

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 0 1 5 - 7 2 4	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 1 Through 0 6 3 0 2 0 0 2	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"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
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ROBERT HENDERSON CPA (2) 015-724
NURSES ASH, AMERICAN, IND 530
SA CALIFORNIA NURSES ASSN
SUITE 300
2000 FRANKLIN STREET
OAKLAND, CA 94612 6/2002
|||

8. MAILING ADDRESS

First Name **ROBERT**

Last Name **HENDERSON CPA**

P.O. Box - Building and Room Number (if any) **SUITE 300**

Number and Street **2000 FRANKLIN STREET**

City **OAKLAND**

State **CA** ZIP Code + 4 **9 4 6 1 2 -**

4. AFFILIATION OR ORGANIZATION NAME
CALIFORNIA NURSES ASSOCIATION

5. DESIGNATION (Local, Lodge, etc.)
6. DESIGNATION NUMBER

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address? Yes No
(If "No," provide address in Item 75.)

75. ADDITIONAL INFORMATION

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

76. SIGNED: <u>Ray Mc Lay</u> Date: <u>9-27-02</u> Telephone Number: <u>510-873-7700</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Malinda Marhowitz</u> Date: <u>9-27-02</u> Telephone Number: <u>408 224-1274</u>	SECRETARY (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. Liquidate or reduce any liabilities without disbursement of cash? Yes No

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

- 18. How many members did your organization have at the end of the reporting period?
- 19. What is the date of your organization's next regular election of officers? MO YEAR
- 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? \$

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

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>30.00 to 54.00</u> per <u>month</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>0</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per <u>NA</u> <i>(Month, Year, etc.)</i>

- 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
- 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes No
- 24. Did your organization have any contingent liabilities at the end of the reporting period? Yes No

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

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: **0 1 5 - 7 2 4**

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

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

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 1 5 - 7 2 4**

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

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

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 1 5 - 7 2 4

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	4 2 4 9 3 2
2. Total Book Value	4 2 4 9 3 2
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) None	0
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	4 2 4 9 3 2
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. Prepaid expenses	9 9 9 6 7
2. Deposits	5 5 3 1 0
3. Loan Fees/Commissions	3 9 5 8 5
4. PASNAP	2 8 2 2 8 0
5. CCPA	5 1 2 4 9 9
6. Total from additional pages (if any)	2 1 9 7 9
7. Total of Lines 1 through 6	1 0 1 1 6 2 0
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Deferred Revenue	2 0 3 5 5
2. Dues Collected in Advance	6 5 3 6 9 6
3. Accrued Compensation	1 1 5 2 7 8 8
4. Margin Loan	6 8 7 1 6
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 8 9 5 5 5 5
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 1 5 - 7 2 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 2000 Franklin, Oakland, CA	5 9 3 9 3 5		5 9 3 9 3 5	0
2. Totals from additional pages (if any)	4 3 8 5 8 7		4 3 8 5 8 7	
3. Buildings (give location): 2000 Franklin, Oakland, CA	4 1 3 1 8 6 3	4 0 6 0 6 9	3 7 2 5 7 9 4	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 0 2 9 6 5 4	1 1 8 6 1 5 5	8 4 3 4 9 9	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	7 1 9 4 0 3 9	1 5 9 2 2 2 4	5 6 0 1 8 1 5	0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Publicly Traded Stocks and Bonds	2 6 0 9 8 9	1 8 9 3 7 7	2 2 5 3 8 7	2 2 5 3 8 7
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	2 6 0 9 8 9	1 8 9 3 7 7	2 2 5 3 8 7	2 2 5 3 8 7
7. Less Reinvestments				1 9 1 2 2 3
8. Net Sales				3 4 1 6 4
The total from Line 8 is entered in..... Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 1 5 - 7 2 4

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Furniture and Equipment	2 6 2 1 9 6	2 6 2 1 9 6 0	2 6 2 1 9 6
2. Investments	2 2 5 3 4 6	2 2 5 3 4 6	2 2 5 3 4 6
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	4 8 7 5 4 2	2 8 4 7 3 0 6	4 8 7 5 4 2
	7. Less Reinvestments		1 9 1 2 2 3
	8. Net Purchases		2 9 6 3 1 9
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34 Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 1 5 - 7 2 4

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	MCVAY KAY PRESIDENT	C	4 5 0 0 0	0	5 2 2 4	0	5 0 2 2 4
2.	KUHL MARTHA TREASURER	C	4 4 8 1	0	1 4 8	0	4 6 2 9
3.	BURGER DEBORAH VICE PRES	C	5 9 9 2	0	8 1 6 1	0	1 4 1 5 3
4.	BAYER DEBBIE SECRETARY	C	0	0	1 3 8 3	0	1 3 8 3
5.	MARKOWITX MELINDA SECRETARY	C	4 7 7 5	0	3 5 1 3	0	8 2 8 8
6.	PATANE KATHY DIR REG 1	C	7 2 0	0	1 0 2 3	0	1 7 4 3
7.	JENKINS GERALDI DIR REG 2	C	4 8 0	0	2 5 7 2	0	3 0 5 2
8. Totals from additional pages (if any)			4 9 9 7 4	0	3 0 1 4 7	0	8 0 1 2 1
9. Totals of Lines 1 through 8			1 1 1 4 2 2	0	5 2 1 7 1	0	1 6 3 5 9 3
					10. Less Deductions	0	
The total from Line 11 is entered in Item 56					11. Net Disbursements	1 6 3 5 9 3	

*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 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 1 5 - 7 2 4

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. DEMORO EXEC DIRECTOR ROSEANN NA	1 2 7 4 9 6	5 8 4 5	1 1 5 4	0	1 3 4 4 9 5
2. DUMPEL DIR NURSING PRAC HEDY NA	9 5 8 4 0	1 3 4 5	3 3 3 1	0	1 0 0 5 1 6
3. NIELSEN ASST DIRECTOR DONALD NA	8 9 4 4 8	1 3 4 5	1 5 2 2 7	0	1 0 6 0 2 0
4. JOHNSTON RESEARCH ANALYST DANIEL NA	6 2 3 2 9	0	6 3 4	0	6 2 9 6 3
5. AGNOS ADMIN ASST BETTY NA	5 7 0 2 3	0	0	0	5 7 0 2 3
6. Totals from additional pages (if any)	7 0 2 2 3 6 6	1 2 4 4 7 3	5 1 8 6 7 5	0	7 6 6 5 5 1 4
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	7 4 5 4 5 0 2	1 3 3 0 0 8	5 3 9 0 2 1	0	8 1 2 6 5 3 1
			9. Less Deductions	2 7 1 5 6 6 4	
The total from Line 10 is entered in Item 57			10. Net Disbursements	5 4 1 0 8 6 7	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 1 5 - 7 2 4

Description (A)	To Whom Paid (B)	Amount (C)
1. Workers Compensation	State Compensation Ins	1 4 6 1 8 9
2. Health Insurance	Insurance Company	7 4 2 5 2 4
3. Disability and Life Insurance	Insurance Company	5 2 1 4 4
4. Retirement Plan	Custodian	1 1 2 7 2 9 9
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 0 6 8 1 5 6
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DouglasJonesDeb Institute	6 7 2 2 1
2. Nursing Scholarships	2 0 0 0 0
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	8 7 2 2 1
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Hotels/Airlines/Car Rentals	0
2. Var Committee reimbursements	6 3 1 8
3. Archive	5 5 3 5
4. Subscriptions Publications	3 2 6 3 1
5. Office Supplies	1 6 9 5 2 9
6. Photocopy	1 6 6 4 4 5
7. Total from additional pages (if any)	1 7 1 4 6 4 8
8. Total of Lines 1 through 7	2 0 9 5 1 0 6
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. Education	1 1 9 2 4 4
2. Advertising & Subscriptions	1 5 5 3 5
3. Benefit Programs	2 1 3 4 6 4
4. Reimbursed Expenses	1 1 3 5 4 7 2
5. Misc Refunds	2 4 7 3 8
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 5 0 8 4 5 3

The total from Line 17 is entered in Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Direct Mail	6 3 3 0 0
2. Member Lost Time	2 7 4 4 1 0
3. Organizing	5 2 5 3 7 5
4. National Outreach	1 7 7 6 8 4
5. CalNurse Periodical	3 5 3 2 5 3
6. Collective Bargaining	1 0 8 7 9 2
7. Seminars and Conferences	1 8 0 9 1 9
8. Designated funds	7 7 7 7 8 9
9. Region Expenses	3 4 0 9 5 4
10. Payroll Withholding	5 9 1 6 9 4
11. Margin Account	9 6 6 3 5
12. Mortgage payments	2 3 7 4 5 9
13. CCPA	4 0 4 4 2
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 7 6 8 7 0 6

The total from Line 17 is entered in Item 73

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
06/30/2002

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

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
STODDARD DIR REG 3	SHERRI	N	3 9 2 7	0	9 6 1	0	4 8 8 8
HARWOOD DIR REG 4	JOHN	C	0	0	0	0	0
JOHNSON DIR REG 5	LESLEY	C	5 4 6 7	0	5 9 8 3	0	1 1 4 5 0
DANIEL DIR REG 6	KATHY	C	2 2 0	0	1 4 0 5	0	1 6 2 5
KEENAN DIR REG 7	MARGIE	N	4 0 4 9	0	8 5 2	0	4 9 0 1
BRESSAN DIR REG 8	JOHN	C	0	0	1 1 2 0	0	1 1 2 0
LEE DIR REG 8	COLLEEN	C	0	0	0	0	0
LOVE DIR REG 8	DAWN	C	1 4 2 0	0	2 4 4 9	0	3 8 6 9

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
06/30/2002

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

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</i>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>							
WEBER DIR REG 9	JOAN	N	0	0	1 4 1 2	0	1 4 1 2
CASAZZA DIR REG 9	NANCY	C	0	0	0	0	0
PHILLIPS DIR REG 9	TRANDE	C	9 8 1 0	0	4 1 5 3	0	1 3 9 6 3
SMITHBRAUN DIR REG 9	MONICA	C	3 2 8	0	6 1 0	0	9 3 8
STEWART DIR REG 9	ABBIE	C	9 9 4	0	1 7 9 6	0	2 7 9 0
LEDBETTER DIR REG 10	TRACY	N	6 0 1	0	8 4 5	0	1 4 4 6
MILLER DIR REG 10	GREG	C	1 5 1 3	0	6 9 3	0	2 2 0 6
WILLIAMS DIR REG 10	BARBARA	C	0	0	0	0	0

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
06/30/2002

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

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
AMOS SANDRA	DIR REG 11	C	6 6 0	0	0	0	6 6 0
HARRISON REGINA	DIR REG 11	N	0	0	3 4 4	0	3 4 4
MARTH JR ROBERT	DIR REG 11	N	1 4 3 1 8	0	1 8 0 8	0	1 6 1 2 6
STRICKLAND PAT	DIR REG 11	C	2 8 9 4	0	1 5 1	0	3 0 4 5
THIEMAN KURT	DIR REG 11	N	0	0	3 0 0	0	3 0 0
CORTEZ ZENEI	DIR REG 12	C	0	0	0	0	0
FITZPATRICK ALLEN	DIR REG 12	C	1 9 9 7	0	3 0 0 9	0	5 0 0 6
MCNERNEY GLORIA	DIR REG 12	C	1 4 7 6	0	1 6 8 6	0	3 1 6 2

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
06/30/2002

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

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
MORGAN GENEL DIR REG 12	C	3 0 0	0	5 7 0	0	8 7 0

ORGANIZATION NAME: CALIFORNIA NURSES ASSOCIATION
ENDING DATE OF PERIOD COVERED: 06/30/2002

FILE NUMBER: **0 1 5 - 7 2 4**

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.)</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>					
CARRIN JOSHUA ORGANIZER NA	1 7 3 0 3	1 0 5 0	3 6 8 6	0	2 2 0 3 9
CURTIS LESLIE LABOR REP NA	7 1 7 0 2	1 3 4 5	7 5 7 5	0	8 0 6 2 2
CRAVEN II ROBERT SECRETARY II NA	6 2 3 0 4	0	2 0	0	6 2 3 2 4
AGUILA TERESIT MEMB CLERK NA	4 7 8 6 9	0	0	0	4 7 8 6 9
ANDERSEN CORINNE LABOR REP NA	7 5 6 2 2	1 3 4 5	6 7 0 6	0	8 3 6 7 3

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
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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.)</i>	Gross Salary <i>(before taxes and other deductions)</i>	Allowances	Disbursements	Other	Total
(B) Position <i>(Enter employee's job title.)</i>	(D)	(E)	for Official	Disbursements	(H)
(C) Name of Affiliated Organization <i>(if applicable)</i>			Business	(G)	
			(F)		
CAMARA ORGANIZER NA	TRENA 6 7 7 0 2	1 3 4 5	2 3 7 5	0	7 1 4 2 2
MICHELFELDER LABOR REP NA	DAVID 6 4 8 2 6	1 3 4 5	3 5 2 9	0	6 9 7 0 0
BERMUDEZ REG POLICY SPEC NA	VICTORI 6 7 4 7 7	1 3 4 5	5 3 1 2	0	7 4 1 3 4
BLOICE EDITOR NA	CARL 7 5 6 2 2	1 3 4 5	0	0	7 6 9 6 7
ANDREWS RESEARCH ASST NA	CHARLES 5 5 5 3 1	2 3 6 7	1 1 3	0	5 8 0 1 1

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

ENDING DATE OF PERIOD COVERED:
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FILE NUMBER: **0 1 5 - 7 2 4**

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.)</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>					
BERNARD THOMAS LABOR REP NA	6 3 0 7 3	1 3 4 5	7 7 4 9	0	7 2 1 6 7
BLOOM JOAN LABOR REP NA	6 3 2 0 3	1 3 4 5	4 2 4 5	0	6 8 7 9 3
BOWIE MELINDA ACCOUNTANT NA	5 4 7 2 6	0	0	0	5 4 7 2 6
WOODS ELIZABE LABOR REP NA	7 5 6 2 2	1 3 4 5	8 0 1 9	0	8 4 9 8 6
MCVAY RICHARD BUILD MNTNC NA	4 3 1 9 3	0	1 4 7 5	0	4 4 6 6 8

ORGANIZATION NAME:
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FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
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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.)</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>					
SCHLEINZ JULIE SECRETARY II NA	1 8 2 4 4	0	3 4 3	0	1 8 5 8 7
BRATT HOLLY NP SPECIALIST NA	2 7 7 7 3	5 6 0	8 1 4	0	2 9 1 4 7
REYNA MICHELL ORGANIZER NA	6 2 2 0 6	1 3 4 5	2 0 1 8	0	6 5 5 6 9
BRILL ALLAN LABOR REP NA	7 5 0 5 7	1 3 4 5	4 8 5 6	0	8 1 2 5 8
RIVERA JARED ORGANIZER NA	1 0 3 5 0	0	1 6 2 3	0	1 1 9 7 3

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
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FILE NUMBER: **0 1 5 - 7 2 4**

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.)</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>					
BROGAN FIELD SRVC SPEC NA GERARD	7 5 6 2 2	1 3 4 5	1 3 7 0	0	7 8 3 3 7
WAVRICK LABOR REP NA CECELIA	8 0 3 5 1	1 2 3 3	2 8 6 6	0	8 4 4 5 0
CAHILL ORGANIZER NA THEODOR	6 3 3 2 6	1 3 4 5	1 3 6 3 0	0	7 8 3 0 1
GRABELLE ORGANIZER NA DEBRA	2 9 2 7 9	3 9 2	3 0 0	0	2 9 9 7 1
CAMPBELL ORGANIZER NA ELIZABE	2 9 0 9 4	1 3 5 6	6 4 6 8	0	3 6 9 1 8

ORGANIZATION NAME: CALIFORNIA NURSES ASSOCIATION
ENDING DATE OF PERIOD COVERED: 06/30/2002

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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.)</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>					
CARDER KATHY NP REP NA	6 3 2 0 3	1 3 4 5	3 2 3 9	0	6 7 7 8 7
GEORGE NAKIA MEMB ACCT CLERK NA	3 9 1 3 1	0	1 5	0	3 9 1 4 6
LIGHTY MICHAEL ADMIN & OPER DIR NA	8 7 4 2 9	1 3 4 5	1 2 2 6 0	0	1 0 1 0 3 4
CARLSON BREE ORGANIZER NA	4 0 6 1 8	1 3 8 6	6 7 2 0	0	4 8 7 2 4
WILDMAN LYNN LABOR REP NA	3 6 4 2 2	1 4 2 4	6 0 2 4	0	4 3 8 7 0

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
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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.)</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>					
CASTELLI III PETE CORP CAMP MNGR NA	7 6 0 5 9	1 3 4 5	1 4 1 5 0	0	9 1 5 5 4
SCHMIDT RITA LABOR REP NA	4 6 6 1 5	1 4 9 6	3 5 9 0	0	5 1 7 0 1
CASTILLO BONNIE ASST DIRECTOR NA	7 8 8 9 4	1 3 4 5	3 7 3 9	0	8 3 9 7 8
HALL ERIC MEMB MNGR NA	6 9 0 7 7	1 3 4 5	1 1 0 1	0	7 1 5 2 3
UGARTE FRANCIS LABOR REP NA	6 8 8 6 3	1 2 3 3	5 9 5 0	0	7 6 0 4 6

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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.)</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>					
CAUSING THOR ORGANIZER NA	6 0 8 4 1	1 6 2 7	1 0 7 6 5	0	7 3 2 3 3
COMER CORINNE ACCUTE CARE DIR NA	8 1 7 4 9	1 3 4 5	1 1 8 9	0	8 4 2 8 3
CONRADSON ERIK LABOR REP NA	2 6 1 5 7	5 8 1	2 9 9 8	0	2 9 7 3 6
JACOBS LISABET COMMUNICATI SPEC NA	7 5 6 2 2	1 3 4 5	2 4 6 9	0	7 9 4 3 6
MCDERMOTT JANET LABOR REP NA	7 9 3 6 0	1 3 4 5	1 4 0 6 4	0	9 4 7 6 9

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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.)</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>					
NEWMAN MORTON LABOR REP NA	7 9 1 4 8	1 3 4 5	3 3 5 3	0	8 3 8 4 6
LASKY PATTY LABOR REP NA	7 3 7 7 5	1 3 4 5	0	0	7 5 1 2 0
DAVIS ANN ORGANIZER NA	1 4 5 2 2	7 9 1	1 8 8 5	0	1 7 1 9 8
DEMORO ROBERT RESEARCH DIRECTO NA	7 9 3 9 5	1 3 4 5	0	0	8 0 7 4 0
FREEMAN DEIRDRA CONFIDENTIAL SEC NA	4 4 0 1 0	0	1 3 0	0	4 4 1 4 0

ORGANIZATION NAME:
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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.)</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>					
DORAN LENORE SECRETARY II ACC NA	4 3 8 6 8	0	1 1 4	0	4 3 9 8 2
ELDRIDGE KRISTIN LABOR REP NA	6 7 8 4 0	1 3 4 5	6 3 6 9	0	7 5 5 5 4
FEHM STEPHAN LABOR REP NA	7 9 3 6 0	1 3 4 5	4 4 5 8	0	8 5 1 6 3
FIGUEROA CARMEN LABOR REP NA	7 3 9 1 7	1 3 4 5	6 4 8 9	0	8 1 7 5 1
DUNNE THOMAS ORGANIZER NA	4 8 7 5 2	2 2 3 0	6 5 0 3	0	5 7 4 8 5

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ENDING DATE OF PERIOD COVERED:
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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.)</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>					
GOLDENORTIZ ORGANIZER NA	1 1 5 5 0	0	2 1 3 7	0	1 3 6 8 7
GONZALEZ ASST MNGR MEMB NA	6 8 6 8 3	5 0 4	2 4 5 0	0	7 1 6 3 7
SMITH ADMIN SECRETARY NA	5 2 5 5 7	0	5 2 5	0	5 3 0 8 2
PETERS SECRETARY II NA	1 6 6 4 8	0	3 6 0	0	1 7 0 0 8
GOWANS ORGANIZER NA	4 3 1 0 3	2 3 8 9	3 2 2 9	0	4 8 7 2 1

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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.)</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>					
GRIFFING MICHAEL DIR COLL BARG NA	8 5 3 1 7	1 3 4 5	5 0 2 6	0	9 1 6 8 8
OSTROWSKI NANCY LABOR REP NA	2 1 2 9 2	4 4 8	2 9 8 5	0	2 4 7 2 5
GRUBB ALICE OPERATIONS MNGR NA	7 2 3 5 2	1 3 4 5	2 2 3 4	0	7 5 9 3 1
HENDERSON ROBERT CONTROLLER NA	7 5 9 4 3	1 3 4 5	0	0	7 7 2 8 8
MONKAWA DAVID LEAD ORGANIZER NA	7 2 3 5 2	1 3 4 5	1 6 2 4 8	0	8 9 9 4 5

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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.)</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>					
RIOS LABOR REP NA	7 1 9 2 3	1 3 4 5	6 7 2 3	0	7 9 9 9 1
MARINO NAT OUTREACH DIR NA	9 2 3 7 6	1 3 4 5	0	0	9 3 7 2 1
HERNANDEZ ORGANIZER NA	3 0 8 3 4	1 8 6 8	4 3 5 9	0	3 7 0 6 1
QUIJANO ORGANIZER NA	2 3 4 4 5	5 1 2	3 6 0 6	0	2 7 5 6 3
HIRSCHGARCI LABOR REP NA	8 1 3 0 3	1 3 4 5	1 4 0 8 8	0	9 6 7 3 6

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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.)</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>					
WIRZ ORGANIZER NA	2 7 2 8 7	1 2 4 7	0	0	2 8 5 3 4
HOLLEYBROSNA LABOR REP NA	7 5 6 2 2	1 3 4 5	3 3 3 2	0	8 0 2 9 9
JUE NP REP NA	1 6 0 8 9	2 2 0	4 3 8	0	1 6 7 4 7
HONG ORGANIZER NA	6 5 8 7 5	1 3 4 5	8 9 3 1	0	7 6 1 5 1
IDELSON COMMUNICATIO DIR NA	8 3 3 4 0	1 3 4 5	2 7 1	0	8 4 9 5 6

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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.)</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>					
JANKS ANNE LABOR REP NA	1 2 5 1 5	6 9 5	8 0	0	1 3 2 9 0
JOHNSON DAVID DIR SO CAL NA	8 4 4 1 0	1 3 4 5	4 2 8 1	0	9 0 0 3 6
KANG ALYSSA ORGANIZER NA	5 1 9 1 5	2 1 1 5	1 9 6 9	0	5 5 9 9 9
LEE HELEN EDUCATION DIR NA	7 6 0 5 9	1 3 4 5	7 7 9 6	0	8 5 2 0 0
KEYES THADDEU SECRETARY II NA	3 9 7 3 1	0	0	0	3 9 7 3 1

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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.)</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>					
LAMBARIDA BARBARA LABOR REP NA	7 5 6 2 2	1 3 4 5	2 0 6 4 5	0	9 7 6 1 2
JOHNSON SUSAN SECRETARY II NA	2 1 3 5 3	0	9 2	0	2 1 4 4 5
LAWTON JUDY ORGANIZER NA	6 0 5 9 3	1 3 4 5	7 5 4 2	0	6 9 4 8 0
JAVIER LIZA LABOR REP NA	6 5 8 4 0	1 1 7 7	0	0	6 7 0 1 7
LEDBETTER TRACY ORGANIZER NA	1 2 0 0 3	7 2 3	2 6 3 1	0	1 5 3 5 7

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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.)</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>					
WEISS SECRETARY II NA	3 8 6 0 3	0	3 4 9	0	3 8 9 5 2
LINDSAY ARBITRATION DIR NA	8 5 3 1 7	1 3 4 5	1 4 6 1 5	0	1 0 1 2 7 7
LOSADA- DIRECTOR CHEU NA	7 6 0 5 9	1 3 4 5	0	0	7 7 4 0 4
BAKER LABOR REP NA	6 5 2 1 6	1 3 4 5	9 1 4 8	0	7 5 7 0 9
MAK LABOR REP NA	3 4 5 1 7	1 1 1 9	5 2 4 6	0	4 0 8 8 2

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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.)</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>					
MAY ORGANIZER NA	6 1 9 1 4	1 3 4 5	6 7 3 3	0	6 9 9 9 2
MCDONALD ORGANIZER NA	1 8 3 9 6	2 2 4	4 6 7	0	1 9 0 8 7
SCOTT ASST TO EXEC DIR NA	5 4 6 4 0	0	7 6 1	0	5 5 4 0 1
MELLO PUBLICATIONS ASS NA	4 1 6 3 6	0	3 1	0	4 1 6 6 7
LOPEZ MEMB CLERK NA	2 6 1 4 3	3 0	0	0	2 6 1 7 3

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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.)</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>					
MILANESE LABOR REP NA GUILIAN	7 5 6 2 2	1 3 4 5	1 6 9 7	0	7 8 6 6 4
MILL ORGANIZER NA JONATHA	6 1 0 8 9	1 3 4 5	1 1 1 1 0	0	7 3 5 4 4
KEAN ORGANIZER DIR NA ELIZABE	8 5 3 1 7	1 3 4 5	2 8 7 5 1	0	1 1 5 4 1 3
LIEDERMAN LABOR REP NA LORI	6 3 9 1 0	5 6 0	1 7 0 7	0	6 6 1 7 7
MILLS NP REP NA JOYCE	2 6 5 1 1	5 6 0	8 1 1	0	2 7 8 8 2

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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.)</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>					
MIRANDA ROSAMAR ORGANIZER NA	6 0 4 6 9	1 3 4 5	6 1 6 8	0	6 7 9 8 2
NOGUERA GERALDI ORGANIZER NA	5 0 3 3 4	2 5 5 0	0	0	5 2 8 8 4
WASHINGTON RHONDA RECEPTIONIST NA	3 3 0 8 0	0	0	0	3 3 0 8 0
MAXSON KAREN LABOR REP NA	1 0 3 3 5 7	1 3 1 9	4 5 5 8	0	1 0 9 2 3 4
PAVACK MARY SECRETARY II NA	4 1 1 0 1	0	5 9 6	0	4 1 6 9 7

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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.)</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>					
ROYAL STEPHAN MEMB CLERK NA	3 9 6 9 5	0	0	0	3 9 6 9 5
PONTIOUS ANDREW ORGANIZER NA	6 1 3 2 9	1 3 4 5	7 9 5 3	0	7 0 6 2 7
REILLY KEVIN ORG COMM NA	8 5 0 1 7	1 2 3 3	7 0 4 2	0	9 3 2 9 2
RINALDO MELISSA RECEPTIONIST NA	3 4 4 7 1	0	8 6 3	0	3 5 3 3 4
ROSS THERESA LABOR REP NA	7 5 6 2 2	1 3 4 5	2 8 7 5	0	7 9 8 4 2

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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.)</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>					
SANCHEZ RENE APPRENTICE NA	1 1 5 5 0	0	4 9 8 7	0	1 6 5 3 7
RYDER JAMES KAISER DIV DIR NA	8 9 5 9 1	1 3 4 5	2 4 8 3	0	9 3 4 1 9
SCHATZ KIMBERL GRAPHICS NA	6 0 5 9 3	0	1 7 8 1	0	6 2 3 7 4
SCHUMAN JOSEPH LABOR REP NA	1 8 9 2 6	4 1 8	7 9 7	0	2 0 1 4 1
NICHOLS SARA LEGIS ADVOCATE NA	7 1 2 5 6	0	2 5 0 3	0	7 3 7 5 9

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06/30/2002

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.)</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>					
SEGURAWILLIA ORGANIZER NA DINORAH	4 4 4 5 9	2 2 8 3	1 3 2 6	0	4 8 0 6 8
SUBRAMANIAN LABOR REP NA HARI	2 8 1 9 0	6 1 6	2 7 4 9	0	3 1 5 5 5
TOKUMARU ORGANIZER NA JANET	5 6 9 9 9	8 4 1	1 2 8 4 0	0	7 0 6 8 0
WALLACE ORGANIZER NA STEFANI	1 7 9 8 1	1 0 9 1	4 1 8 5	0	2 3 2 5 7
KEFFER LABOR REP NA JOSEPH	6 3 9 5 7	8 4 1	1 5 5 2	0	6 6 3 5 0

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
06/30/2002

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.)</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>					
TORRES ANTONIO APPRENTICE NA	1 1 5 5 0	0	3 5 5	0	1 1 9 0 5
TWOHEY TERESA LABOR REP NA	5 5 1 0 9	7 8 5	4 0 3 7	0	5 9 9 3 1
URMAN WILLIAM LABOR REP NA	6 7 1 8 0	1 3 4 5	1 9 9 5	0	7 0 5 2 0
UY SURLEYT SECRETARY II NA	4 8 3 0 0	0	0	0	4 8 3 0 0
VILLATORO NESTOR ORGANIZER NA	6 0 5 9 3	1 3 4 5	8 8 9 1	0	7 0 8 2 9

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
06/30/2002

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.)</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>					
LEYVA ORGANIZER NA	1 1 5 5 0	0	1 4 4 5	0	1 2 9 9 5
SANTOS LEAD MEMB CLERK NA	4 9 0 5 4	0	0	0	4 9 0 5 4
WRIGHT LABOR REP NA	6 1 5 9 3	1 3 1 4	5 3 1 5	0	6 8 2 2 2
RODRIGUEZ SECRETARY III NA	4 8 1 8 7	0	8 7 9	0	4 9 0 6 6

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

ENDING DATE OF PERIOD COVERED:
06/30/2002

FILE NUMBER: **0 1 5 - 7 2 4**

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
Postage	1 5 1 6 8 7
Printing	9 7 8 6 6
Telephone/Communication	2 6 6 4 6 6
Messenger/delivery	1 7 3 9 5
Advertizing Promotional	3 7 5 0 1
Leader Develop/Pol Education	1 2 3 8 4 6
Research	1 3 0 5 2
Awards gifts	1 3 0 5 2
Insurance	4 4 4 4 2
Property tax	6 2 4 5
Office Rental	3 0 8 4 7 7
Equipment Rental Svc Contracts	7 9 7 2 0
Franklin Street Property	4 9 8 1 3 7
Miscellaneous	5 6 7 6 2

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION

Item Number	
14	Audit performed by Sterk Enfield Oneil Accountancy Group, outside accountants.

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION (continued)

Item Number	
23	Office building at 2000 Franklin Street, Oakland, CA was secured by two mortgages. The FMV of the property was \$5,420,000.

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION (continued)

Item Number	
11	CNA Benefit Trust: provides long term disability plan for certain members; all required reports were filed by the plan administrator.

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION (continued)

Item Number	
12	<p>California Nurses Association Political Action Committee California Nurses Association Initiative Political Action Committee California Nurses association Quality Health Care Voter Guide</p> <p>Required reports were filed with the applicable Federal and State government agencies.</p>

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: **0 1 5 - 7 2 4**

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION (continued)

Item Number	
77	There was a death in the Treasurer's immediate family earlier in the week and she was not available to sign the completed LM-2.

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: 0 1 5 - 7 2 4

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 3 – OTHER ASSETS (continued)

Description (A)	Book Value (B)
PAC Funds	2 1 9 7 9

ORGANIZATION NAME:
CALIFORNIA NURSES ASSOCIATION

FILE NUMBER: 0 1 5 - 7 2 4

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 5 – FIXED ASSETS: LAND (continued)

Description of Land (give location) (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
ParkingLot,2011 Webster, Oakland,CA	4 3 8 5 8 7		4 3 8 5 8 7	