name: <u>W I L L I A M</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	9 8 9 9 3		1 2 3 5 8	2 1 4 2	1 1 3 4 9 3
Last Name: <u>S C H L I E F</u> First Name: <u>M A R I L Y N</u> Position: <u>C O N S U L T A N T</u> Name of Affiliated Organization:	3 9 8 5 0		1 0 1 9	6 6 9 9	4 7 5 6 9
Last Name: <u>S C H M I D T</u> First Name: <u>G A I L</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization:	4 2 6 4 4		3 5 9	0	4 3 0 0 2
Last Name: <u>S C H M I D T</u> First Name: <u>W I L L I A M</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization:	7 2 3 9 9		1 0 7 9 4	3 7 0 6	8 6 8 9 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 <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>HELMER</u> First Name: <u>PATRICIA</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	37856		211	0	38068
Last Name: <u>HERRING</u> First Name: <u>CHARLES</u> Position: <u>BARGAINER</u> Name of Affiliated Organization:	94699		11366	4091	110155
Last Name: <u>HILL</u> First Name: <u>JULIE</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	43088		37	0	43125
Last Name: <u>HIPPLE</u> First Name: <u>JILL</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	42906		522	0	43428
Last Name: <u>HISER</u> First Name: <u>MFRAN</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	29571		0	0	29571
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION

FILE NUMBER: 512-840

ENDING DATE OF PERIOD COVERED: 8/31/00

PAGE 50 OF 68 ADDITIONAL PAGES

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>SCHNAITMAN</u> First Name: <u>BENE'T</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	1 2 7 2 9		3 0 5	0	1 3 0 3 4
Last Name: <u>SCHOPMEYER</u> First Name: <u>PATRICI</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	9 8 9 9 3		1 0 9 0 9	4 2 5 3	1 1 4 1 5 5
Last Name: <u>SCHRAUBEN</u> First Name: <u>DONNA</u> Position: <u>SECRETARY</u> Name of Affiliated Organization:	4 3 0 5 9		0	0	4 3 0 5 9
Last Name: <u>SCHROEDER</u> First Name: <u>MICHAEL</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	9 9 7 2 2		6 9 9 4	8 3 8 0	1 1 5 0 9 6
Last Name: <u>SCHULTZ</u> First Name: <u>RICHARD</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization:	7 6 4 5 7		1 3 4 9 1	2 8 8 4	9 2 8 3 3
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 <small>(before taxes and other deductions)</small>	Allowances <small>(E)</small>	Disbursements for Official Business <small>(F)</small>	Other Disbursements <small>(G)</small>	Total <small>(H)</small>
(B) Position <small>(Enter employee's job title.)</small>	(D)	(E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>	(D)	(E)	(F)	(G)	(H)
Last Name: H O A R D First Name: S U S A N Position: D I R E C T O R Name of Affiliated Organization:	8 9 4 8 7		1 0 1 9 2	4 3 0 8	1 0 3 9 8 7
Last Name: H O P K I N S First Name: R O G E R Position: D I R E C T O R Name of Affiliated Organization:	9 5 2 5 9		8 5 1 2	6 9 2 0	1 1 0 6 9 1
Last Name: H O T C H K I S S First Name: N O R M A N Position: D I R E C T O R Name of Affiliated Organization:	9 9 7 2 2		9 4 7 5	8 0 4 6	1 1 7 2 4 3
Last Name: H U G H E S First Name: S U S A N Position: D I R E C T O R Name of Affiliated Organization:	7 9 3 1 0		8 9 5 7	4 3 8 9	9 2 6 5 6
Last Name: H U L S E B O S C H First Name: L I S A Position: A T T O R N E Y Name of Affiliated Organization:	6 4 9 5 3		4 4 2 5	7 2 2 6	7 6 6 0 4
Totals					

ORGANIZATION NAME: MICLIGAN 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>S E I T E R</u> First Name: <u>G A I L</u>	<u>7 2 0 1 4</u>		<u>0</u>	<u>0</u>	<u>7 2 0 1 4</u>
Position: <u>A D M . A S S T .</u>					
Name of Affiliated Organization:					
Last Name: <u>S E M A N</u> First Name: <u>T H E R E S A</u>	<u>4 7 1 7 7</u>		<u>0</u>	<u>0</u>	<u>4 7 1 7 7</u>
Position: <u>L E G A L A S S I S T A N T</u>					
Name of Affiliated Organization:					
Last Name: <u>S H A W</u> First Name: <u>G A Y</u>	<u>1 6 3 6 1 3</u>		<u>1 2 5 3 4</u>	<u>8 9 1 6</u>	<u>1 8 5 0 6 3</u>
Position: <u>D I R E C T O R</u>					
Name of Affiliated Organization:					
Last Name: <u>S H E L I T O</u> First Name: <u>J A N I C E</u>	<u>9 1 4 9 4</u>		<u>1 1 2 5 0</u>	<u>3 3 9 1</u>	<u>1 0 6 1 3 5</u>
Position: <u>D I R E C T O R</u>					
Name of Affiliated Organization:					
Last Name: <u>S H E R W O O D</u> First Name: <u>K A R E N</u>	<u>1 0 0 4 3 5</u>		<u>1 4 5 9 1</u>	<u>2 7 5 9</u>	<u>1 1 7 7 8 5</u>
Position: <u>D I R E C T O R</u>					
Name of Affiliated Organization:					
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)
(B) Position <small>(Enter employee's job title.)</small> (C) Name of Affiliated Organization <small>(if applicable)</small> Last Name: <u>HUNTER</u> First Name: <u>PHYLLIS</u> Position: <u>MEMBERSHIP COORD</u> Name of Affiliated Organization: _____	4 9 9 6 8		0	0	4 9 9 6 8
Last Name: <u>ISAAC</u> First Name: <u>DAWN</u> Position: <u>SECRETARY</u> Name of Affiliated Organization: _____	3 0 4 3 3		0	0	3 0 4 3 3
Last Name: <u>JACKSON</u> First Name: <u>KAY</u> Position: <u>SECRETARY</u> Name of Affiliated Organization: _____	4 2 4 5 7		1 6 3	0	4 2 6 2 0
Last Name: <u>JACKSON</u> First Name: <u>R JAMIL</u> Position: <u>DIRECTOR</u> Name of Affiliated Organization: _____	1 6 8 5 3 3		1 4 3 2 2	8 9 8 7	1 9 1 8 4 1
Last Name: <u>JANKOVIK</u> First Name: <u>TERRI</u> Position: <u>SECRETARY</u> Name of Affiliated Organization: _____	4 5 7 0 8		1 1	0	4 5 7 1 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: S H E R W O O D First Name: K I M Position: S E C R E T A R Y Name of Affiliated Organization:	4 2 8 2 0		1 5 4	0	4 2 9 7 4
Last Name: S H O R T First Name: A L L A N Position: D I R E C T O R Name of Affiliated Organization:	1 3 5 4 6 5		1 8 2 6 4	5 2 8 4	1 5 9 0 1 3
Last Name: S I K K E N G A First Name: H A R R I S O Position: D I R E C T O R Name of Affiliated Organization:	9 2 4 6 4		7 6 7 6	8 6 1 9	1 0 8 7 5 9
Last Name: S I M S First Name: A Y L E E N Position: S U P E R V I S O R Name of Affiliated Organization:	8 1 6 7 6		1 4 9 8	7 2 8	8 3 9 0 2
Last Name: S I N K First Name: T R A C Y Position: R E S E A R C H A S S T . Name of Affiliated Organization:	4 2 0 7 6		4 9	0	4 2 1 2 5
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)
Last Name: J E N K I N S First Name: M A R K Position: D I R E C T O R Name of Affiliated Organization:	9 9 7 2 2		1 2 7 5 8	6 7 8	1 1 3 1 5 8
Last Name: J O H N S O N First Name: K A T H L E E Position: S E C R E T A R Y Name of Affiliated Organization:	5 9 0 3 7		1 0 9 1	0	6 0 1 2 8
Last Name: J O N E S First Name: S H A R O N Position: S E C R E T A R Y Name of Affiliated Organization:	3 5 7 6 5		1 0 8 4	0	3 6 8 4 9
Last Name: J U S T I C E First Name: S H A R R I Position: S E C R E T A R Y Name of Affiliated Organization:	3 3 7 4 9		2 0 7	0	3 3 9 5 6
Last Name: K A R P I N S K I First Name: K E V I N Position: D I R E C T O R Name of Affiliated Organization:	8 2 0 0 0		1 6 2 2 2	3 1 5 3	1 0 1 3 7 4
Totals					

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

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

FILE NUMBER: 51.2-840
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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: S M I T H First Name: S T E V E N Position: D I R E C T O R Name of Affiliated Organization:	2 1 5 4 8		3 0 0 4	0	2 4 5 5 2
Last Name: S N Y D E R First Name: G R E G O R Y Position: A P P L C O O R D Name of Affiliated Organization:	8 1 9 6 0		1 7 5 3	0	8 3 7 1 3
Last Name: S O R T M A N First Name: M E L I S S A Position: T E M P C O N S U L T A N T Name of Affiliated Organization:	1 1 9 7 4		2 0 4 2	0	1 4 0 1 6
Last Name: S T A B L E I N First Name: G L A D Y S Position: D I R E C T O R Name of Affiliated Organization:	9 1 4 2 8		1 2 4 4 5	3 5 3 7	1 0 7 4 1 0
Last Name: S T A B L E I N - B R O T R A C Y First Name: Position: D I R E C T O R Name of Affiliated Organization:	7 9 8 9 6		6 0 0 3	7 9 4 1	9 3 8 4 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)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
Last Name: <u>K E R S E Y</u> First Name: <u>M A U R E E N</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	4 3 0 7 4		0	0	4 3 0 7 4
Last Name: <u>K E W A Y</u> First Name: <u>L I N D A</u> Position: <u>C O N S U L T A N T</u> Name of Affiliated Organization: _____	8 9 5 0 3		1 1 1 5 0	7 1 0 8	1 0 7 7 6 1
Last Name: <u>K I M B L E</u> First Name: <u>D O N E L D A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	4 2 3 8 5		2 1 7	0	4 2 6 0 2
Last Name: <u>K I N N I S O N</u> First Name: <u>A N A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	4 6 4 2 4		7 5 1	0	4 7 1 7 5
Last Name: <u>K L E I N</u> First Name: <u>M A N D Y</u> Position: <u>B O O K K E E P E R</u> Name of Affiliated Organization: _____	3 0 0 3 9		0	0	3 0 0 3 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 <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>S T A C K</u> First Name: <u>W J O Y</u> Position: <u>C O N S U L T A N T</u> Name of Affiliated Organization: _____	<u>9 8 8 1 4</u>		<u>8 8 7 5</u>	<u>2 4 8 4</u>	<u>1 1 0 1 7 3</u>
Last Name: <u>S T A F F O R D</u> First Name: <u>D A V I D</u> Position: <u>L O B B Y I S T</u> Name of Affiliated Organization: _____	<u>9 9 7 2 2</u>		<u>1 5 4 8 9</u>	<u>2 0 9 0</u>	<u>1 1 7 3 0 1</u>
Last Name: <u>S T A F F O R D</u> First Name: <u>V E R A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	<u>4 3 2 0 6</u>		<u>4 2 9</u>	<u>0</u>	<u>4 3 6 3 5</u>
Last Name: <u>S T E I M E L</u> First Name: <u>G R E G O R Y</u> Position: <u>A T T O R N E Y</u> Name of Affiliated Organization: _____	<u>8 2 6 8 4</u>		<u>7 0 2 6</u>	<u>9 0 8 4</u>	<u>9 8 7 9 4</u>
Last Name: <u>S T E P H E N S</u> First Name: <u>M I C H A E L</u> Position: <u>C O N S U L T A N T</u> Name of Affiliated Organization: _____	<u>9 9 7 2 2</u>		<u>1 0 6 0 5</u>	<u>3 5 3 3</u>	<u>1 1 3 8 6 0</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 <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>K L I N G B E I L</u> First Name: <u>N A N C Y</u> Position: <u>B A R G A I N E R</u> Name of Affiliated Organization: _____	<u>1 1 7 8 3</u>		<u>9 6 4</u>	<u>0</u>	<u>1 2 7 4 7</u>
Last Name: <u>K L Y C E</u> First Name: <u>G L O R I A</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	<u>4 2 9 5 7</u>		<u>4 7</u>	<u>0</u>	<u>4 3 0 0 3</u>
Last Name: <u>K N I G H T</u> First Name: <u>N A N C Y</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 9 1 6</u>	<u>8 1 2 4</u>	<u>1 1 7 7 6 2</u>
Last Name: <u>K O L B</u> First Name: <u>K A R E N</u> Position: <u>S E C R E T A R Y</u> Name of Affiliated Organization: _____	<u>4 6 0 8 6</u>		<u>2 6 4 8</u>	<u>0</u>	<u>4 8 7 3 5</u>
Last Name: <u>K O L L E T H</u> First Name: <u>J A N E T</u> Position: <u>D I R E C T O R</u> Name of Affiliated Organization: _____	<u>9 1 5 2 7</u>		<u>1 2 7 2 9</u>	<u>4 3 6 7</u>	<u>1 0 8 6 2 3</u>
Totals					

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/80

FILE NUMBER: 512-840
 PAGE 62 OF 68 ADDITIONAL PAGES

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

ORGANIZATION NAME: MICHIGAN EDUCATION ASSOCIATION
 ENDING DATE OF PERIOD COVERED: 8/31/08

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

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

File No. 512-840

LM-2

8/31/00

Michigan Education Association

SCHEDULE 10

DISBURSEMENTS TO EMPLOYEES

SCHEDULE 10 COLUMN "A" - NAME	SCHEDULE 10 COLUMN "B" - POSITION	SCHEDULE 10 COLUMN "C" - AFFILIATED ORGANIZATION NOT APPLICABLE	SCHEDULE 10 COLUMN "D" GROSS SALARY	SCHEDULE 10 COLUMN "E" ALLOWANCES NOT APPLICABLE	SCHEDULE 10 COLUMN "F" OFFICIAL BUSINESS EXP	SCHEDULE 10 COLUMN "G" NON BUSINESS RELATED	SCHEDULE 10 COLUMN "H" TOTAL
WATSON, CHARLES	Accountant		52,891		0	0	52,891
WATSON, MARY	Director		103,425		14,449	1,146	119,020
WEED BROWNE, GAY	Consultant		99,722		15,555	816	116,093
WENTZ, ANDREW	Payroll Clerk		38,449		0	0	38,449
WESA, PHYLLIS	Payroll Clerk		42,978		0	0	42,978
WHEELER, THERESA	Publications Specialist		38,693		21	0	38,714
WHITE, NANCY	Director		98,993		11,828	3,272	114,093
WILCOX, DOUGLAS	Attorney		22,972		3,556	0	26,528
WILKERSON, RUBY	Secretary		29,277		451	0	29,728
WILLIAMS, YVONNE	Director		93,845		13,174	3,510	110,529
WINN, MELISA	Director		99,722		4,278	5,139	109,139
WINTER, DUANE	Zone director		129,988		14,527	5,919	150,433
WITT, SHBILA	Temporary Director		15,498		494	0	15,992
WITTBRODT, GERALDINE	Secretary		47,106		220	0	47,326
WOLKOW, BEVERLY	former Exec. Dir		11,887		0	0	11,887
WOZNICKI, MICHELLE	Secretary		37,438		0	0	37,438
ZEISLER, KATHLEEN	Member/Release Time		64,075		9,345	0	73,420
ZELASKO, WALTER	Director		31,839		6,509	1,041	39,389
ZIMMERMAN, MARY	Director		99,722		7,417	5,350	112,489
			23,658,507		2,027,899	855,366	26,541,772