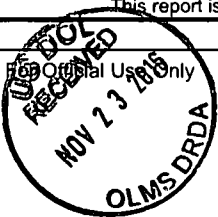


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

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.



1. FILE NUMBER 542-443		2. PERIOD COVERED MO DAY YEAR From 09 01 2015 Through 08 31 2016		3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/>	
4. AFFILIATION OR ORGANIZATION NAME AFT TEACHERS - AFL-CIO				8. MAILING ADDRESS (Type or print in capital letters.) First Name AFT-OKLAHOMA Last Name P.O. Box · Building and Room Number (if any) SUITE 420 Number and Street 2915 N CLASSEN City OKLAHOMA CITY State ZIP Code + 4 OK 73106-5400	
5. DESIGNATION (Local, Lodge, etc.) STATE FEDERATION		6. DESIGNATION NUMBER 8034			
7. UNIT NAME (if any) OKLAHOMA FEDERATION OF TEACHERS					
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

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

Item Number	Description
12	AFT SOLIDARITY FUND
14	LOU DAVIS, CPA with HYDE and COMPANY CPAs, PC
16	MARY BEST, OKC-AFT 2309, MEMBERSHIP SECRETARY

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u>Mary Best</u> Date: <u>11 15 2016</u> Telephone Number: <u>(405) 528-0801</u>	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Theodore Ross</u> Date: <u>11 15 2016</u> Telephone Number: <u>(405) 528-0801</u>	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes No
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? Yes No
12. Have a political action committee (PAC) fund? Yes No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No
15. Discover any loss or shortage of funds or other property? Yes No
(Answer "Yes" even if there has been repayment or recovery.)
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? Yes No
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes No
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes No

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

19. How many members did your organization have at the end of the reporting period? 2432

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? \$ 100000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR 06 2017

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	\$ 5.32	per mo	\$ 1.38	\$ 5.32
(b) Initiation Fees	\$ 0	per	0	0
(c) Transfer Fees	\$ 0	per	0	0
(d) Work Permits	\$ 0	per	0	0

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 542 - 443

(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>				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)*					
1. Last Name: BEST, First Name: MARY, MI: L Title: PRESIDENT, Status: C	18000	4477	22477			
2. Last Name: DILLARD, First Name: SHIRLEY, MI: Title: VICE PRESIDENT, Status: C	0	0	0			
3. Last Name: ROSS, First Name: THEODOR, MI: Title: , Status: C	4200	0	4200			
4. Last Name: TRAN, First Name: MARY, MI: M Title: SECRETARY, Status: C	0	0	0			
5. Last Name: , First Name: , MI: Title: , Status:						
6. Last Name: , First Name: , MI: Title: , Status:						
7. Last Name: , First Name: , MI: Title: , Status:						
8. Totals from additional pages (if any)	0	0	0			
9. Totals of Lines 1 through 8	22,200	4,477	26,677			
10. Less Deductions				8472		
Enter the total from Line 11 in Item 45 ⇒				18205		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 542 - 443

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash.....	110684	82296	32. Accounts Payable.....	0	0
	26. Loans Receivable.....	0	0	33. Loans Payable.....	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable.....	0	0
	28. Investments.....	0	0	35. Other Liabilities.....	0	0
	29. Fixed Assets.....	0	788	36. TOTAL LIABILITIES..	0	0
	30. Other Assets.....	0	0			
	31. TOTAL ASSETS.....	110684	83084	37. NET ASSETS (Item 31 less Item 36)...	110684	83084

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues.....	73084	45. To Officers (from Item 24).....	18205
	39. Per Capita Tax.....	0	46. To Employees (less deductions).....	0
	40. Fees, Fines, Assessments & Work Permits...	0	47. Per Capita Tax.....	7061
	41. Interest & Dividends.....	0	48. Office & Administrative Expense.....	23300
	42. Sale of Investments & Fixed Assets.....	0	49. Professional Fees.....	39000
	43. Other Receipts.....	29220	50. Benefits.....	0
	44. TOTAL RECEIPTS.....	102304	51. Contributions, Gifts & Grants.....	41550
<p>If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets....	788
			53. Loans Made.....	0
			54. Other Disbursements.....	0
			55. TOTAL DISBURSEMENTS.....	129904