

# 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.

<p>For Official Use Only <b>RECEIVED</b> NOV 27 2017 OLMS DRDA</p>	<p>1. FILE NUMBER <b>542-443</b></p>	<p>2. PERIOD COVERED MO DAY YEAR From <b>09 01 2016</b> Through <b>08 31 2017</b></p>	<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/></p> <p>(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"/></p>
<p>4. AFFILIATION OR ORGANIZATION NAME <b>AFT TEACHERS - AFL-CIO</b></p>		<p>8. MAILING ADDRESS (Type or print in capital letters.) First Name <b>AFT-OKLAHOMA</b> Last Name  P.O. Box - Building and Room Number (if any) <b>SUITE 420</b> Number and Street <b>2915 N CLASSEN</b> City <b>OKLAHOMA CITY</b> State ZIP Code + 4 <b>OK 73106-5400</b></p>	
<p>5. DESIGNATION (Local, Lodge, etc.) <b>STATE FEDERATION</b></p>		<p>6. DESIGNATION NUMBER <b>8034</b></p>	
<p>7. UNIT NAME (if any) <b>OKLAHOMA FEDERATION OF TEACHERS</b></p>		<p>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"/></p>	

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

Item Number	
<b>12</b>	<b>AFT SOLIDARITY FUND</b>
<b>14</b>	<b>HILLARY A. DEPE, EA, LLC</b>
<b>16</b>	<b>MARY BEST, OKC-AFT 2309, MEMBERSHIP SECRETARY</b>

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.)

<p>57. SIGNED: <u>Mary Best</u> PRESIDENT <u>11 15 2017</u> (405) 528-0801 Date Telephone Number</p>	<p>58. SIGNED: <u>Theodore S. Rose</u> TREASURER <u>11 15 2017</u> (405) 528-0801 Date Telephone Number</p>
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*During the Reporting Period Did Your Organization:*

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
|   | Yes                                 | No                                  |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?.....              | <input type="checkbox"/>            | <input checked="" 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? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i>   |                                     |                                     |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

19. How many members did your organization have at the end of the reporting period? □ □ □ **2248**

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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*(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 2019**

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	\$ <b>5.32</b>	per <i>mo.</i>	<b>\$1.38</b>	<b>\$5.32</b>
(b) Initiation Fees	\$	per		
(c) Transfer Fees	\$	per		
(d) Work Permits	\$	per		

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 542-443

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1.	Last Name: BEST First Name: MARY MI: L Title: PRESIDENT Status: C			18000	1829	19829
2.	Last Name: GRAY First Name: DAVID MI: Title: VICE PRESIDENT Status: N			0	0	0
3.	Last Name: ROSS First Name: THEODOR MI: Title: TREASURER 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	1,829	24,029
10. Less Deductions						8306
Enter the total from Line 11 in ..... Item 45 ⇨						15723

\*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.....	83084	96811	32. Accounts Payable....	0	0
	26. Loans Receivable.....	0	0	33. Loans Payable.....	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable.....	0	0
	28. Investments.....	0	0	35. Other Liabilities.....	0	0
	29. Fixed Assets.....	0	0	36. TOTAL LIABILITIES..	0	0
	30. Other Assets.....	0	0			
	31. TOTAL ASSETS.....	83084	96811	37. NET ASSETS (Item 31 less Item 36)...	83084	96811

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues.....	75104	45. To Officers (from Item 24).....	15723
	39. Per Capita Tax.....	0	46. To Employees (less deductions).....	0
	40. Fees, Fines, Assessments & Work Permits...	0	47. Per Capita Tax.....	5892
	41. Interest & Dividends.....	0	48. Office & Administrative Expense.....	13106
	42. Sale of Investments & Fixed Assets.....	0	49. Professional Fees.....	38175
	43. Other Receipts.....	24519	50. Benefits.....	0
	44. TOTAL RECEIPTS.....	99623	51. Contributions, Gifts & Grants.....	13000
			52. Purchase of Investments & Fixed Assets....	0
			53. Loans Made.....	0
			54. Other Disbursements.....	0
			55. TOTAL DISBURSEMENTS.....	85896

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.