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ASUM CENTRAL BOARD AGENDA
MOUNT SENTINEL ROOM
OCTOBER 30, 1985
7:00 P.M.

1. CALL MEETING TO ORDER
2. ROLL CALL
3. APPROVAL OF OCTOBER 23, 1985 MINUTES
4. PRESIDENT'S REPORT
 - A. DR. GREGG CAWLEY
 - B. GREG THOMPkins - SAFE PETITION
 - C. SAC STAFF INTRODUCTIONS - SHAUN EGAN
 - B. GENERAL ANNOUNCEMENTS
5. VICE PRESIDENT'S REPORT
6. BUSINESS MANAGER'S REPORT
 - A. BUDGET AND FINANCE COMMITTEE
7. COMMITTEE REPORTS
8. OLD BUSINESS
 - A. APPROVAL OF OCTOBER 16 MINUTES
9. NEW BUSINESS
10. COMMENTS
11. ADJOURNMENT

DATE October 30, 1985

DATE _____

October 30, 1985

CB Members

Barbee, Dan

Boyer, Joe

Craig, Mike

Crawford, John

Crippen, Ken

Duval, Kevin

Henderson, Dan

Husseini, Khalid

McKittrick, Ann

Miller, Margaret

Neuman, John

Pinter, Juli

Pouliot, Lisa

Solomon, Gene

Stuart, Ford

Sullivan, Pete

Tempel, Scott

Thompson, Judi

Tuss, Paul

Wold, Chantel

ASUM Officers

Mercer, Bill

Johnson, Amy

Gullickson, Greg

Faculty Advisor

Cawley, Gregg

Montana Kaimin

Jahrig, Gary

CB:cbtally

ROLL CALL

Wildlife
\$12.00

✓ 7:10

✓ 1:05

✓ 7:05

✓ 7:05

✓ 7:05

P

✓

ASUM CENTRAL BOARD MINUTES

Mount Sentinel Room

October 30, 1985

7:00 p.m.

The ASUM Central Board meeting was called to order by Bill Mercer, ASUM President. Members present were Barbee, Boyer, Cawley, Craig, Crawford, Crippen, Duval, Henderson, Hussein, McKittrick (arrived 7:10), Miller, Neuman, Pinter (arrived 7:05), Pouliot, Solomon, Stuart, Sullivan, Tempel (arrived 7:05), Thompson, Tuss (arrived 7:05), Wold (arrived 7:05), Johnson, Gullickson.

Motion to correct the October 23 minutes to state that Wilderness Studies received a special allocation of \$1,000 not \$1,500.

PRESIDENT'S REPORT

1. Shaun Egan, SAC Director, introduced his staff to the Board. His staff members are Geoff Quick, Steve McCoy, Steve Fendt, Mollie Madison, Kelly Sue Slattery, Tony Mullen and Brandal Glenn.
2. Dr. Cawley, CB Advisor, gave an update on the possible teacher's strike by the UM faculty. He wants members to be aware that heavy politics on campus may cause people to choose sides. Cawley introduced Lori Morin, member of the Bargaining Council, to the Board. Cawley informed the Board that the Bargaining Council is an ad hoc group and you don't have to be a member of UTU to be a member of the council. Cawley listed the concerns of the faculty including the following: 1) frustration with the Board of Regents and Jack Noble; 2) general dissatisfaction with the faculty salary levels at UM; and 3) dissatisfied with the salaries currently being offered. Cawley stated that the three options of strike are a total walk-out, a one-day strike, and to strike all additional activities (i.e., meetings, advising, etc.) except teaching. Cawley summarized by saying that UTU is planning several activities to prevent a strike and that the faculty doesn't plan to use the students as pawns in the strike negotiations.
3. Greg Thompkins, member of the Student Alliance for Education (SAFE) read a statement to the Board regarding the possible teacher's strike. SAFE is being formed to serve as a forum for concerns of students in their role as consumers. Thompkins feels that students should have some recourse to recover damages that may be incurred as a result of a midterm school closure. At this time SAFE is not naming responsible parties to any class action suit that they may file. Thompkins and other members of SAFE will be circulating a petition for students to sign and show their support to any suit that may be filed. Thompkins also asked for CB's support.

4. Mercer General Announcements:

- . Mercer supports what the SAFE petition is asking. He feels that the time span is short and now is the time for students to generate their concerns with a petition. He added that he feels it is wise not to name specific parties to the suit, but to express student concern.
- . Bargaining Council meetings are open meeting and the next meeting is tomorrow night at 7:00 or 7:30.
- . It was decided at the last Regent's meeting that there will be no intervention at the State level regarding the issue of student liability. The final Regent mandate for all campuses was to put the rule in the hands of the Student Constitutions through the University Administrations and the student governments.
- . Mercer met with Dr. Curry, UM Health Service Director, to discuss the issue of AIDS in an attempt to keep students informed. Mercer plans to invite Dr. Curry to a future meeting to answer any questions the Board may have.

BUSINESS MANAGER'S REPORT

- 5. A seconded motion from the Budget and Finance Committee to approve a special allocation of \$1,200 for the Wildlife Film Festival was passed by the Board.
- 6. Gullickson reported that the Fiscal Policy is still in the Budget and Finance Committee. He presented members with a revision to the policy from BF member Dan Henderson. Henderson's proposal deals with the salary scale in the proposed Fiscal Policy. Gullickson feels that the new proposal is more equitable across the board. Henderson's proposal still needs to be voted on by Budget and Finance.

COMMITTEE REPORT'S

- 7. Boyer reported that the Elections Committee will have a meeting next Tuesday. Meeting time and location will be posted in the ASUM office.
- 8. Tuss reported that ASCRC is in the process of cross listing classes in the catalog and quarter class schedules. ASCRC is also working on a policy for one-time classes.

NEW BUSINESS

- 9. Mercer announced that he would like to form committees to compose resolutions regarding the possible teacher's strike and the building fees issue. Craig, Henderson, Stuart and Pinter were appointed to the strike committee. Sullivan, Gullickson, Miller and Barbee were appointed to building fees issue committee. Motion passed.

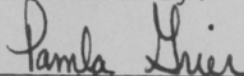
COMMENTS

10. Tempel -- Attended conference in Corvallis, Oregon. Learned some interesting things about student newspapers, corporate sponsorships and programming activities. If anyone has further questions concerning the conference, please feel free to ask.
11. Thompson -- Knew Dan was up to something when he was in the Kaimin office yesterday. Disappointed about the proposed salaries. Concerned about the PUB having control over what Kaimin is printing.
12. Mercer -- Fiscal policy will be presented next week no matter what. Commends BF for the work they have done on the policy. He doesn't feel that a Pub Board is anymore a menace to the Kaimin than Central Board is to the ASUM administration. He doesn't support limiting subject matter.
13. Boyer -- Would like Mike Craig and the strike committee to keep in mind that there's a fine line here--they need to be aware that there are a lot of toes that could be stepped on. Would like to work on Craig's committee.
14. Crawford -- Doesn't want to circulate SAFE petition because it is too broad and vague. Wants to wait and see if we can come with something that's more solid. Thinks that we should wait until we find out what happens in the meeting between the faculty and the administration tomorrow.
15. Duval -- Feels strongly that Mercer should sign anything that CB passes.
16. Henderson -- Reason he went over to the Kaimin was basically get their input.
17. Miller -- In regards to the S.A.F.E. petition, I feel that it's too broad and therefore dangerous. Refine it, spell out what you want and if I approve, I'll work as hard as anyone else to get as many names as possible. The way it stands, if S.A.F.E. decides to say the teachers are responsible and work as a tool for the administration and if my name is on this, I would be a party of the "intent to file a class action suit" against teachers who are already getting paid less than many people with an 8th grade education. If they decide to back the teachers and put pressure on the administration, I approve--but the way it stands, how do I know who and what it does or does not support? They could even decide that the janitors are liable. Bill sits on the administration's bargaining committee and he feels that we should sign this blank petition to be filled in later. What do the rest of you think?

ADJOURNMENT

- 18 Gullickson - Boyer -- Motion to adjourn at 8:40 p.m. Upon vote, motion passed.

Submitted by:


Pamla Grier

Student Alliance For Education

My name is Greg Thompkins. I serve as chairperson on the S.A.F.E. steering committee, a new student group in its first stages of organization. S.A.F.E. is being formed to serve as a forum for concerns of students in their role as consumers. Since the beginning of the fall quarter there have been two incidents that have served to highlight the need for, and to provide the impetus to, create such an organization. The incidents of which I speak are, 1.) the continuing conflict over the rights of students to dispose of their purchased meals as they so choose, and 2.) the published possibility of a school closure. It is our contention that the students of the University of Montana have entered into a contractual agreement with the University, whereby there is an implicit and explicit agreement as to the nature of and continued provision of certain services. We further contend that the revision of Auxillary Service policy, as well as the possible closing of the University, does, and would, represent a process of contract revision where the students, as principles in the original agreements, are allowed no representation. We view this as a violation of our rights as consumers, and in these circumstances we feel we have a right to lobby, to publicize, and to seek redress for costs and damages as a result of these contractual revisions. The purpose of the petition you have before ^{you} is twofold; first, to focus and develop student awareness of these circumstances as we perceive them, and second, to provide a means of quantifying student concerns ^{As} regards the single issue of possible school closure, so that the administration and faculty have an awareness of student sentiment and intent.



FACTS ABOUT AIDS

The Acquired Immune Deficiency Syndrome, or AIDS, was first reported in the United States in mid-1981. Since that time, the Public Health Service has received reports of more than 12,000 cases, about 50 percent of which have resulted in death.

AIDS is a serious illness, and a public health problem that merits concern. It has been named the number one priority of the U.S. Public Health Service. Researchers in the Public Health Service and in many major medical institutions have been working for more than four years to study AIDS, identify its cause, and develop treatments and preventive measures.

This fact sheet describes, in question-and-answer form, accurate information about the nature and extent of AIDS, the risk of contracting AIDS, the actions individuals can take to reduce spreading AIDS, and current research and related activities under way in the Public Health Service.

WHAT IS AIDS?

AIDS is a serious condition characterized by a defect in natural immunity against disease. People who have AIDS are vulnerable to serious illnesses which would not be a threat to anyone whose immune system was functioning normally. These illnesses are referred to as 'opportunistic' infections or diseases.

WHAT CAUSES AIDS?

Investigators have discovered the virus that causes AIDS. Different groups of investigators have given different names to the virus, but they all appear to be the same virus. The virus is called human T-lymphotropic virus, type III (HTLV-III); lymphadenopathy associated virus (LAV); or AIDS related virus (ARV). Infection with this virus does not always lead to AIDS. Preliminary results of studies show that most infected persons remain in good health; others may develop illness varying in severity from mild to extremely serious.

WHAT ARE ITS SYMPTOMS?

Most individuals infected with the AIDS virus have no symptoms and feel well. Some develop symptoms which may include tiredness, fever, loss of appetite and weight, diarrhea, night sweats, and swollen glands (lymph nodes)--usually in the neck, armpits, or groin. Anyone with these symptoms which continue for more than two weeks should see a doctor.

WHO GETS AIDS?

Ninety five percent of the AIDS cases have occurred in the following groups of people:

- * Sexually active homosexual and bisexual men with multiple partners, 73%;
- * Present or past abusers of intravenous drugs, 17 percent; (In addition, a certain number of homosexual or bisexual men are also IV drug abusers.)
- * Persons with hemophilia or other coagulation disorders, 1 percent;
- * Heterosexual contacts of someone with AIDS or at risk for AIDS, 1 percent;
- * Persons who have had transfusions with blood or blood products, 2 percent.

Some 6% of patients do not fall into any of these groups, but researchers believe that transmission occurred in similar ways. Infants and children who have developed AIDS may have been exposed to HTLV-III before or during birth, or shortly thereafter, or may have a history of transfusions. Some patients died before complete histories could be taken. Special studies of risk factors are under way with each of these groups considered to be at increased risk for getting AIDS.

WHAT IS THE GEOGRAPHIC DISTRIBUTION OF REPORTED AIDS CASES?

Thirty-six percent of the cases in the U.S. are reported from New York State and about 23 percent from California. AIDS cases have been reported from 46 states, the District of Columbia, Puerto Rico, and more than 35 other countries.

HOW CONTAGIOUS IS AIDS?

Casual contact with AIDS patients or persons who might be at risk for the illness does NOT place others at risk for getting the illness. No cases have been found where AIDS has been transmitted by casual household contact with AIDS patients or persons at higher risk for getting the illness. Although the AIDS virus has been found in saliva, there have been no cases in which exposure was shown to result in transmission. Ambulance drivers, police, and firefighters who have assisted AIDS patients have not become ill. Nurses, doctors, and health care personnel have not developed AIDS from caring for AIDS patients.

However, health care and laboratory workers should follow safety procedures carefully when handling any blood and tissue samples from patients with potentially transmissible diseases, including AIDS.

HOW IS AIDS TRANSMITTED?

AIDS is spread by sexual contact, needle sharing, or less commonly, through blood or its components. The risk of getting AIDS is increased by having multiple sexual partners, either homosexual or heterosexual, and sharing of needles among those using illicit drugs. The occurrence of the syndrome in hemophilia patients and persons receiving transfusions provides evidence for transmission through blood. It may be transmitted from infected mother to infant before, during, or shortly after birth.

HOW LONG AFTER EXPOSURE TO HTLV-III DOES A PERSON DEVELOP AIDS?

The time between infection with the HTLV-III virus and the onset of symptoms (the incubation period) seems to range from about 6 months to 5 years and possibly longer. Not everyone exposed to the virus develops AIDS.

HOW IS AIDS DIAGNOSED?

There are no clear-cut symptoms that indicate the loss of immunity. The diagnosis of AIDS depends on the presence of opportunistic diseases. Certain tests which demonstrate damage to various parts of the immune system, such as specific types of white blood cells, support the diagnosis. The presence of opportunistic diseases plus a positive test for antibodies to HTLV-III can also make possible a diagnosis of AIDS.

IS THERE A LABORATORY TEST FOR AIDS?

As with most other infections, there is no single test for diagnosing AIDS. There is now a test for antibodies (substances produced in the blood to fight disease organisms) to the virus that causes AIDS. Presence of HTLV-III antibodies means that a person has been infected with the AIDS virus; it does not tell whether the person is still infected. The antibody test is used to screen donated blood and plasma and assist in preventing cases of AIDS resulting from blood transfusions or use of blood products, such as Factor VIII, needed by men with hemophilia. The test is also available through private physicians, most state or local health departments and at other sites.

WHAT ARE SOME OF THE DISEASES AFFECTING AIDS PATIENTS?

About 85 percent of the AIDS patients studied have had one or both of two rare diseases: PNEUMOCYSTIS CARINII pneumonia (PCP), a parasitic infection of the lungs; and a type of cancer known as Kaposi's sarcoma (KS). KS usually occurs anywhere on the surface of the skin or in the mouth. In early stages, it may look like a bruise or blue-violet or brownish spot. The spot or spots persist, and may grow larger. KS may spread to, or appear in, other organs of the

body. PCP has symptoms similar to any other form of severe pneumonia, especially cough, fever, and difficulty in breathing. Other opportunistic infections include unusually severe infections with yeast, cytomegalovirus, herpesvirus, and parasites such as TOXOPLASMA or CRYPTOSPORIDIA. Milder infections with these organisms do not suggest immune deficiency.

IS THERE A DANGER OF CONTRACTING AIDS FROM DONATING BLOOD?

No. Blood banks and other blood collection centers use sterile equipment and disposable needles. The need for blood is always acute, and people who are not at increased risk for getting AIDS are urged to continue to donate blood as they have in the past.

HOW IS AIDS TREATED?

Currently there are no antiviral drugs available anywhere that have been proven to cure AIDS, although the search for such a drug is being pursued vigorously. Some drugs have been found that inhibit the AIDS virus, but these do not lead to clinical improvement. Though no treatment has yet been successful in restoring the immune system of an AIDS patient, doctors have had some success in using drugs, radiation, and surgery to treat the various illnesses of AIDS patients. Therapeutic agents are needed for all stages of AIDS infections, to block action of the virus once infection has occurred, and to build up immunity in patients who have developed AIDS symptoms. Eventually, a combination chemotherapy to combat the virus and restore the immune system may be the most effective therapy. (PNEUMOCYSTIS CARINII pneumonia, for example, can be treated with antibiotics. Interferon, a virus-fighting protein produced naturally by the body, has been used with some success against Kaposi's sarcoma. Natural and recombinant interleukin preparations are being used in an attempt to repair the immunologic deficiencies in AIDS patients.)

CAN AIDS BE PREVENTED?

Yes. Cases of AIDS related to medical use of blood or blood products are being prevented by use of HTLV-III antibody screening tests at blood donor sites and by members of high risk groups voluntarily not donating blood. Heat treatment of Factor VIII and other blood products helps prevent AIDS in patients with hemophilia and other clotting disorders. There is no vaccine for AIDS itself. However, there is good reason to believe that individuals can reduce their risk of contracting AIDS by following existing recommendations. Communities can help prevent AIDS by vigorous efforts to educate and inform their populations about the illness, with special emphasis on educational activities for members of high risk groups. Meanwhile, the discovery of the AIDS virus and methods developed for producing large quantities of the virus for experimental and other purposes enables scientists to work at developing a vaccine.

The Public Health Service recommends that the following steps be taken to prevent spread of AIDS:

- * Do not have sexual contact with persons known or suspected of having AIDS.
- * Do not have sex with multiple partners, or with persons who have had multiple partners.
- * Persons who are at increased risk for having AIDS should not donate blood.
- * Physicians should order blood transfusions for patients only when medically necessary. Health workers should use extreme care when handling or disposing of hypodermic needles.
- * Don't abuse IV drugs. If you use IV drugs, then don't share needles or syringes (boiling does not guarantee sterility).
- * Don't have sex with people who abuse IV drugs.
- * Don't use inhalent nitrites (poppers). Their role as a cofactor for KS is being investigated.

Special recommendations for persons with positive HTLV-III antibody tests have been made to further prevent the spread of AIDS.

- * A regular medical evaluation and follow-up is advised for persons with positive tests.
- * Persons with positive blood tests may pass the disease on to others and should not donate blood, plasma, body organs, other tissue, or sperm. They should take precautions against exchanging body fluids during sexual activity.
- * There is a risk of infecting others by sexual intercourse, sharing of needles, and possibly, exposure of others to saliva through oral-genital contact or intimate kissing. The effectiveness of condoms in preventing infection with HTLV-III is not proved, but their consistent use may reduce transmission, since exchange of body fluids is known to increase risk.
- * Toothbrushes, razors, or other implements that could become contaminated with blood should not be shared.
- * Women whose sexual partner is antibody-positive are themselves at increased risk of acquiring AIDS. If they become pregnant, their children are also at increased risk of acquiring AIDS.

Revised recommendations will be published as additional information becomes available. Further information about AIDS may be obtained from your local or state health department or your physician.

The above information was provided by the U.S. Public Health Service, Department of Health and Human Services. The Public Health Service AIDS hotline number is 1-800-447-AIDS. Atlanta area callers should dial (404) 329-1295.

9/16/85

Date Submitted 10/11/85

ASUM REQUEST FOR SPECIAL ALLOCATION

Name of Organization International Wildlife Film Festival

Responsibility Center Number _____ Total Amount Requested: \$1200.00

Breakdown of Request: (see attached list of object codes)

Projected Costs for the 9th IWFF, April 7-13, 1986:

Computer	203.31
Telephone (long distance).....	108.00
Printing: posters - \$208.00 per 1000	
programs - \$591.00	
Total	799.00
Mailings	90.00
Total	<u> </u>

Person Responsible for Account Norman Bourg \$1200.00

This special allocation is justified and is sorely needed for the following reasons:

1. The IWFF is a \$35,000 event held on campus, primarily for U. of M. students, and is sponsored by the Student Chapter of The Wildlife Society. About \$20,000 of the annual cost is met in donated time by students and cooperators. The rest is met by Festival income of various kinds. As the Festival continues to grow, costs increase from year to year i.e. travel, receptions, etc.; we are requesting Special Allocation to cover these costs. We need to begin covering 1986 (9th IWFF) costs by December 1985. Aid from ASUM will greatly free our time for planning and preparing for the 9th IWFF, April 1986.
2. A request for aid and a promise of aid by ASUM/ASUM Programming last spring was not delivered, which upset our planning process (e.g. we were promised \$1000-1500, then \$800), but eventually received only \$500 which was raised by the IWFF Faculty Advisor as an IWFF/ASUM Fund-raiser (a talk and slide show on the three North American bears in the UGLH).
3. See attached Fact Sheet, 1985 Program, 1986 Tentative Program.

ASUM COMPENSATED STUDENT EMPLOYEE GRADE SYSTEM
Budget and Finance Committee
October 29, 1985

GRADE 1A - \$425/month
Full-time Administrative

ASUM President -- Official spokesperson for students of the University of Montana. Responsible to the following parties: students at the University of Montana; to Central Board; University of Montana President; Montana Board of Regents.

GRADE 1B - \$415/month
Full-time Administrative

ASUM Vice President and Business Manager

GRADE 2 - \$400/month
Full-time Management

Responsible for directing and managing an ASUM group and/or service. Responsible for the group's budgeting and fiscal affairs and responsible to ASUM Central Board.

GRADE 3 - \$300/month
Full-time Supervisor

Designated by Management to supervise specific tasks within said organization.

GRADE 4 - \$225/month
Part-time supervisor

Designated by Management to supervise specific tasks, but on a full-time basis. (Meaning the job does not entail you to be there consistently on a full-time basis.)

GRADE 5 - \$175/month
Part-time

Performing designated tasks within said organization.

GRADE 6 - \$100/month or set amount for special projects as determined by Budget and Finance Committee
Special Event Supervisor

Variable part-time and/or supervising special events.

GRADE 7 - \$50-75/month

Chairperson of designated committee, performing very time consuming duties or variable part-time work for the Montana Kaimin.

EXAMPLES:

	<u>POSITION DESCRIPTION</u>	<u>MONTHLY COMPEN.</u>	<u>GRADE LEVEL</u>
<u>ASUM</u>	ASUM President	\$425.00	1A
	ASUM Vice President	\$415.00	1B
	ASUM Business Manager	\$415.00	1B
	ASUM Complaint Officer	\$150.00	6
	Student Union Board Chair	\$ 75.00	7
<u>CutBank</u>	CutBank Editor	\$250.00	6
	(\$250 paid after each issue - \$500 per year)		
	CutBank Fiction Editor	\$250.00	6
	(\$250 paid after each issue - \$500 per year)		
	CutBank Assistant Editor	\$ 50.00	6
	(\$50 paid after each issue - \$100 per year)		
<u>Leg.</u>	Legislative Comm. Chair	\$ 50.00	7
<u>Comm.</u>	(during current legislative year)		
		\$100.00	6
	(during legislative session)		
<u>Prog.</u>	Programming Director	\$400.00	2
	Pop Concerts Coordinator	\$300.00	3
	Performing Arts Coord.	\$300.00	3
	Prog. Advertising Coor.	\$300.00	3
	Lectures Coordinator	\$225.00	4
	Spotlight Coordinator	\$225.00	4
	Films Coordinator	\$225.00	4
<u>Kaimin</u>	Kaimin Business Manager	\$400.00	2
	Kaimin Editor	\$400.00	2
	Kaimin Managing Editor	\$300.00	3
	Kaimin News Editor	\$300.00	3
	Kaimin Office Manager	\$300.00	3
	Kaimin Accountant	\$300.00	3
	Kaimin Senior Editor	\$175.00	5
	Kaimin Associate Editor	\$175.00	5
	Kaimin Photo Editor	\$225.00	4
	Kaimin Sports Editor	\$225.00	4
	Kaimin Fine Arts Editor	\$225.00	4
	Special Sections Editor	\$125.00	6
	Kaimin Reporters	\$175.00	5
	Kaimin Sports Reporter	\$175.00	5
<u>Kaimin</u>	Kaimin Columnists	\$ 50.00	7
	Kaimin Graphic Artists	\$ 50.00	7
<u>SAC</u>	SAC Director	\$300.00	3
	SAC Editor	\$ 75.00	7