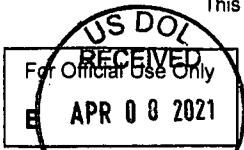


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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.



PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

5. Labor Organization Identifying Information

753431

Name Michigan Education Association			
Street address 1216 Kendale Blvd.			
City East Lansing	State MI	ZIP 48823 -2008	
File number 512-840	National Education Asn		
Officer <input checked="" type="checkbox"/>	Employee <input type="checkbox"/>		
Your officer position or job title President			

1. LM-30 Form Number: **U- U-68972**
2. Fiscal Year Covered: from 9/1/20 through 8/31/20
(mm/dd/yyyy) (mm/dd/yyyy)
3. Amended Report – If this is an amended report, check here:
4. Your Contact Information

Name (first, middle, last)	Paula J. Herbart		
Street address	3027 Westchester Road		
City	Lansing	State	MI ZIP 48911-1045
Email address (optional)	pherbart@mea.org		

▶ Complete **PART A, B, or C** if, during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

PART A – REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.	
6. Name of represented employer _____ Contact name _____ Telephone _____ Street address _____ City _____ State _____ ZIP _____	7.a. Nature of interest, transaction, benefit, arrangement, income, or loan 7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan

15. Signature and Verification

The undersigned 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.

Signed *Paula J. Herbart* On March 31, 2021 Telephone Number 517-332-6551
Date (mm/dd/yyyy)

PART B – BUSINESS. A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name of business <u>Michigan Education Special Services Association</u></p> <p>Contact name <u>Joe Firestone</u> Telephone <u>800-292-4910</u></p> <p>Street address <u>1475 Kendale Blvd.</u></p> <p>City <u>East Lansing</u> State <u>MI</u> ZIP <u>48823</u></p>	<p>11.a. Nature of dealings</p> <p><u>Michigan Education Association Officer</u></p>																				
<p>9. Business deals with <input type="checkbox"/> a. Labor Organization. <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>	<p>11.b. Value of dealings <u>\$0</u></p>																				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name <u>Michigan Education Special Services Association</u></p> <p>Contact name <u>Joe Firestone</u> Telephone <u>800-292-4910</u></p> <p>Street address <u>1475 Kendale Blvd.</u></p> <p>City <u>East Lansing</u> State <u>MI</u> ZIP <u>48823</u></p>	<p>12.a. Nature of interest, benefit, arrangement, or income</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Vendor</th> <th style="text-align: left;">Event</th> <th style="text-align: left;">Cost</th> </tr> </thead> <tbody> <tr> <td>7/16/2020</td> <td>Comerica CC-Joan Narodowiec-Amazon.com</td> <td>Gift Card</td> <td>100</td> </tr> <tr> <td>9/14/2020</td> <td>AP-Vernon Graphics, Newton, IA (sweatshirt/2 stemless wine glasses)</td> <td>Gift</td> <td>108</td> </tr> <tr> <td>11/13/2020</td> <td>AP-Vernon Graphics, Newton, IA (full-zip hoodie/Hidrate bottle)</td> <td>Gift</td> <td>131</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total</td> <td>\$339</td> </tr> </tbody> </table>	Date	Vendor	Event	Cost	7/16/2020	Comerica CC-Joan Narodowiec-Amazon.com	Gift Card	100	9/14/2020	AP-Vernon Graphics, Newton, IA (sweatshirt/2 stemless wine glasses)	Gift	108	11/13/2020	AP-Vernon Graphics, Newton, IA (full-zip hoodie/Hidrate bottle)	Gift	131	Total			\$339
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	<p>12.b. Amount or value of interest, benefit, arrangement, or income <u>\$339</u></p>																				

Additional Part B attached.

PART C – OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT. An employer (other than an employer or business covered under Parts A and B above) from whom a payment would create an actual or potential conflict between your personal financial interests and the interests of your labor organization (or your duties to your labor organization); or a labor relations consultant to such an employer or to the employer listed in Part A.

<p>13.a. Contact information for employer or labor relations consultant</p> <p>Name of employer or labor relations consultant _____</p> <p>Contact name _____ Telephone _____</p> <p>Mailing address _____</p> <p>City _____ State _____ ZIP _____</p>	<p>14.a. Nature of payment</p>
<p>13.b. Type of entity: Is the entity <input type="checkbox"/> an employer or <input type="checkbox"/> a consultant?</p>	<p>14.b. Amount or value of payment</p>

Part B

Name of Reporting Employer: Blue Cross Blue Shield of Michigan	File Number E-04476
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Check Item Number (from Page 2) to which this Part B applies				
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9.a.	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). President
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name Paula J. Herbart P.O. Box, Building and Room Number, if any Street 3027 Westchester Rd. City Lansing State MI Zip Code + 4 48911-1045	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization Michigan Education Association P.O. Box, Building and Room Number, if any Street 1216 Kendale Blvd. City East Lansing State MI Zip Code + 4 48823-2008
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. 	10.b. The promise, agreement, or arrangement was: (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
12/31/2020	135,072	2020 board compensation & insurance premium
1/22/2020	185	Hyatt Hotel stay - Board meeting
1/22/2020	51	Board Reception

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

2020 BOARD COMP , INSUR PREM AND EVENTS