

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="4770226.56"/>	<input type="text" value="4770226.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5558425.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="700157.33"/>	<input type="text" value="5227405.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="6258582.74"/>	<input type="text" value="9997631.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1454270.54"/>	<input type="text" value="5193319.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4804312.20"/>	<input type="text" value="4804312.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	96424.05	348013.44
(ii) Unitemized	599776.22	4535347.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	696200.27	4883360.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	696200.27	4883360.59
12. Transfers From Affiliated/Other Party Committees.....	3238.39	324897.08
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	14500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	718.67	4647.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	700157.33	5227405.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	700157.33	5227405.39

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1235.30	11954.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1235.30	11954.22
22. Transfers to Affiliated/Other Party Committees.....	326938.39	1597118.82
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	178500.00	952750.00
24. Independent Expenditures (use Schedule E)	947382.45	1912231.95
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	715264.61
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	214.40	2000.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	214.40	2000.15
29. Other Disbursements	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1454270.54	5193319.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1454270.54	5193319.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	696200.27	4883360.59
34. Total Contribution Refunds (from Line 28(d))	214.40	2000.15
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	695985.87	4881360.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1235.30	11954.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1235.30	11954.22

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEFFREY S. ABBE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 486
 City State Zip Code
 Harold KY 41635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ORGANIZER II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 887.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51185
 Amount of Each Receipt this Period
 71.27

B. JEFFREY S. ABBE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 486
 City State Zip Code
 Harold KY 41635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ORGANIZER II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 958.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51696
 Amount of Each Receipt this Period
 71.27

C. KAREN ABBIATICI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4602 W. Barlind
 City State Zip Code
 Pittsburgh PA 15227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 SECRETARY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 345.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51389
 Amount of Each Receipt this Period
 49.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.94
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JULIE D. ABEL
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

Transaction ID : SA11AI.53211

Amount of Each Receipt this Period

99.00	50.00
-------	-------

50.00

B. JULIE D. ABEL
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **329.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53527

Amount of Each Receipt this Period

99.00	29.00
-------	-------

29.00

C. RICHARD W. ABELSON
Full Name (Last, First, Middle Initial)

Mailing Address 901 N. Nelson Street
Apt. 901

City Arlington	State VA	Zip Code 22203
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation CHAIRPERSON, JUDICIAL PANEL
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2014

Transaction ID : SA11AI.54368

Amount of Each Receipt this Period

99.00	20.00
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20.00

SUBTOTAL of Receipts This Page (optional).....▶	99.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RICHARD W. ABELSON
Full Name (Last, First, Middle Initial)

Mailing Address 901 N. Nelson Street
Apt. 901

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation CHAIRPERSON, JUDICIAL PANEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1054.93

Date of Receipt
07 / 15 / 2014
Transaction ID : SA11AI.51186

Amount of Each Receipt this Period
79.61

B. RICHARD W. ABELSON
Full Name (Last, First, Middle Initial)

Mailing Address 901 N. Nelson Street
Apt. 901

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation CHAIRPERSON, JUDICIAL PANEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1134.54

Date of Receipt
07 / 31 / 2014
Transaction ID : SA11AI.51697

Amount of Each Receipt this Period
79.61

C. TRACEY ABMAN
Full Name (Last, First, Middle Initial)

Mailing Address 3136 N. Seminary Avenue

City Chicago State IL Zip Code 60657-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR OF ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
572.93

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.54338

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.22

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. TRACEY ABMAN

Mailing Address 3136 N. Seminary Avenue

City Chicago State IL Zip Code 60657-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR OF ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **647.93**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.54339

Amount of Each Receipt this Period **75.00**

Full Name (Last, First, Middle Initial)
B. CANDACE M. ACORD

Mailing Address 9 Appollo Place

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **422.50**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.53536

Amount of Each Receipt this Period **32.50**

Full Name (Last, First, Middle Initial)
C. CANDACE M. ACORD

Mailing Address 9 Appollo Place

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53537

Amount of Each Receipt this Period **32.50**

SUBTOTAL of Receipts This Page (optional)..... ▶ **140.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CANDACE M. ACORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Appollo Place
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53538
 Amount of Each Receipt this Period 28.00

B. CANDACE M. ACORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Appollo Place
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 579.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53539
 Amount of Each Receipt this Period 96.00

C. CANDACE M. ACORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Appollo Place
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.50

Date of Receipt 07 / 29 / 2014
Transaction ID : SA11AI.53540
 Amount of Each Receipt this Period 32.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 156.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALAN D. ACRI
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Hilltop Road
 City State Zip Code
 Strasburg PA 17579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13/LOCAL 1896 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.53761
 Amount of Each Receipt this Period
 50.00

B. CATHYRN ACTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street
 Suite 101
 City State Zip Code
 Baltimore MD 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MD CN 3 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 421.39

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : SA11AI.52363
 Amount of Each Receipt this Period
 361.31

C. DAVID ADAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 Hudson Avenue
 City State Zip Code
 Newark OH 43055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 ORGANIZER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 489.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52886
 Amount of Each Receipt this Period
 34.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 446.27
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. DAVID ADAM

Mailing Address 468 Hudson Avenue

City Newark State OH Zip Code 43055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **524.40**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.52952

Amount of Each Receipt this Period **34.96**

Full Name (Last, First, Middle Initial)
B. GERALD C. ADAMS

Mailing Address 602 Sherwood Avenue

City Placentia State CA Zip Code 92870

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/ORANGE COUNTY Occupation BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **226.00**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.52125

Amount of Each Receipt this Period **80.00**

Full Name (Last, First, Middle Initial)
C. GERALD C. ADAMS

Mailing Address 602 Sherwood Avenue

City Placentia State CA Zip Code 92870

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/ORANGE COUNTY Occupation BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.52126

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **154.96**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Centre Creek Drive
 Suite 310
 City Austin State TX Zip Code 78754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME TX LOC 1624/AUSTIN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.54255
 Amount of Each Receipt this Period
 20.00

B. JOHN ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Centre Creek Drive
 Suite 310
 City Austin State TX Zip Code 78754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME TX LOC 1624/AUSTIN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.54256
 Amount of Each Receipt this Period
 20.00

C. JOHN ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Centre Creek Drive
 Suite 310
 City Austin State TX Zip Code 78754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME TX LOC 1624/AUSTIN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11AI.54257
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES M. ADKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Herbert Street
 City Richwood State OH Zip Code 43344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation PLUMBER II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.53328
 Amount of Each Receipt this Period 120.00

B. JAMES M. ADKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Herbert Street
 City Richwood State OH Zip Code 43344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation PLUMBER II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1105.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53349
 Amount of Each Receipt this Period 25.00

C. JAMES M. ADKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Herbert Street
 City Richwood State OH Zip Code 43344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation PLUMBER II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53350
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES M. ADKINS
Full Name (Last, First, Middle Initial)

Mailing Address 21 Herbert Street

City Richwood State OH Zip Code 43344

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation PLUMBER II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1160.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53351

Amount of Each Receipt this Period
35.00

B. GERALD T AKO
Full Name (Last, First, Middle Initial)

Mailing Address 888 Mililani Street Suite 601

City Honolulu State HI Zip Code 96813-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.52798

Amount of Each Receipt this Period
30.00

C. SUMBUL ALAM
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **299.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SA11AI.52364

Amount of Each Receipt this Period
257.80

SUBTOTAL of Receipts This Page (optional)..... **322.80**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THORNTON P. ALBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 136th Street E
 City Tacoma State WA Zip Code 98445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53795
 Amount of Each Receipt this Period 31.00

B. THORNTON P. ALBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 136th Street E
 City Tacoma State WA Zip Code 98445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 448.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53965
 Amount of Each Receipt this Period 50.00

C. THORNTON P. ALBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 136th Street E
 City Tacoma State WA Zip Code 98445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 479.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53861
 Amount of Each Receipt this Period 31.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. SHIRA Y. ALBERT

Mailing Address 625 N Sycamore Avenue
 #306

City Los Angeles State CA Zip Code 90036

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : SA11AI.52145

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. SHIRA Y. ALBERT

Mailing Address 625 N Sycamore Avenue
 #306

City Los Angeles State CA Zip Code 90036

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.52146

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. SHIRA Y. ALBERT

Mailing Address 625 N Sycamore Avenue
 #306

City Los Angeles State CA Zip Code 90036

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.52147

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHANA ALDERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Chippewa Square
 City Marquette State MI Zip Code 48955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 434.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52215
 Amount of Each Receipt this Period
 36.21

B. SHANA ALDERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Chippewa Square
 City Marquette State MI Zip Code 48955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 524.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.51959
 Amount of Each Receipt this Period
 90.00

C. SHANA ALDERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Chippewa Square
 City Marquette State MI Zip Code 48955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11AI.52244
 Amount of Each Receipt this Period
 36.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 162.42
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LISA A. ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 5050 Westbrook Street SE

City Magnolia	State OH	Zip Code 44643
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.09**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53111

Amount of Each Receipt this Period

33.70

B. SHARON J. ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 12510 Chalford Lane

City Bowie	State MD	Zip Code 20715
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT II
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51187

Amount of Each Receipt this Period

38.44

C. SHARON J. ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 12510 Chalford Lane

City Bowie	State MD	Zip Code 20715
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT II
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **519.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52032

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	92.14
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHARON J. ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12510 Chalford Lane
 City State Zip Code
 Bowie MD 20715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ADMINISTRATIVE ASSISTANT II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 558.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51698
 Amount of Each Receipt this Period
 38.44

B. KENNETH L. ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7935 SW Santolina Place
 City State Zip Code
 Beaverton OR 97008-6272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OR CN 75 EXECUTIVE DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1028.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.51997
 Amount of Each Receipt this Period
 170.00

C. KENNETH L. ALLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7935 SW Santolina Place
 City State Zip Code
 Beaverton OR 97008-6272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OR CN 75 EXECUTIVE DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1042.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51902
 Amount of Each Receipt this Period
 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.44
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 685		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KENNETH L. ALLEN		Date of Receipt
Mailing Address 7935 SW Santolina Place		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
City	State	Zip Code
Beaverton	OR	97008-6272
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.54178
C		Amount of Each Receipt this Period
		129.00
Name of Employer	Occupation	
AFSCME OR CN 75	EXECUTIVE DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1171.00	

Full Name (Last, First, Middle Initial) B. CONNIE G. ALONZO		Date of Receipt
Mailing Address 6082 E CR 700S		M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
City	State	Zip Code
Plainfield	IN	46168
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.51188
C		Amount of Each Receipt this Period
		22.24
Name of Employer	Occupation	
AFSCME INT'L	FIELD OFFICE ASSISTANT I	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	280.36	

Full Name (Last, First, Middle Initial) C. CONNIE G. ALONZO		Date of Receipt
Mailing Address 6082 E CR 700S		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
City	State	Zip Code
Plainfield	IN	46168
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.51699
C		Amount of Each Receipt this Period
		22.24
Name of Employer	Occupation	
AFSCME INT'L	FIELD OFFICE ASSISTANT I	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	302.60	

SUBTOTAL of Receipts This Page (optional).....▶	173.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LAQUITA ALSUM
Full Name (Last, First, Middle Initial)

Mailing Address 1424 N. Pennsylvania Street

City Indianapolis	State IN	Zip Code 46202
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54236

Amount of Each Receipt this Period
 42.00

B. LAQUITA ALSUM
Full Name (Last, First, Middle Initial)

Mailing Address 1424 N. Pennsylvania Street

City Indianapolis	State IN	Zip Code 46202
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
406.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.51972

Amount of Each Receipt this Period
 112.00

C. MARTA I. ALVARDO-MOTZ
Full Name (Last, First, Middle Initial)

Mailing Address 1334 Fort Stevens Drive NW #2

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation TRAVEL AND HOUSING COORDINATOR
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52033

Amount of Each Receipt this Period
 64.00

SUBTOTAL of Receipts This Page (optional).....▶	218.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARTA I. ALVARDO-MOTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1334 Fort Stevens Drive NW #2
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation TRAVEL AND HOUSING COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.69

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51700
 Amount of Each Receipt this Period 26.47

B. BARBARA ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.08

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51390
 Amount of Each Receipt this Period 58.44

C. EARLENE ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2396 Highway 22 W
 City Muscatine State IA Zip Code 52761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61 Occupation CLERK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.53212
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.91
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. TIMOTHY T ANDERSON			Date of Receipt
Mailing Address 2725 Eldred Court			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51190
Apopka	FL	32712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.52"/>
Name of Employer	Occupation		
AFSCME INT'L	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="362.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. TIMOTHY T ANDERSON			Date of Receipt
Mailing Address 2725 Eldred Court			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52034
Apopka	FL	32712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.00"/>
Name of Employer	Occupation		
AFSCME INT'L	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="438.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. TIMOTHY T ANDERSON			Date of Receipt
Mailing Address 2725 Eldred Court			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51701
Apopka	FL	32712	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.52"/>
Name of Employer	Occupation		
AFSCME INT'L	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="467.12"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="133.04"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL ANDREJCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5075 Pajabon Drive #201
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 517.30

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51391
 Amount of Each Receipt this Period 73.90

B. KEITH J. ANGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 Hafton Road
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53385
 Amount of Each Receipt this Period 20.00

C. KEITH J. ANGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2711 Hafton Road
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53461
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 113.90
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN P. APPELDORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16889 Mahoning Avenue
 City Lake Milton State OH Zip Code 44429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MAINTENANCE REPAIR TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53386
 Amount of Each Receipt this Period
 18.00

B. JOHN P. APPELDORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16889 Mahoning Avenue
 City Lake Milton State OH Zip Code 44429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MAINTENANCE REPAIR TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53462
 Amount of Each Receipt this Period
 18.00

C. STEPHEN L. ARMSTRONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Locust Avenue
 City New Hampton State IA Zip Code 50659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11AI.53541
 Amount of Each Receipt this Period
 33.00

SUBTOTAL of Receipts This Page (optional).....▶	69.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTHEW F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 Belford Street
 City Caldwell State OH Zip Code 43724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN 3
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53463
 Amount of Each Receipt this Period 30.00

B. DARYL AROLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 33828 Indiana Drive
 City Grand Rapids State MN Zip Code 55744-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54010
 Amount of Each Receipt this Period 28.00

C. VANESSA ARPIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 237th Place SW
 City Brier State WA Zip Code 98036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation JOURNEY ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53862
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HORTENCIA F. ARRIAGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8385 Ira Court
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.52148
 Amount of Each Receipt this Period
 20.00

B. HORTENCIA F. ARRIAGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8385 Ira Court
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52149
 Amount of Each Receipt this Period
 20.00

C. HORTENCIA F. ARRIAGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8385 Ira Court
 City Riverside State CA Zip Code 92508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52150
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL L. ARTZ
Full Name (Last, First, Middle Initial)

Mailing Address 745 Irving Street NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL I
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
661.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51191

Amount of Each Receipt this Period
50.92

B. MICHAEL L. ARTZ
Full Name (Last, First, Middle Initial)

Mailing Address 745 Irving Street NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL I
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
681.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52035

Amount of Each Receipt this Period
20.00

C. MICHAEL L. ARTZ
Full Name (Last, First, Middle Initial)

Mailing Address 745 Irving Street NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL I
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
732.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51702

Amount of Each Receipt this Period
50.92

SUBTOTAL of Receipts This Page (optional).....▶	121.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. LAURA M. ASKELIN

Mailing Address 1031 4th Avenue S.E.

City Rochester	State MN	Zip Code 55904
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **392.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.54011

Amount of Each Receipt this Period
56.08

Full Name (Last, First, Middle Initial)
B. JALADAH ASLAM

Mailing Address 3895 Cannon Road

City Austintown	State OH	Zip Code 44515-5372
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.53113

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
C. LUISA M. AZEVEDO

Mailing Address 10776 La Roda Drive

City Cupertino	State CA	Zip Code 95014
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 57/LOCAL 829	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.52139

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional).....▶	131.08
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEBORAH A. BABB
 Full Name (Last, First, Middle Initial)
 Mailing Address 6005 East Oakwood Drive
 City Pleasant Hill State IA Zip Code 50327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation SAFETY AND HEALTH CON.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.53249
 Amount of Each Receipt this Period
 30.00

B. DEBORAH A. BABB
 Full Name (Last, First, Middle Initial)
 Mailing Address 6005 East Oakwood Drive
 City Pleasant Hill State IA Zip Code 50327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation SAFETY AND HEALTH CON.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53293
 Amount of Each Receipt this Period
 30.00

C. W. JEAN BACKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53863
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RICHARD C. BADGER II
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2825

City Appleton State WI Zip Code 54912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.54145

Amount of Each Receipt this Period **85.00**

B. RICHARD C. BADGER II
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2825

City Appleton State WI Zip Code 54912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **07 / 29 / 2014**

Transaction ID : SA11AI.54146

Amount of Each Receipt this Period **85.00**

C. PRISCILLA A. BADUA
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 390

City Hanapepe State HI Zip Code 96716-0390

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.52802

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **200.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALDEAN BAER
Full Name (Last, First, Middle Initial)

Mailing Address 3505 West Lincolnshire Blvd.

City Toledo	State OH	Zip Code 43606
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/WASHINGTON LS	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53012

Amount of Each Receipt this Period
19.24

B. ALDEAN BAER
Full Name (Last, First, Middle Initial)

Mailing Address 3505 West Lincolnshire Blvd.

City Toledo	State OH	Zip Code 43606
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/WASHINGTON LS	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2014

Transaction ID : SA11AI.53038

Amount of Each Receipt this Period
19.24

C. JOE BAESSLER
Full Name (Last, First, Middle Initial)

Mailing Address 2512 NE 50th

City Portland	State OR	Zip Code 97213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.51998

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	58.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DAWN M. BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 4060 LaPlante Road

City Monclova State OH Zip Code 43542

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.06**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53179

Amount of Each Receipt this Period
44.00

B. DAWN M. BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 4060 LaPlante Road

City Monclova State OH Zip Code 43542

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.06**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53180

Amount of Each Receipt this Period
50.00

C. KAREN S. BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 1277 Circle 182

City Kitts Hill State OH Zip Code 45645

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52888

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... **113.24**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN S. BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 1277 Circle 182

City State Zip Code
Kitts Hill OH 45645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014
Transaction ID : SA11AI.52954

Amount of Each Receipt this Period
19.24

B. PATRICIA A. BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 606 N. Van Buren Street

City State Zip Code
Wilmington DE 19805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME DE CN 81 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
476.94

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014
Transaction ID : SA11AI.52196

Amount of Each Receipt this Period
65.34

C. PATRICIA A. BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 606 N. Van Buren Street

City State Zip Code
Wilmington DE 19805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME DE CN 81 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536.94

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014
Transaction ID : SA11AI.52203

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.58

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARK T. BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.40**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.54012

Amount of Each Receipt this Period **53.28**

B. ANTHONY L. BAKKEN
Full Name (Last, First, Middle Initial)

Mailing Address 500 E Parish Street

City Prair Du Chien State WI Zip Code 53821

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.54120

Amount of Each Receipt this Period **25.00**

C. ANTHONY L. BAKKEN
Full Name (Last, First, Middle Initial)

Mailing Address 500 E Parish Street

City Prair Du Chien State WI Zip Code 53821

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.54130

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **103.28**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTHEW BALAS
Full Name (Last, First, Middle Initial)

Mailing Address 307 Adams Street

City Freeland State PA Zip Code 18224

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.70**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51392

Amount of Each Receipt this Period **66.50**

B. GRACE A. BALTICH
Full Name (Last, First, Middle Initial)

Mailing Address 11711 Douglas Drive N

City Champlin State MN Zip Code 55316

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.02**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.52295

Amount of Each Receipt this Period **48.86**

C. GRACE A. BALTICH
Full Name (Last, First, Middle Initial)

Mailing Address 11711 Douglas Drive N

City Champlin State MN Zip Code 55316

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.02**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52296

Amount of Each Receipt this Period **53.00**

SUBTOTAL of Receipts This Page (optional)..... **168.36**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTHEW M. BANAL
Full Name (Last, First, Middle Initial)

Mailing Address 5424 Olde Vintage Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **628.58**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52889

Amount of Each Receipt this Period **38.47**

B. MATTHEW M. BANAL
Full Name (Last, First, Middle Initial)

Mailing Address 5424 Olde Vintage Drive

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **667.05**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.52955

Amount of Each Receipt this Period **38.47**

C. GINA M. BANKS
Full Name (Last, First, Middle Initial)

Mailing Address 1911 Overlook Ridge Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.53387

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **91.94**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GINA M. BANKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1911 Overlook Ridge Drive
 City Columbus State OH Zip Code 43219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53464
 Amount of Each Receipt this Period 15.00

B. ELAINE BARBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1826 Forster Street
 City Harrisburg State PA Zip Code 17103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.79

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51393
 Amount of Each Receipt this Period 53.20

C. RONALDE BARILLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.16

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52365
 Amount of Each Receipt this Period 603.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 671.20
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TERRI L. BARNARD
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53796

Amount of Each Receipt this Period 21.00

B. TERRI L. BARNARD
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53864

Amount of Each Receipt this Period 21.00

C. KAREN BARNES
Full Name (Last, First, Middle Initial)

Mailing Address 122 Forest Ridge Place

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.53010

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN BARNES
Full Name (Last, First, Middle Initial)

Mailing Address 122 Forest Ridge Place

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52890

Amount of Each Receipt this Period 10.00

B. KAREN BARNES
Full Name (Last, First, Middle Initial)

Mailing Address 122 Forest Ridge Place

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52956

Amount of Each Receipt this Period 10.00

C. MICHAEL BARRIOS
Full Name (Last, First, Middle Initial)

Mailing Address 514 Shatto Place

City Los Angeles State CA Zip Code 90020

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/LOCAL 685 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.51645

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 60.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RANDY D BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 SE Cortina Drive
 City Ankeny State IA Zip Code 50021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.53250
 Amount of Each Receipt this Period
 10.41

B. RANDY D BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 SE Cortina Drive
 City Ankeny State IA Zip Code 50021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11AI.53543
 Amount of Each Receipt this Period
 20.00

C. RANDY D BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 SE Cortina Drive
 City Ankeny State IA Zip Code 50021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53294
 Amount of Each Receipt this Period
 10.41

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.82
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. NANCY E. BARTTER

Mailing Address 888 Mililani Street
Suite 601

City Honolulu State HI Zip Code 96813-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.34

Date of Receipt
07 / 01 / 2014
Transaction ID : SA11AI.52803

Amount of Each Receipt this Period
34.62

Full Name (Last, First, Middle Initial)
B. DEBRA L. BASHAM

Mailing Address 5378 Cherry Creek Parkway N.

City Columbus State OH Zip Code 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/BATH LSD Occupation BUS DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.04

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.53084

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. DEBRA L. BASHAM

Mailing Address 5378 Cherry Creek Parkway N.

City Columbus State OH Zip Code 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/BATH LSD Occupation BUS DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.88

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.53085

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. DAVID C. BASLER

Mailing Address 202 Hammersham Court

City State Zip Code
 Taneytown MD 21787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME MD CN 67/LOCAL 434 FOREMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 323.00

Date of Receipt
 07 / 17 / 2014
Transaction ID : SA11AI.51996

Amount of Each Receipt this Period
 223.00

Full Name (Last, First, Middle Initial)
B. FATIMA A BASTIANELLI

Mailing Address 5604 Vernon Place

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME INT'L POLITICAL ACTION POLLING ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 546.97

Date of Receipt
 07 / 15 / 2014
Transaction ID : SA11AI.51194

Amount of Each Receipt this Period
 42.85

Full Name (Last, First, Middle Initial)
C. FATIMA A BASTIANELLI

Mailing Address 5604 Vernon Place

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME INT'L POLITICAL ACTION POLLING ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 589.82

Date of Receipt
 07 / 31 / 2014
Transaction ID : SA11AI.51705

Amount of Each Receipt this Period
 42.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 308.70

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL BATCHELDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 W. Dodridge Street
 City Columbus State OH Zip Code 43202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **377.74**

Date of Receipt **07 / 02 / 2014**
Transaction ID : SA11AI.53116
 Amount of Each Receipt this Period **57.36**

B. LINDA BATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Walnut Street
 City Woodbridge State VA Zip Code 22191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **480.48**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.51195
 Amount of Each Receipt this Period **36.96**

C. LINDA BATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Walnut Street
 City Woodbridge State VA Zip Code 22191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **505.48**

Date of Receipt **07 / 17 / 2014**
Transaction ID : SA11AI.52036
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **119.32**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LINDA BATES
Full Name (Last, First, Middle Initial)

Mailing Address 1510 Walnut Street

City Woodbridge State VA Zip Code 22191

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 542.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51706

Amount of Each Receipt this Period
 36.96

B. PATRICIA BAUER
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 697.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51394

Amount of Each Receipt this Period
 99.66

C. HENRY BAYER
Full Name (Last, First, Middle Initial)

Mailing Address 1507 W. Chase Street

City Chicago State IL Zip Code 60626-2125

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 921.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51903

Amount of Each Receipt this Period
 28.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 164.62

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL BEGATTO
Full Name (Last, First, Middle Initial)

Mailing Address 301 Hedgerow Lane

City State Zip Code
Wilmington DE 19807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME DE CN 81 EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
658.14

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 08 2014

Transaction ID : SA11AI.52197

Amount of Each Receipt this Period
91.48

B. MARTIN BEIL
Full Name (Last, First, Middle Initial)

Mailing Address 10363 Hudson Road

City State Zip Code
Mazomanie WI 53560-9773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24 EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
627.15

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 08 2014

Transaction ID : SA11AI.54131

Amount of Each Receipt this Period
83.62

C. NANCY L. BELCHER
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City State Zip Code
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 01 2014

Transaction ID : SA11AI.53329

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.10

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES R. BENEDICT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6576 Hilmar Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53388
 Amount of Each Receipt this Period 15.00

B. JAMES R. BENEDICT
 Full Name (Last, First, Middle Initial)
 Mailing Address 6576 Hilmar Court
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53465
 Amount of Each Receipt this Period 15.00

C. CHARLES BENN
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Eddington Avenue
 City Harrisburg State PA Zip Code 17111-3520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 767.45

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51395
 Amount of Each Receipt this Period 149.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.49
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARLES BENN
Full Name (Last, First, Middle Initial)

Mailing Address 141 Eddington Avenue

City Harrisburg State PA Zip Code 17111-3520

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **787.45**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53703

Amount of Each Receipt this Period **20.00**

B. PETER J. BENNER
Full Name (Last, First, Middle Initial)

Mailing Address 7650 Cahill Avenue

City Inver Grove Hgts. State MN Zip Code 55076

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **318.46**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.51932

Amount of Each Receipt this Period **47.14**

C. SYLVIA L BENNETT
Full Name (Last, First, Middle Initial)

Mailing Address 182 Autumn Way

City Elizabethtown State KY Zip Code 42701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME KY CN 962 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.54244

Amount of Each Receipt this Period **16.00**

SUBTOTAL of Receipts This Page (optional)..... **83.14**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SYLVIA L BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 Autumn Way
 City Elizabethtown State KY Zip Code 42701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME KY CN 962 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.54245
 Amount of Each Receipt this Period
 16.00

B. SYLVIA L BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 Autumn Way
 City Elizabethtown State KY Zip Code 42701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME KY CN 962 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.54246
 Amount of Each Receipt this Period
 16.00

C. STACEY D. BENSON-TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Brooklyn Avenue
 City Dayton State OH Zip Code 45417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.53117
 Amount of Each Receipt this Period
 63.84

SUBTOTAL of Receipts This Page (optional).....▶	95.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRENDA L BENTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4406 E. Mound Street
 City Columbus State OH Zip Code 43227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 343.99

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51196
 Amount of Each Receipt this Period 26.95

B. BRENDA L BENTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4406 E. Mound Street
 City Columbus State OH Zip Code 43227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.94

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51707
 Amount of Each Receipt this Period 26.95

C. STEVEN BERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.54

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52366
 Amount of Each Receipt this Period 323.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 377.10
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARK BERNARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Beacon Street
 City Boston State MA Zip Code 02108-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54276
 Amount of Each Receipt this Period
 40.00

B. JAMES BEVERLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 784 Touby Lane
 City Mansfield State OH Zip Code 44903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.53330
 Amount of Each Receipt this Period
 40.00

C. SHIRIN BIDEL-NIYAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 New Hampshire Avenue NW #403
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL FIELD MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 427.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51197
 Amount of Each Receipt this Period
 38.83

SUBTOTAL of Receipts This Page (optional).....▶	118.83
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHIRIN BIDEL-NIYAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 New Hampshire Avenue NW #403
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL FIELD MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.96

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51708
 Amount of Each Receipt this Period 38.83

B. ALFRED L. BIERBRODT JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Huber Street Apt. A
 City Anamosa State IA Zip Code 52205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53542
 Amount of Each Receipt this Period 30.00

C. JEAN BIRTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.80

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51396
 Amount of Each Receipt this Period 49.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.23
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTINE C. BISCHOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 Maple Avenue
 City Peekskill State NY Zip Code 10566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.54208
 Amount of Each Receipt this Period 19.24

B. CHRISTINE C. BISCHOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 Maple Avenue
 City Peekskill State NY Zip Code 10566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 24 / 2014
Transaction ID : SA11AI.54222
 Amount of Each Receipt this Period 19.24

C. PAUL BISSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1906 Bear Court SE
 City Rochester State MN Zip Code 55904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54013
 Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.48
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KENNETH J. BLAIR
Full Name (Last, First, Middle Initial)

Mailing Address 15715 62nd Avenue E.

City Puyallup	State WA	Zip Code 98375
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.53797

Amount of Each Receipt this Period
16.50

B. KENNETH J. BLAIR
Full Name (Last, First, Middle Initial)

Mailing Address 15715 62nd Avenue E.

City Puyallup	State WA	Zip Code 98375
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53865

Amount of Each Receipt this Period
16.50

C. MICHAEL BLAIR
Full Name (Last, First, Middle Initial)

Mailing Address 8 Beacon Street

City Boston	State MA	Zip Code 02108-0000
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

Transaction ID : SA11AI.54277

Amount of Each Receipt this Period
39.32

SUBTOTAL of Receipts This Page (optional).....▶	72.32
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WALTER BLAIR		Date of Receipt MM / DD / YYYY 07 / 15 / 2014 Transaction ID : SA11AI.51198
Mailing Address 2223 Wintergreen Avenue		Amount of Each Receipt this Period 48.21
City District Heights	State MD	Zip Code 20747
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 626.73	

Full Name (Last, First, Middle Initial) B. WALTER BLAIR		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : SA11AI.52037
Mailing Address 2223 Wintergreen Avenue		Amount of Each Receipt this Period 20.00
City District Heights	State MD	Zip Code 20747
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.73	

Full Name (Last, First, Middle Initial) C. WALTER BLAIR		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : SA11AI.51709
Mailing Address 2223 Wintergreen Avenue		Amount of Each Receipt this Period 48.21
City District Heights	State MD	Zip Code 20747
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 694.94	

SUBTOTAL of Receipts This Page (optional).....▶	116.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JANE ANN BLAKESLEY		Date of Receipt
Mailing Address 2179 Shoreham Road		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Upper Arlington	OH	43220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52892
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	ADMINISTRATIVE ASSISTANT	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) B. JANE ANN BLAKESLEY		Date of Receipt
Mailing Address 2179 Shoreham Road		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Upper Arlington	OH	43220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52940
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	ADMINISTRATIVE ASSISTANT	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="685.00"/>	

Full Name (Last, First, Middle Initial) C. JANE ANN BLAKESLEY		Date of Receipt
Mailing Address 2179 Shoreham Road		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Upper Arlington	OH	43220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52958
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	ADMINISTRATIVE ASSISTANT	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="725.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN BLOOMINGDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.34

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53704
 Amount of Each Receipt this Period 20.00

B. MATTHEW S. BLUMIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 Taylor Street NW
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.83

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51200
 Amount of Each Receipt this Period 53.47

C. MATTHEW S. BLUMIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 Taylor Street NW
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.30

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51711
 Amount of Each Receipt this Period 53.47

SUBTOTAL of Receipts This Page (optional).....▶ 126.94
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DAVID L. BLYTH
Full Name (Last, First, Middle Initial)

Mailing Address 1656 Gilbert Road

City Toledo	State OH	Zip Code 43614
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53119

Amount of Each Receipt this Period
60.26

B. JOYCE C. BOBO
Full Name (Last, First, Middle Initial)

Mailing Address 5745 Hamill Road

City Albany	State OH	Zip Code 45710
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.53011

Amount of Each Receipt this Period
50.00

C. JOYCE C. BOBO
Full Name (Last, First, Middle Initial)

Mailing Address 5745 Hamill Road

City Albany	State OH	Zip Code 45710
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52894

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	120.26
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOYCE C. BOBO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5745 Hamill Road
 City Albany State OH Zip Code 45710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52960
 Amount of Each Receipt this Period 100.00

B. THOMAS J. BOIK
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City South St. Paul State MN Zip Code 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.86

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54015
 Amount of Each Receipt this Period 46.20

C. LYNDA L. BOLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Circle Drive
 City The Plains State OH Zip Code 45780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.36

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52895
 Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.44
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LYNDA L. BOLIN
Full Name (Last, First, Middle Initial)

Mailing Address 8 Circle Drive

City The Plains State OH Zip Code 45780

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.60**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.52961

Amount of Each Receipt this Period **19.24**

B. CATHERINE J. BOND
Full Name (Last, First, Middle Initial)

Mailing Address 48048 Sarahsville Road

City Caldwell State OH Zip Code 43724

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LIBRARY ASSISTANT II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.53389

Amount of Each Receipt this Period **16.00**

C. CATHERINE J. BOND
Full Name (Last, First, Middle Initial)

Mailing Address 48048 Sarahsville Road

City Caldwell State OH Zip Code 43724

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LIBRARY ASSISTANT II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **246.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53466

Amount of Each Receipt this Period **16.00**

SUBTOTAL of Receipts This Page (optional)..... **51.24**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHAKEEM V. BOONE
Full Name (Last, First, Middle Initial)

Mailing Address 5204 4th Street NW

City Washington State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52039

Amount of Each Receipt this Period **55.00**

B. SHAKEEM V. BOONE
Full Name (Last, First, Middle Initial)

Mailing Address 5204 4th Street NW

City Washington State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51712

Amount of Each Receipt this Period **15.00**

C. PAUL R. BOOTH
Full Name (Last, First, Middle Initial)

Mailing Address 3724 Benton Street NW

City Washington State DC Zip Code 20007-1803

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation EXECUTIVE ASST. TO PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2849.78**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51202

Amount of Each Receipt this Period **195.08**

SUBTOTAL of Receipts This Page (optional)..... **265.08**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PAUL R. BOOTH			Date of Receipt
Mailing Address 3724 Benton Street NW			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52012
Washington	DC	20007-1803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="203.00"/>
Name of Employer	Occupation		
AFSCME INT'L	EXECUTIVE ASST. TO PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3052.78"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PAUL R. BOOTH			Date of Receipt
Mailing Address 3724 Benton Street NW			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52040
Washington	DC	20007-1803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
AFSCME INT'L	EXECUTIVE ASST. TO PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3087.78"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. PAUL R. BOOTH			Date of Receipt
Mailing Address 3724 Benton Street NW			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51713
Washington	DC	20007-1803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="195.08"/>
Name of Employer	Occupation		
AFSCME INT'L	EXECUTIVE ASST. TO PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3282.86"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="433.08"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHARON K BORTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5359 29th Street NW
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 698.23

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51203
 Amount of Each Receipt this Period 53.71

B. SHARON K BORTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5359 29th Street NW
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 751.94

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51714
 Amount of Each Receipt this Period 53.71

C. JACQUELINE M. BOWMAN-PORTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 4th Avenue Apt. 6A1
 City Pittsburgh State PA Zip Code 15222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/NSP.LOCAL 2924 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.53762
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶	157.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ERIC R. BOYD
Full Name (Last, First, Middle Initial)

Mailing Address 118 East Walnut Street

City Westerville State OH Zip Code 43801

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **444.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.53120

Amount of Each Receipt this Period
64.40

B. MEHMET BOZYEL
Full Name (Last, First, Middle Initial)

Mailing Address 10480 SW Eastridge Street

City Portland State OR Zip Code 97225

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.54180

Amount of Each Receipt this Period
20.00

C. MELVIN BRABSON
Full Name (Last, First, Middle Initial)

Mailing Address 5510 Chalmers

City Detroit State MI Zip Code 48213

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.33**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.52216

Amount of Each Receipt this Period
26.06

SUBTOTAL of Receipts This Page (optional)..... **110.46**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MELVIN BRABSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5510 Chalmers
 City Detroit State MI Zip Code 48213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **331.39**

Date of Receipt **07 / 22 / 2014**
Transaction ID : SA11AI.52245
 Amount of Each Receipt this Period **26.06**

B. ANDREA BRACHTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **226.00**

Date of Receipt **07 / 16 / 2014**
Transaction ID : SA11AI.51398
 Amount of Each Receipt this Period **32.50**

C. RYAN L. BRAGLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 N High Street
 City Worthington State OH Zip Code 43085-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **226.10**

Date of Receipt **07 / 02 / 2014**
Transaction ID : SA11AI.53121
 Amount of Each Receipt this Period **36.32**

SUBTOTAL of Receipts This Page (optional).....	94.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTINE L. BRANAM
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.80**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51399

Amount of Each Receipt this Period **49.40**

B. CHRISTINE M. BRANCHAW
Full Name (Last, First, Middle Initial)

Mailing Address 2223 NE Davis Street

City Portland State OR Zip Code 97232

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CARPENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.54204

Amount of Each Receipt this Period **25.00**

C. CHRISTINE M. BRANCHAW
Full Name (Last, First, Middle Initial)

Mailing Address 2223 NE Davis Street

City Portland State OR Zip Code 97232

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CARPENTER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.00**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.54181

Amount of Each Receipt this Period **34.00**

SUBTOTAL of Receipts This Page (optional)..... **108.40**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TALISHIA R. BRANDAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Market Street
 City Highspire State PA Zip Code 17034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53608
 Amount of Each Receipt this Period 50.00

B. ELIZABETH A. BRANDENBURG
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Brighton Terrace
 City Gaithersburg State MD Zip Code 20877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 67/LOCAL 2380 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.52279
 Amount of Each Receipt this Period 250.00

C. NIKKI BRAYMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53866
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 315.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ERIC B. BREAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Glen Road
 City Cheshire State CT Zip Code 06410-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.52184
 Amount of Each Receipt this Period
 16.80

B. JERRY M. BRENIZER
 Full Name (Last, First, Middle Initial)
 Mailing Address N3267 Opal Road
 City Lake Geneva State WI Zip Code 53147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.54121
 Amount of Each Receipt this Period
 18.00

C. JERRY M. BRENIZER
 Full Name (Last, First, Middle Initial)
 Mailing Address N3267 Opal Road
 City Lake Geneva State WI Zip Code 53147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.54132
 Amount of Each Receipt this Period
 18.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.80
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM BRENNER
Full Name (Last, First, Middle Initial)

Mailing Address 3300 Old Trail Road

City York Haven State PA Zip Code 17370

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **697.62**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51400

Amount of Each Receipt this Period **99.66**

B. TERRY L. BRENTLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 145 N. Main Street

City Lakeview State OH Zip Code 43331

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.53390

Amount of Each Receipt this Period **20.00**

C. TERRY L. BRENTLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 145 N. Main Street

City Lakeview State OH Zip Code 43331

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53467

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **139.66**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BILL BROCKMILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1418 10th Street #204

City Lacrosse State WI Zip Code 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.54122

Amount of Each Receipt this Period 30.00

B. BILL BROCKMILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1418 10th Street #204

City Lacrosse State WI Zip Code 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54133

Amount of Each Receipt this Period 30.00

C. MATTHEW BROKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 120 Dwight Street #606

City New Haven State CT Zip Code 06511-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 433.59

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.52185

Amount of Each Receipt this Period 58.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.92

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEBORAH L. BROOKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1517 5th Avenue SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation LABOR ADVOCATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53867

Amount of Each Receipt this Period
 38.00

B. CAITLIN BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 17248 Tobermory Drive

City Pflugerville State TX Zip Code 78660

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME TX LOC 1624 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.54258

Amount of Each Receipt this Period
 10.00

C. CAITLIN BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 17248 Tobermory Drive

City Pflugerville State TX Zip Code 78660

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME TX LOC 1624 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.54259

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	58.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CAITLIN BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 17248 Tobermory Drive

City Pflugerville	State TX	Zip Code 78660
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME TX LOC 1624	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2014

Transaction ID : SA11AI.54260

Amount of Each Receipt this Period
10.00

B. MARQUEZ BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 6800 N High ST

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
363.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53122

Amount of Each Receipt this Period
53.22

C. VALERIE A. BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 2967 Fleet Road

City Columbus	State OH	Zip Code 43232
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53391

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	78.22
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VALERIE A. BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 2967 Fleet Road

City Columbus State OH Zip Code 43232

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53468

Amount of Each Receipt this Period 15.00

B. WANDA BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 17311 NW 46th Avenue

City Carol City State FL Zip Code 33055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 464.29

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51204

Amount of Each Receipt this Period 36.37

C. WANDA BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 17311 NW 46th Avenue

City Carol City State FL Zip Code 33055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 484.29

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52041

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.37

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WANDA BROWN			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51715
Mailing Address 17311 NW 46th Avenue			Amount of Each Receipt this Period 36.37
City Carol City	State FL	Zip Code 33055	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.66		

Full Name (Last, First, Middle Initial) B. WILLIAM H. BROWN			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.54182
Mailing Address 17431 SE Forest Hill Drive			Amount of Each Receipt this Period 30.00
City Damascus	State OR	Zip Code 97089	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ENVIRONMENTAL SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. ALAN BRUBACHER			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014 Transaction ID : SA11AI.51401
Mailing Address 2502 S. 4th Street			Amount of Each Receipt this Period 74.10
City Steelton	State PA	Zip Code 17113	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation MAINTENANCE SUPERVISOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.50		

SUBTOTAL of Receipts This Page (optional).....▶	140.47
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRIAN H. BRUCKHOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 182
 211 Ehrich Street
 City Minnesota Lake State MN Zip Code 56068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.54371
 Amount of Each Receipt this Period **28.00**

B. MATTHEW S. BUBLITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 8003 Excelsior Drive
 #B
 City Madison State WI Zip Code 53717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.36**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.54157
 Amount of Each Receipt this Period **48.00**

C. EDITH E. BUCKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1184 Trentwood Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **390.74**

Date of Receipt **07 / 02 / 2014**
Transaction ID : SA11AI.53123
 Amount of Each Receipt this Period **56.00**

SUBTOTAL of Receipts This Page (optional)..... **132.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 685
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRUCE D. BULICK
Full Name (Last, First, Middle Initial)

Mailing Address #4 Glacier Orchards Road

City White Salmon	State WA	Zip Code 98672
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ADM AIDE III
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54205

Amount of Each Receipt this Period
 42.00

B. BRUCE D. BULICK
Full Name (Last, First, Middle Initial)

Mailing Address #4 Glacier Orchards Road

City White Salmon	State WA	Zip Code 98672
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ADM AIDE III
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.54183

Amount of Each Receipt this Period
 38.25

C. CARTER A. BUNDY
Full Name (Last, First, Middle Initial)

Mailing Address 1968 Otowi Drive

City Santa Fe	State NM	Zip Code 87505
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51205

Amount of Each Receipt this Period
 69.44

SUBTOTAL of Receipts This Page (optional).....▶	149.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CARTER A. BUNDY
Full Name (Last, First, Middle Initial)

Mailing Address 1968 Otowi Drive

City Santa Fe State NM Zip Code 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **755.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52042

Amount of Each Receipt this Period
80.00

B. CARTER A. BUNDY
Full Name (Last, First, Middle Initial)

Mailing Address 1968 Otowi Drive

City Santa Fe State NM Zip Code 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51716

Amount of Each Receipt this Period
69.44

C. CAROL L. BURNETT
Full Name (Last, First, Middle Initial)

Mailing Address 1921 N. Westmoreland Street

City Arlington State VA Zip Code 22213

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation GRAPHIC MANAGER, COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **698.23**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51206

Amount of Each Receipt this Period
53.71

SUBTOTAL of Receipts This Page (optional)..... **203.15**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CAROL L. BURNETT
Full Name (Last, First, Middle Initial)

Mailing Address 1921 N. Westmoreland Street

City Arlington State VA Zip Code 22213

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: GRAPHIC MANAGER, COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **718.23**

Date of Receipt: **07 / 17 / 2014**
Transaction ID : SA11AI.52043

Amount of Each Receipt this Period: **20.00**

B. CAROL L. BURNETT
Full Name (Last, First, Middle Initial)

Mailing Address 1921 N. Westmoreland Street

City Arlington State VA Zip Code 22213

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: GRAPHIC MANAGER, COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **771.94**

Date of Receipt: **07 / 31 / 2014**
Transaction ID : SA11AI.51717

Amount of Each Receipt this Period: **53.71**

C. DOUGLAS R. BURNETT
Full Name (Last, First, Middle Initial)

Mailing Address 3473 14th Street NW

City Washington State DC Zip Code 20010

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **698.23**

Date of Receipt: **07 / 15 / 2014**
Transaction ID : SA11AI.51207

Amount of Each Receipt this Period: **53.71**

SUBTOTAL of Receipts This Page (optional)..... **127.42**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHY A. BUTLER
Full Name (Last, First, Middle Initial)

Mailing Address 308 W 5th
Box 78

City Woodward State IA Zip Code 50276

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
07 / 14 / 2014
Transaction ID : SA11AI.53251

Amount of Each Receipt this Period
20.00

B. KATHY A. BUTLER
Full Name (Last, First, Middle Initial)

Mailing Address 308 W 5th
Box 78

City Woodward State IA Zip Code 50276

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 28 / 2014
Transaction ID : SA11AI.53295

Amount of Each Receipt this Period
20.00

C. MATT BUTLER
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.53213

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. NICOLE BUTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 29th Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53799
 Amount of Each Receipt this Period
 23.00

B. NICOLE BUTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 29th Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53966
 Amount of Each Receipt this Period
 21.00

C. NICOLE BUTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 29th Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53967
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. NICOLE BUTLER			Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2014 Transaction ID : SA11AI.53868
Mailing Address 3011 29th Avenue NW			Amount of Each Receipt this Period 23.00
City Olympia	State WA	Zip Code 98502	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. ZOCHERSHEA BUTLER			Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2014 Transaction ID : SA11AI.53800
Mailing Address 2733 Initial Place			Amount of Each Receipt this Period 17.00
City Enumclaw	State WA	Zip Code 98022	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation ACCOUNTING CLERK III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) C. ZOCHERSHEA BUTLER			Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2014 Transaction ID : SA11AI.53869
Mailing Address 2733 Initial Place			Amount of Each Receipt this Period 17.00
City Enumclaw	State WA	Zip Code 98022	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation ACCOUNTING CLERK III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00		

SUBTOTAL of Receipts This Page (optional).....▶	57.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 685
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LORI L. BUTTERFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 25 / 2014
Transaction ID : SA11AI.53870

Amount of Each Receipt this Period
15.00

B. JOY CAGE
Full Name (Last, First, Middle Initial)

Mailing Address 9022 East E Street

City Parkland State WA Zip Code 98445-2259

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.50

Date of Receipt
07 / 10 / 2014
Transaction ID : SA11AI.53802

Amount of Each Receipt this Period
19.50

C. JOY CAGE
Full Name (Last, First, Middle Initial)

Mailing Address 9022 East E Street

City Parkland State WA Zip Code 98445-2259

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
07 / 25 / 2014
Transaction ID : SA11AI.53871

Amount of Each Receipt this Period
19.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 54.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PAULA J. CAIRA			Date of Receipt
Mailing Address 17 Fourteenth Street SE			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51209
Washington	DC	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="61.90"/>
Name of Employer	Occupation		
AFSCME INT'L	ASSOCIATE GENERAL COUNSEL II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="804.70"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PAULA J. CAIRA			Date of Receipt
Mailing Address 17 Fourteenth Street SE			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51720
Washington	DC	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="61.90"/>
Name of Employer	Occupation		
AFSCME INT'L	ASSOCIATE GENERAL COUNSEL II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="866.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. NINA M. CALABRIA			Date of Receipt
Mailing Address 6124 Crystal Valley Drive			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52896
Galena	OH	43021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	ADMINISTRATIVE ASSISTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="148.80"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. NINA M. CALABRIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6124 Crystal Valley Drive
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52941
 Amount of Each Receipt this Period 35.00

B. NINA M. CALABRIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6124 Crystal Valley Drive
 City Galena State OH Zip Code 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52962
 Amount of Each Receipt this Period 25.00

C. ROBIN CALABRIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2507 Winslow Hill Road
 City Benezette State PA Zip Code 15821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.44

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51402
 Amount of Each Receipt this Period 42.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.16
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHAD D. CALDWELL		Date of Receipt
Mailing Address 1468 Galway Bend Drive S.		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pataskala	OH	43062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OH LOC 4	FIELD REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="490.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) B. CHAD D. CALDWELL		Date of Receipt
Mailing Address 1468 Galway Bend Drive S.		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pataskala	OH	43062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OH LOC 4	FIELD REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="525.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) C. PAMELA D. CALDWELL		Date of Receipt
Mailing Address 1861 Bairsford Drive		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	CUSTOMER SERVICES	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="245.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="18.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="88.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAMELA D. CALDWELL
Full Name (Last, First, Middle Initial)

Mailing Address 1861 Bairsford Drive

City Columbus	State OH	Zip Code 43232
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **263.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53469

Amount of Each Receipt this Period

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

18.00

B. SUSAN CAMERON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 32

City Manistique	State MI	Zip Code 49854
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.52217

Amount of Each Receipt this Period

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

21.00

C. SUSAN CAMERON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 32

City Manistique	State MI	Zip Code 49854
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11AI.52246

Amount of Each Receipt this Period

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

21.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN A. CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 1022 Hart Road

City Erie	State PA	Zip Code 16505
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP/LOCAL 1771	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **555.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2014

Transaction ID : SA11AI.51957

Amount of Each Receipt this Period

510.00

B. JOHN A. CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 1022 Hart Road

City Erie	State PA	Zip Code 16505
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP/LOCAL 1771	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **567.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51958

Amount of Each Receipt this Period

12.00

C. TERESA CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Morgan Road

City Lake Orion	State MI	Zip Code 48359
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.52218

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional).....▶	543.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEANA L. CAMPOLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 E. Burgess Street
 City Mount Vernon State OH Zip Code 43050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **205.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.53471
 Amount of Each Receipt this Period **150.00**

B. LINDA CANAN-STEPHENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 Advantage Court
 City Burke State VA Zip Code 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXEC. ASSISTANT TO SECRETARY TREAS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1371.50**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.51210
 Amount of Each Receipt this Period **105.50**

C. LINDA CANAN-STEPHENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 Advantage Court
 City Burke State VA Zip Code 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXEC. ASSISTANT TO SECRETARY TREAS
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1429.50**

Date of Receipt **07 / 17 / 2014**
Transaction ID : SA11AI.52045
 Amount of Each Receipt this Period **58.00**

SUBTOTAL of Receipts This Page (optional)..... **178.50**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LINDA CANAN-STEPHENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 Advantage Court
 City State Zip Code
 Burke VA 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L EXEC. ASSISTANT TO SECRETARY TREAS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51721
 Amount of Each Receipt this Period
 105.50

B. LISA M. CAPONI
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Shadow Drive
 City State Zip Code
 Pittsburgh PA 15227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD OFFICE ASST. I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 202.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51211
 Amount of Each Receipt this Period
 16.39

C. LISA M. CAPONI
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Shadow Drive
 City State Zip Code
 Pittsburgh PA 15227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD OFFICE ASST. I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 218.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51722
 Amount of Each Receipt this Period
 16.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.28
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. RICHARD CAPONI			Date of Receipt MM / DD / YYYY 07 / 16 / 2014 Transaction ID : SA11AI.51403
Mailing Address 4453 Stilley Road			Amount of Each Receipt this Period 176.13
City Pittsburgh	State PA	Zip Code 15227	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.65		

Full Name (Last, First, Middle Initial) B. RICHARD CAPONI			Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : SA11AI.53705
Mailing Address 4453 Stilley Road			Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15227	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.65		

Full Name (Last, First, Middle Initial) C. GINO A. CARBENIA			Date of Receipt MM / DD / YYYY 07 / 15 / 2014 Transaction ID : SA11AI.51212
Mailing Address 9315 N. Park Avenue			Amount of Each Receipt this Period 133.98
City Indianapolis	State IN	Zip Code 46240	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1741.74		

SUBTOTAL of Receipts This Page (optional).....▶	330.11
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. GINO A. CARBENIA			Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52013		
Mailing Address 9315 N. Park Avenue			Amount of Each Receipt this Period 235.00		
City Indianapolis	State IN	Zip Code 46240			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1976.74			

Full Name (Last, First, Middle Initial) B. GINO A. CARBENIA			Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51723		
Mailing Address 9315 N. Park Avenue			Amount of Each Receipt this Period 133.98		
City Indianapolis	State IN	Zip Code 46240			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2110.72			

Full Name (Last, First, Middle Initial) C. DAMETRA CAREY			Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2014 Transaction ID : SA11AI.53395		
Mailing Address PO Box 1222			Amount of Each Receipt this Period 15.00		
City Columbus	State OH	Zip Code 43216			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11		Occupation CORRECTION OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional).....▶	383.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DAMETRA CAREY
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1222

City Columbus State OH Zip Code 43216

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53472

Amount of Each Receipt this Period **15.00**

B. DENISE L. CAREY
Full Name (Last, First, Middle Initial)

Mailing Address 4069 Brookrun Drive

City Columbus State OH Zip Code 43204

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.53396

Amount of Each Receipt this Period **16.00**

C. DENISE L. CAREY
Full Name (Last, First, Middle Initial)

Mailing Address 4069 Brookrun Drive

City Columbus State OH Zip Code 43204

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53473

Amount of Each Receipt this Period **16.00**

SUBTOTAL of Receipts This Page (optional)..... **47.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JOYCE CARLSON			Date of Receipt
Mailing Address 911 Aldine Street			<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54016
Saint Paul	MN	55104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.96"/>
Name of Employer	Occupation		
AFSCME MN CN 5/CN14	BUSINESS REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="537.96"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JOYCE CARLSON			Date of Receipt
Mailing Address 911 Aldine Street			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54103
Saint Paul	MN	55104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/CN14	BUSINESS REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="557.96"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JOYCE CARLSON			Date of Receipt
Mailing Address 911 Aldine Street			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54104
Saint Paul	MN	55104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/CN14	BUSINESS REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="587.96"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="126.96"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MELISSA CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE
 Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **07 / 10 / 2014**
Transaction ID : SA11AI.53803
 Amount of Each Receipt this Period **20.00**

B. MELISSA CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE
 Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.53872
 Amount of Each Receipt this Period **20.00**

C. SHERI CARNAHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 Emerald Drive
 City Davenport State IA Zip Code 52084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61 Occupation WORKFORCE ADVISOR II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 08 / 2014**
Transaction ID : SA11AI.53214
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS W. CARNAHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 Emerald Drive
 City Davenport State IA Zip Code 52804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation INVESTIGATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53544
 Amount of Each Receipt this Period 40.00

B. WILLIAM J. CARRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 731 Mohican Drive
 City Loveland State OH Zip Code 45140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/LOVELAND CS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.92

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53013
 Amount of Each Receipt this Period 20.84

C. WILLIAM J. CARRIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 731 Mohican Drive
 City Loveland State OH Zip Code 45140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/LOVELAND CS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.76

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.53039
 Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.68
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KIMBERLY A. CARROLL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5262 W Polk
 City Chicago State IL Zip Code 60644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation HUMAN SERVICES CASEWORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 339.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.51995
 Amount of Each Receipt this Period 281.00

B. SEAN RAY CARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 N Liberty Street
 City Nazareth State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/NSP/LOCAL 1435 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.53763
 Amount of Each Receipt this Period 60.00

C. CHAD CARTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6653 13th Street NW
 City Washington State DC Zip Code 20012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, MEMBER AND AFFILIATE SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51214
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶	361.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHAD CARTER		Date of Receipt
Mailing Address 6653 13th Street NW		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52014
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	MANAGER, MEMBER AND AFFILIATE SVCS	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="307.00"/>	

Full Name (Last, First, Middle Initial) B. CHAD CARTER		Date of Receipt
Mailing Address 6653 13th Street NW		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52047
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	MANAGER, MEMBER AND AFFILIATE SVCS	<input type="text" value="91.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="398.00"/>	

Full Name (Last, First, Middle Initial) C. CHAD CARTER		Date of Receipt
Mailing Address 6653 13th Street NW		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51725
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	MANAGER, MEMBER AND AFFILIATE SVCS	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="418.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="186.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JUAN CARTER
Full Name (Last, First, Middle Initial)

Mailing Address 1716 Revere Street

City Harrisburg State PA Zip Code 17104

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51404

Amount of Each Receipt this Period
34.20

B. LEROY CARTER
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Towner Road

City Ann Arbor State MI Zip Code 48105

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **349.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.52219

Amount of Each Receipt this Period
29.12

C. LEROY CARTER
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Towner Road

City Ann Arbor State MI Zip Code 48105

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.52248

Amount of Each Receipt this Period
29.12

SUBTOTAL of Receipts This Page (optional)..... **92.44**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT CASON
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **697.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51405

Amount of Each Receipt this Period

99.66

B. ROBERT CASON
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **722.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53706

Amount of Each Receipt this Period

25.00

C. ROBERT CASON
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **762.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53707

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	164.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. NORMA CASTRO
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.53804

Amount of Each Receipt this Period
20.00

B. NORMA CASTRO
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53873

Amount of Each Receipt this Period
20.00

C. TARA CAUGHEY-WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 114 Thompson Street

City Dalton	State PA	Zip Code 18414
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation CLERK
-------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
517.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51406

Amount of Each Receipt this Period
73.90

SUBTOTAL of Receipts This Page (optional).....▶	113.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANNE-MARIE CAVANAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 9227 Densmore Avenue N
 City Seattle State WA Zip Code 98103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.76

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53874
 Amount of Each Receipt this Period 41.68

B. KATHY CHAMBERLAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7108 Greenbush Road
 City Somerville State OH Zip Code 45064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53086
 Amount of Each Receipt this Period 45.00

C. KATHY CHAMBERLAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7108 Greenbush Road
 City Somerville State OH Zip Code 45064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.53007
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 586.68
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEANETTE CHAVEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1719 Lyman Place NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **779.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : SA11AI.51215
 Amount of Each Receipt this Period
59.93

B. JEANETTE CHAVEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1719 Lyman Place NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **911.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014
Transaction ID : SA11AI.52015
 Amount of Each Receipt this Period
132.00

C. JEANETTE CHAVEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1719 Lyman Place NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **971.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : SA11AI.51726
 Amount of Each Receipt this Period
59.93

SUBTOTAL of Receipts This Page (optional)..... ► **251.86**
TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KARL E. CHILDRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 E Street SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, APPLICATIONS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **704.77**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : SA11AI.51216
 Amount of Each Receipt this Period
52.41

B. KARL E. CHILDRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 E Street SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, APPLICATIONS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **775.77**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014
Transaction ID : SA11AI.52048
 Amount of Each Receipt this Period
71.00

C. KARL E. CHILDRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 E Street SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, APPLICATIONS DEVELOPMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **829.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : SA11AI.51727
 Amount of Each Receipt this Period
53.71

SUBTOTAL of Receipts This Page (optional)..... ▶ **177.12**
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. NICHELLE CHIVIS
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51407

Amount of Each Receipt this Period

73.90

B. JUDY K. CHOW
Full Name (Last, First, Middle Initial)

Mailing Address 888 Mililani Street Suite 601

City	State	Zip Code
Honolulu	HI	96813-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME HI LOC 152	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.52808

Amount of Each Receipt this Period

100.00

C. MARTINA A. CIPOLLA
Full Name (Last, First, Middle Initial)

Mailing Address 9633 NW St. Helens Road

City	State	Zip Code
Portland	OR	97231

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OR CN 75/STATE OF OR	ENGINEERING TECH II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.54184

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	193.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CAROLYN CLARK			Date of Receipt
Mailing Address 4415 Rolling Pine			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52220
West Bloomfield	MI	48324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) B. CAROLYN CLARK			Date of Receipt
Mailing Address 4415 Rolling Pine			<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52249
West Bloomfield	MI	48324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>		

Full Name (Last, First, Middle Initial) C. SHANE CLARK			Date of Receipt
Mailing Address 5296 Autumnwood Drive			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51408
Cochranton	PA	16314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="53.20"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="396.66"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="103.20"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RUSSELL J. CLEMENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Cranburne Lane
 City Willamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 618.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : SA11AI.52367
 Amount of Each Receipt this Period
 531.02

B. RUSSELL J. CLEMENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Cranburne Lane
 City Willamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 643.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52402
 Amount of Each Receipt this Period
 25.00

C. THERESA L. CLICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 S Boston Street
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53397
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	571.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THERESA L. CLICK
Full Name (Last, First, Middle Initial)

Mailing Address 603 S Boston Street

City Galion State OH Zip Code 44833

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53474

Amount of Each Receipt this Period 15.00

B. DONALD L. CLINE
Full Name (Last, First, Middle Initial)

Mailing Address 21 E Hope Place

City Shelton State WA Zip Code 98584

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53805

Amount of Each Receipt this Period 37.00

C. DONALD L. CLINE
Full Name (Last, First, Middle Initial)

Mailing Address 21 E Hope Place

City Shelton State WA Zip Code 98584

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53968

Amount of Each Receipt this Period 2.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 54.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DONALD L. CLINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 E Hope Place
 City Shelton State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 488.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53969
 Amount of Each Receipt this Period 5.00

B. DONALD L. CLINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 E Hope Place
 City Shelton State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 494.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53970
 Amount of Each Receipt this Period 6.00

C. DONALD L. CLINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 E Hope Place
 City Shelton State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53971
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 32.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DONALD L. CLINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 E Hope Place
 City Shelton State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53875
 Amount of Each Receipt this Period 37.00

B. GARRY V. COFFMAN III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4835 Seminole Drive
 City San Diego State CA Zip Code 92115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3930 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.52179
 Amount of Each Receipt this Period 25.00

C. AARON J. COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 Brighton Way SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation INT'L UNION REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 439.15

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51218
 Amount of Each Receipt this Period 34.51

SUBTOTAL of Receipts This Page (optional).....▶	96.51
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. AARON J. COLE
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Brighton Way SE

City Olympia	State WA	Zip Code 98501
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation INT'L UNION REPRESENTATIVE
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **474.85**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51729

Amount of Each Receipt this Period
35.70

B. JOSHUA B. COLE
Full Name (Last, First, Middle Initial)

Mailing Address 5603 Mayfair Street SW

City Cedar Rapids	State IA	Zip Code 52404
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.53252

Amount of Each Receipt this Period
20.00

C. JOSHUA B. COLE
Full Name (Last, First, Middle Initial)

Mailing Address 5603 Mayfair Street SW

City Cedar Rapids	State IA	Zip Code 52404
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.53296

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	75.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KENTON C. COLE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 882

City Lomax State IA Zip Code 61454

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.53215

Amount of Each Receipt this Period **100.00**

B. CATHY COLLINS-TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.53331

Amount of Each Receipt this Period **50.00**

C. KATHERINE COLVIN
Full Name (Last, First, Middle Initial)

Mailing Address 3198 W 54th Street

City Cleveland State OH Zip Code 44102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.53398

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **165.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHERINE COLVIN
Full Name (Last, First, Middle Initial)

Mailing Address 3198 W 54th Street

City Cleveland	State OH	Zip Code 44102
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		25		2014

Transaction ID : SA11AI.53475

Amount of Each Receipt this Period
15.00

B. CONSTANCE COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 5785 Lake Road

City Morrow	State OH	Zip Code 45152
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/LITTLE MIAMI	Occupation CUSTODIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2014

Transaction ID : SA11AI.53040

Amount of Each Receipt this Period
20.83

C. TRACEY CONATY
Full Name (Last, First, Middle Initial)

Mailing Address 3525 Quebec Street NW

City Washington	State DC	Zip Code 20016
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, NEW MEDIA
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
698.23

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2014

Transaction ID : SA11AI.51219

Amount of Each Receipt this Period
53.71

SUBTOTAL of Receipts This Page (optional).....	89.54
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. TRACEY CONATY

Mailing Address 3525 Quebec Street NW

City Washington	State DC	Zip Code 20016
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, NEW MEDIA
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
751.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51730

Amount of Each Receipt this Period
53.71

Full Name (Last, First, Middle Initial)
B. AMY CONKLIN

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53806

Amount of Each Receipt this Period
17.00

Full Name (Last, First, Middle Initial)
C. AMY CONKLIN

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53876

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional).....▶	87.71
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HILARY L. CONLEY
Full Name (Last, First, Middle Initial)

Mailing Address 3443 Pine Way

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53125

Amount of Each Receipt this Period

44.20

B. ALBERTA K. CONRAD
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : SA11AI.53297

Amount of Each Receipt this Period

14.82

C. BELINDA D. CONRAD
Full Name (Last, First, Middle Initial)

Mailing Address 3062 Pebble Court

City Maumee	State OH	Zip Code 43537
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYLVANIA	Occupation TEACHER AIDE
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **374.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53014

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional).....▶	78.26
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BELINDA D. CONRAD
Full Name (Last, First, Middle Initial)

Mailing Address 3062 Pebble Court

City Maumee	State OH	Zip Code 43537
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYLVANIA	Occupation TEACHER AIDE
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
393.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SA11AI.53041

Amount of Each Receipt this Period
19.24

B. BEVERLY S. CONTEE
Full Name (Last, First, Middle Initial)

Mailing Address 12061 Beltsville Drive

City Beltsville	State MD	Zip Code 20705
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT II
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52049

Amount of Each Receipt this Period
79.00

C. BEVERLY S. CONTEE
Full Name (Last, First, Middle Initial)

Mailing Address 12061 Beltsville Drive

City Beltsville	State MD	Zip Code 20705
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT II
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51731

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	113.24
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WENDY R. CONWAY		Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2014 Transaction ID : SA11AI.53807
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 25.00
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 320.00
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WENDY R. CONWAY		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2014 Transaction ID : SA11AI.53877
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 25.00
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 345.00
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CLAIRE COOK		Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2014 Transaction ID : SA11AI.52285
Mailing Address 3412 Knipp Drive Suite 102		Amount of Each Receipt this Period 17.50
City Jefferson City	State MO Zip Code 65109	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 227.50
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	67.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL A. COPPOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Rensselaer Avenue
 City Staten Island State NY Zip Code 10312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY CN 37/LOCAL 1157 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52000
 Amount of Each Receipt this Period 204.00

B. SHARON M. CORKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4106 Terrace Street #5
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 57/EAST BAY PARKS Occupation MAINTENANCE WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.52140
 Amount of Each Receipt this Period 40.00

C. SYLVIA Y. COSLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1931 N 2nd Street
 City Harrisburg State PA Zip Code 17102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53613
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 284.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVE B. COTTER
Full Name (Last, First, Middle Initial)

Mailing Address 11298 County Line Road

City Des Moines State IA Zip Code 50320

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54373

Amount of Each Receipt this Period 40.00

B. BARBARA COUFAL
Full Name (Last, First, Middle Initial)

Mailing Address 10112 Parkwood Drive

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, FED GOVT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 698.23

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51221

Amount of Each Receipt this Period 53.71

C. BARBARA COUFAL
Full Name (Last, First, Middle Initial)

Mailing Address 10112 Parkwood Drive

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, FED GOVT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 751.94

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51732

Amount of Each Receipt this Period 53.71

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.42

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICIA A. COULTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 27702 NE 73rd Avenue
 City State Zip Code
 Battle Ground WA 98604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53808
 Amount of Each Receipt this Period
 20.00

B. PATRICIA A. COULTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 27702 NE 73rd Avenue
 City State Zip Code
 Battle Ground WA 98604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53878
 Amount of Each Receipt this Period
 20.00

C. HELEN E. COX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Kirkwood Avenue SE
 City State Zip Code
 Atlanta GA 30316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L STRATEGIC COMMUNICATIONS SPECIALIS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 374.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51222
 Amount of Each Receipt this Period
 29.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.35
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. HELEN E. COX

Mailing Address 1130 Kirkwood Avenue SE

City Atlanta State GA Zip Code 30316

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation STRATEGIC COMMUNICATIONS SPECIALIS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51733

Amount of Each Receipt this Period
29.35

Full Name (Last, First, Middle Initial)
B. JOSEPH COX

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SA11AI.52368

Amount of Each Receipt this Period
295.63

Full Name (Last, First, Middle Initial)
C. ROBERT COYLE

Mailing Address 707 Sears Street

City Philadelphia State PA Zip Code 19147

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 47/LOC 2187 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.54254

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **564.98**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALICIA M. CRAIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 Sunnyside Avenue
 City State Zip Code
 New Castle PA 16102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13/NSP.LOCAL 2902 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 394.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.51973
 Amount of Each Receipt this Period
 70.00

B. ALICIA M. CRAIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 Sunnyside Avenue
 City State Zip Code
 New Castle PA 16102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13/NSP.LOCAL 2902 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 454.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.53764
 Amount of Each Receipt this Period
 60.00

C. CARLOS CROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1034 N. Washington Avenue
 City State Zip Code
 Lansing MI 48906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 349.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52221
 Amount of Each Receipt this Period
 29.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 159.12
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CARLOS CROSS
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.56**

Date of Receipt **07 / 22 / 2014**

Transaction ID : SA11AI.52250

Amount of Each Receipt this Period **29.12**

B. JENNY F. CROUCHER
Full Name (Last, First, Middle Initial)

Mailing Address 6625 Buckley Circle #201

City Inver Grove Hgts. State MN Zip Code 55076

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST. PAUL P.S. Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.54075

Amount of Each Receipt this Period **20.00**

C. JENNY F. CROUCHER
Full Name (Last, First, Middle Initial)

Mailing Address 6625 Buckley Circle #201

City Inver Grove Hgts. State MN Zip Code 55076

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST. PAUL P.S. Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.54076

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **69.12**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNY F. CROUCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6625 Buckley Circle #201
 City Inver Grove Hgts. State MN Zip Code 55076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/ST. PAUL P.S. Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : SA11AI.54079
 Amount of Each Receipt this Period **200.00**

B. JAMES B. CULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Central Square Apt. 1
 City Pittsburgh State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **679.64**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.51223
 Amount of Each Receipt this Period **52.28**

C. JAMES B. CULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Central Square Apt. 1
 City Pittsburgh State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **774.64**

Date of Receipt **07 / 17 / 2014**
Transaction ID : SA11AI.52016
 Amount of Each Receipt this Period **95.00**

SUBTOTAL of Receipts This Page (optional)..... **167.28**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES B. CULLEN
Full Name (Last, First, Middle Initial)

Mailing Address 126 Central Square
Apt. 1

City Pittsburgh State PA Zip Code 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **809.64**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11AI.52050

Amount of Each Receipt this Period
35.00

B. JAMES B. CULLEN
Full Name (Last, First, Middle Initial)

Mailing Address 126 Central Square
Apt. 1

City Pittsburgh State PA Zip Code 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **861.92**

Date of Receipt
07 / 31 / 2014

Transaction ID : SA11AI.51734

Amount of Each Receipt this Period
52.28

C. DEBORAH CURRIE
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **488.80**

Date of Receipt
07 / 16 / 2014

Transaction ID : SA11AI.51409

Amount of Each Receipt this Period
68.40

SUBTOTAL of Receipts This Page (optional)..... **155.68**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOUGLAS H. CURTIS
 Full Name (Last, First, Middle Initial)
 Mailing Address N5326 Rice Lane
 City Gleason State WI Zip Code 54435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.54124
 Amount of Each Receipt this Period
 15.00

B. DOUGLAS H. CURTIS
 Full Name (Last, First, Middle Initial)
 Mailing Address N5326 Rice Lane
 City Gleason State WI Zip Code 54435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.54134
 Amount of Each Receipt this Period
 15.00

C. SANDRA J CURTIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 23243 Gateway Drive
 City Akeley State MN Zip Code 56433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54017
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SEAN C. DAHL
Full Name (Last, First, Middle Initial)

Mailing Address 325 Amesbury Drive

City Columbus	State OH	Zip Code 43230
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.78

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.52899

Amount of Each Receipt this Period
30.77

B. SEAN C. DAHL
Full Name (Last, First, Middle Initial)

Mailing Address 325 Amesbury Drive

City Columbus	State OH	Zip Code 43230
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.55

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2014

Transaction ID : SA11AI.52965

Amount of Each Receipt this Period
30.77

C. JEFFREY DAINS
Full Name (Last, First, Middle Initial)

Mailing Address 1743 Carl Street

City Roseville	State MN	Zip Code 55113
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS REPRESENTATIVE
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		08		2014

Transaction ID : SA11AI.54018

Amount of Each Receipt this Period
54.00

SUBTOTAL of Receipts This Page (optional).....▶	115.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM DANDO
Full Name (Last, First, Middle Initial)

Mailing Address 6630 Huntingdon Street

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation ASSOCIATE LEGISLATIVE DIRECTOR
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1494.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51410

Amount of Each Receipt this Period
298.98

B. WILLIAM DANDO
Full Name (Last, First, Middle Initial)

Mailing Address 6630 Huntingdon Street

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation ASSOCIATE LEGISLATIVE DIRECTOR
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1514.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53709

Amount of Each Receipt this Period
20.00

C. WILLIAM DANDO
Full Name (Last, First, Middle Initial)

Mailing Address 6630 Huntingdon Street

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation ASSOCIATE LEGISLATIVE DIRECTOR
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1536.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53710

Amount of Each Receipt this Period
22.00

SUBTOTAL of Receipts This Page (optional).....▶	340.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MARGARET A DANISON			Date of Receipt
Mailing Address 5 Heritage Place			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51224
Ballston Spa	NY	12020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD OFFICE ASSISTANT II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="258.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MARGARET A DANISON			Date of Receipt
Mailing Address 5 Heritage Place			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51735
Ballston Spa	NY	12020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD OFFICE ASSISTANT II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="278.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JAMES D. DANNEN			Date of Receipt
Mailing Address 12747 Renton Avenue S			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53879
Seattle	WA	98178	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	COUNCIL REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="294.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="82.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. SEAN DANNEN
 Mailing Address P.O. Box 7472
 City State Zip Code
 Tacoma WA 98417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28 COUNCIL REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53880
 Amount of Each Receipt this Period
 44.00

Full Name (Last, First, Middle Initial)
B. MARZINE A. DARDEN
 Mailing Address 1414 APJones Street
 City State Zip Code
 Cincinnati OH 45223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8/CINCINNATI CSD STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 214.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53563
 Amount of Each Receipt this Period
 23.82

Full Name (Last, First, Middle Initial)
C. KIMBERLY A. DAVANZO
 Mailing Address 4901 New Castle Road
 City State Zip Code
 Lowellville OH 44436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 404.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51412
 Amount of Each Receipt this Period
 77.78

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.60
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOE C. DAVENPORT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3825 NE 125th Street
 City State Zip Code
 Seattle WA 98125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/UNIV OF WA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53956
 Amount of Each Receipt this Period
 20.00

B. JOE C. DAVENPORT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3825 NE 125th Street
 City State Zip Code
 Seattle WA 98125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/UNIV OF WA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53957
 Amount of Each Receipt this Period
 20.00

C. NATALYA DAVIDOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10143 SE Harold Street
 City State Zip Code
 Portland OR 97266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OR CN 75/STATE OF OR LEGAL ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.54185
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BERI L. DAVIDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2451 W. Prospect Avenue
 City Hood River State OR Zip Code 97031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.54186
 Amount of Each Receipt this Period 250.00

B. ELISA S. DAVIDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4215 SW Vermont Street
 City Portland State OR Zip Code 97219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.54187
 Amount of Each Receipt this Period 25.00

C. SARA DAVIES
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 453
 City Factoryville State PA Zip Code 18419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.96

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51413
 Amount of Each Receipt this Period 45.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.24
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GREGORY N. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 53737 Heineman Road E.

City Edwall	State WA	Zip Code 99008
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.53881

Amount of Each Receipt this Period

400.00

B. GREGORY N. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 53737 Heineman Road E.

City Edwall	State WA	Zip Code 99008
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SA11AI.54002

Amount of Each Receipt this Period

20.00

C. MARK R. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 14724 Armin Avenue

City Lakewood	State OH	Zip Code 44107
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **626.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53128

Amount of Each Receipt this Period

89.88

SUBTOTAL of Receipts This Page (optional).....▶	149.88
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **349.44**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.52222

Amount of Each Receipt this Period
29.12

B. ROBERT A. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 822 Bovee Lane

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.88**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.53129

Amount of Each Receipt this Period
87.58

C. ROBERT A. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 822 Bovee Lane

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.88**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53183

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **136.70**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. ROBERT DAVIS

Mailing Address 1034 N. Washington Avenue

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.52251

Amount of Each Receipt this Period
29.12

Full Name (Last, First, Middle Initial)
B. SHEILA M. DAWKINS-FLINN

Mailing Address 1028 Terrell Drive

City Akron	State OH	Zip Code 44313
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/UNION LOCAL SD	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **371.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53042

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER DEHARTY

Mailing Address 2406 Myrtle St

City Sioux City	State IA	Zip Code 51103
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53546

Amount of Each Receipt this Period
131.00

SUBTOTAL of Receipts This Page (optional).....▶	181.12
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTOPHER DEHARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2406 Myrtle St
 City State Zip Code
 Sioux City IA 51103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 287.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2014
Transaction ID : SA11AI.53547
 Amount of Each Receipt this Period
 12.00

B. KENNETH DEITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 9505 Date Street
 City State Zip Code
 Fontana CA 92335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME CA LOC 1199 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.52151
 Amount of Each Receipt this Period
 20.00

C. KENNETH DEITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 9505 Date Street
 City State Zip Code
 Fontana CA 92335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME CA LOC 1199 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52152
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KENNETH DEITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 9505 Date Street
 City Fontana State CA Zip Code 92335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52153
 Amount of Each Receipt this Period 200.00

B. EDGAR DEJESUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Ralph Street First Floor
 City Bergenfield State NJ Zip Code 07621-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1028.30

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51225
 Amount of Each Receipt this Period 79.10

C. EDGAR DEJESUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Ralph Street First Floor
 City Bergenfield State NJ Zip Code 07621-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1107.40

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51736
 Amount of Each Receipt this Period 79.10

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.20
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSEPH DELOREY
Full Name (Last, First, Middle Initial)

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014

Transaction ID : SA11AI.54278

Amount of Each Receipt this Period
 41.66

B. MICHAEL A. DELUKE
Full Name (Last, First, Middle Initial)

Mailing Address 844 Manchester Avenue

City Kent State OH Zip Code 44240

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11AI.53130

Amount of Each Receipt this Period
 64.40

C. MICHAEL A. DELUKE
Full Name (Last, First, Middle Initial)

Mailing Address 844 Manchester Avenue

City Kent State OH Zip Code 44240

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 469.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.53184

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.06

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTIE J. DENNIS-SHERRARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City Des Moines State IA Zip Code 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.53254
 Amount of Each Receipt this Period
 50.00

B. CHRISTIE J. DENNIS-SHERRARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City Des Moines State IA Zip Code 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53298
 Amount of Each Receipt this Period
 50.00

C. CONSTANCE DERR
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Ranchitos
 City Corrales State NM Zip Code 87048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51226
 Amount of Each Receipt this Period
 52.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES WILLIAM DESMIDT
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : SA11AI.53299

Amount of Each Receipt this Period
15.00

B. GREG D. DEVEREUX
Full Name (Last, First, Middle Initial)

Mailing Address 3561 Kamilche Point Road

City Shelton	State WA	Zip Code 98584
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.53882

Amount of Each Receipt this Period
120.00

C. GREG D. DEVEREUX
Full Name (Last, First, Middle Initial)

Mailing Address 3561 Kamilche Point Road

City Shelton	State WA	Zip Code 98584
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
944.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53972

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GREG D. DEVEREUX
Full Name (Last, First, Middle Initial)

Mailing Address 3561 Kamilche Point Road

City Shelton State WA Zip Code 98584

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **958.00**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51905

Amount of Each Receipt this Period **14.00**

B. WILLIAM A. DEVORE
Full Name (Last, First, Middle Initial)

Mailing Address 4499 Stover Road

City Ostrander State OH Zip Code 43061

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **449.30**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.53131

Amount of Each Receipt this Period **64.40**

C. SANDRA A. DHONDT
Full Name (Last, First, Middle Initial)

Mailing Address 225 Mallard Road

City Perrysburg State OH Zip Code 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.68**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52900

Amount of Each Receipt this Period **9.62**

SUBTOTAL of Receipts This Page (optional)..... **88.02**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SANDRA A. DHONDT
Full Name (Last, First, Middle Initial)

Mailing Address 225 Mallard Road

City Perrysburg State OH Zip Code 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.30

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52966

Amount of Each Receipt this Period 9.62

B. JASON DIBBLE
Full Name (Last, First, Middle Initial)

Mailing Address 303 12th Street SE

City Austin State MN Zip Code 55912-4229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54019

Amount of Each Receipt this Period 170.00

C. CRYSTAL M. DI DOMENICO
Full Name (Last, First, Middle Initial)

Mailing Address 38426 Village Lane

City Mechanicsville State MD Zip Code 20659

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation MANAGER, HUMAN RESOURCES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 518.70

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51227

Amount of Each Receipt this Period 39.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 219.52

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CRYSTAL M. DI DOMENICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 38426 Village Lane
 City Mechanicsville State MD Zip Code 20659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.70

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52051
 Amount of Each Receipt this Period 20.00

B. CRYSTAL M. DI DOMENICO
 Full Name (Last, First, Middle Initial)
 Mailing Address 38426 Village Lane
 City Mechanicsville State MD Zip Code 20659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 578.60

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51737
 Amount of Each Receipt this Period 39.90

C. JEAN M. DIEDERICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4741 Grand Ave. So. No. 3
 City Minneapolis State MN Zip Code 55419-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation CHILD SUPPORT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1556.00

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.54080
 Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 299.90
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 685
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEAN M. DIEDERICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4741 Grand Ave. So.
 No. 3
 City Minneapolis State MN Zip Code 55419-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation CHILD SUPPORT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1578.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54105
 Amount of Each Receipt this Period 22.00

B. JEAN M. DIEDERICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 4741 Grand Ave. So.
 No. 3
 City Minneapolis State MN Zip Code 55419-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation CHILD SUPPORT OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1598.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54106
 Amount of Each Receipt this Period 20.00

C. RACHEL DIETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Fulton Street
 City Harrisburg State PA Zip Code 17102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.50

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51414
 Amount of Each Receipt this Period 74.10

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.10
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 685
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEANETTE DIFLORIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4296 Merriman Loop
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.48

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52223
 Amount of Each Receipt this Period 30.29

B. JEANETTE DIFLORIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4296 Merriman Loop
 City Howell State MI Zip Code 48843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 393.77

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52252
 Amount of Each Receipt this Period 30.29

C. KIMBERLY DILLON
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 High View Ranch
 City Cedar Creek State TX Zip Code 78612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME TX LOCAL 1624 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.54262
 Amount of Each Receipt this Period 16.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.58
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. KIMBERLY DILLON

Mailing Address 226 High View Ranch

City State Zip Code
 Cedar Creek TX 78612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME TX LOCAL 1624 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.54263

Amount of Each Receipt this Period
16.00

Full Name (Last, First, Middle Initial)
B. KIMBERLY DILLON

Mailing Address 226 High View Ranch

City State Zip Code
 Cedar Creek TX 78612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME TX LOCAL 1624 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.54264

Amount of Each Receipt this Period
16.00

Full Name (Last, First, Middle Initial)
C. SHERI A. DIMMERMAN

Mailing Address 1237 E. Glenwood Court

City State Zip Code
 Amelia OH 45102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH TRAINING OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.53399

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **47.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 685
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHERI A. DIMMERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1237 E. Glenwood Court

City State Zip Code
Amelia OH 45102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH TRAINING OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : SA11AI.53476

Amount of Each Receipt this Period
91.46

B. ERIKA S. DINKEL-SMITH
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 715

City State Zip Code
Menomonie WI 54751

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 40 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.38

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : SA11AI.54147

Amount of Each Receipt this Period
38.23

C. ERIKA S. DINKEL-SMITH
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 715

City State Zip Code
Menomonie WI 54751

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 40 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.61

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014
Transaction ID : SA11AI.54148

Amount of Each Receipt this Period
38.23

SUBTOTAL of Receipts This Page (optional).....▶	91.46
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 685
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LISA DIVITTORE
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **417.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51415

Amount of Each Receipt this Period
59.60

B. KEVIN DOEING
Full Name (Last, First, Middle Initial)

Mailing Address 316 Quittie Park Drive

City	State	Zip Code
Annville	PA	17003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **627.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51416

Amount of Each Receipt this Period
125.58

C. MICHAEL J. DOLNEY JR.
Full Name (Last, First, Middle Initial)

Mailing Address 105 Pacific Avenue
P.O. Box 71

City	State	Zip Code
Randall	MN	56475

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.54020

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....▶	225.18
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 685
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PETER DOMPIERE
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Chippewa Street
 City Marquette State MI Zip Code 49855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52224
 Amount of Each Receipt this Period 21.00

B. PETER DOMPIERE
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Chippewa Street
 City Marquette State MI Zip Code 49855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52253
 Amount of Each Receipt this Period 21.00

C. LORI DONALDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 1/2 Grant Street
 City Franklin State PA Zip Code 16323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.80

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51417
 Amount of Each Receipt this Period 49.40

SUBTOTAL of Receipts This Page (optional).....▶	91.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DANNY DONOHUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Longview Drive
 City Clifton Park State NY Zip Code 12061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **353.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014
Transaction ID : SA11AI.54209
 Amount of Each Receipt this Period
19.24

B. DANNY DONOHUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Longview Drive
 City Clifton Park State NY Zip Code 12061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **420.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014
Transaction ID : SA11AI.51985
 Amount of Each Receipt this Period
67.00

C. DANNY DONOHUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Longview Drive
 City Clifton Park State NY Zip Code 12061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **439.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2014
Transaction ID : SA11AI.54223
 Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... ► **105.48**
TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DANNY DONOHUE
Full Name (Last, First, Middle Initial)

Mailing Address 10 Longview Drive

City Clifton Park State NY Zip Code 12061

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **453.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51906

Amount of Each Receipt this Period
14.00

B. LAURENCE DONOHUE
Full Name (Last, First, Middle Initial)

Mailing Address 748 SE Lambert

City Portland State OR Zip Code 97202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/SOOR Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.54188

Amount of Each Receipt this Period
20.00

C. THOMAS C. DRABICK JR.
Full Name (Last, First, Middle Initial)

Mailing Address 982 Fortkort Drive

City Reynoldsburg State OH Zip Code 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52901

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **54.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS C. DRABICK JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 982 Fortkort Drive
 City Reynoldsburg State OH Zip Code 43068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52967
 Amount of Each Receipt this Period 20.00

B. EARL R. DRENCKHAHN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 396
 City Eyota State MN Zip Code 55934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/LOCAL 4001 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54099
 Amount of Each Receipt this Period 35.00

C. BRYAN DULAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 E 10th Street
 City Winona State MN Zip Code 55987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54021
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHARI L. DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 2650 Fillmore Lane

City Davenport State IA Zip Code 52804

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2014
Transaction ID : SA11AI.53300

Amount of Each Receipt this Period 15.00

B. JAMES W DURKIN
Full Name (Last, First, Middle Initial)

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation COMMUNICATIONS SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54279

Amount of Each Receipt this Period 50.00

C. ETHEL M DYER
Full Name (Last, First, Middle Initial)

Mailing Address 2205 Medina Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.25

Date of Receipt 07 / 07 / 2014
Transaction ID : SA11AI.53090

Amount of Each Receipt this Period 6.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.25

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ETHEL M DYER
Full Name (Last, First, Middle Initial)

Mailing Address 2205 Medina Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.50

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11AI.53099

Amount of Each Receipt this Period 6.25

B. DENNIS J. EAGLE
Full Name (Last, First, Middle Initial)

Mailing Address 5007 26th Avenue SE

City Lacey State WA Zip Code 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF LPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53883

Amount of Each Receipt this Period 90.00

C. MICHAEL A. EBERLY
Full Name (Last, First, Middle Initial)

Mailing Address 6374 Wagner Drive

City Fayetteville State PA Zip Code 17222

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53620

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 136.25

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. LAURIE ECKELS

Mailing Address 42 Profio Road

City McDonald	State PA	Zip Code 15057
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **544.46**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51418

Amount of Each Receipt this Period

77.78

Full Name (Last, First, Middle Initial)
B. PATRICIA A. EDWARDS

Mailing Address 720 Mox Chehalis Road

City McCleary	State WA	Zip Code 98557
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.53809

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)
C. PATRICIA A. EDWARDS

Mailing Address 720 Mox Chehalis Road

City McCleary	State WA	Zip Code 98557
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53884

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional).....▶	119.78
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES C. EGGERS
Full Name (Last, First, Middle Initial)

Mailing Address 563 Harland Drive

City Columbus	State OH	Zip Code 43207
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation EMPLOYMENT SERVICES
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53477

Amount of Each Receipt this Period
16.00

B. RICKIE EILANDER
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

Transaction ID : SA11AI.53219

Amount of Each Receipt this Period
40.00

C. LISA ELDRIDGE
Full Name (Last, First, Middle Initial)

Mailing Address 534 E Fredrick Street

City Lancaster	State PA	Zip Code 17602
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.54376

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	86.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HELEN H. ELLIOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 Wyeth Street
 City Harrisburg State PA Zip Code 17102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53713
 Amount of Each Receipt this Period 21.00

B. HELEN H. ELLIOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 Wyeth Street
 City Harrisburg State PA Zip Code 17102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53621
 Amount of Each Receipt this Period 20.00

C. LAURA M. ELLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7711 Sessis Drive
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD ADMINSTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.89

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51231
 Amount of Each Receipt this Period 25.53

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.53
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LAURA M. ELLIS
Full Name (Last, First, Middle Initial)
Mailing Address 7711 Sessis Drive

City Worthington	State OH	Zip Code 43085
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD ADMINSTRATIVE ASSISTANT
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.89**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52052

Amount of Each Receipt this Period

45.00

B. LAURA M. ELLIS
Full Name (Last, First, Middle Initial)
Mailing Address 7711 Sessis Drive

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD ADMINSTRATIVE ASSISTANT
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **402.42**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51741

Amount of Each Receipt this Period

25.53

C. LORI R. ELMORE
Full Name (Last, First, Middle Initial)
Mailing Address 1763 North Cassady Avenue

City Columbus	State OH	Zip Code 43219
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.53332

Amount of Each Receipt this Period

62.00

SUBTOTAL of Receipts This Page (optional).....▶	132.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DARYL ERICKSON
Full Name (Last, First, Middle Initial)

Mailing Address 240 Parkridge Road

City Mason City State IA Zip Code 50401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.88

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11AI.53548

Amount of Each Receipt this Period 40.84

B. KURT ERRICKSON
Full Name (Last, First, Middle Initial)

Mailing Address 224 No. Smith Avenue Apt. #12

City Saint Paul State MN Zip Code 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 511.28

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54022

Amount of Each Receipt this Period 73.12

C. GILBERT ESCUDERO
Full Name (Last, First, Middle Initial)

Mailing Address 14099 SW 17th Terrace

City Miami State FL Zip Code 33175

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.35

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.51934

Amount of Each Receipt this Period 32.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 146.76

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GEORGE ESTRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **498.80**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51419

Amount of Each Receipt this Period **68.40**

B. SUSAN ESTY
Full Name (Last, First, Middle Initial)

Mailing Address 2257 Park Hill Avenue

City Baltimore State MD Zip Code 21211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **637.93**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52369

Amount of Each Receipt this Period **547.81**

C. MICHELLE R. EVANS
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Galena Pointe Drive

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **474.14**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.53132

Amount of Each Receipt this Period **68.02**

SUBTOTAL of Receipts This Page (optional)..... ▶ **684.23**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN E. EVERETTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Bella Via Avenue
 City Columbus State OH Zip Code 43231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 389.22

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52902
 Amount of Each Receipt this Period 19.23

B. SUSAN E. EVERETTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Bella Via Avenue
 City Columbus State OH Zip Code 43231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.45

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52968
 Amount of Each Receipt this Period 19.23

C. MARY FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 11236 Georgia Avenue North
 City North Champlin State MN Zip Code 55316-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 503.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54107
 Amount of Each Receipt this Period 48.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.46
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. MARY FALK

Mailing Address 11236 Georgia Avenue North

City North Champlin State MN Zip Code 55316-3800

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **573.00**

Date of Receipt
07 / 25 / 2014

Transaction ID : SA11AI.54024

Amount of Each Receipt this Period
70.00

Full Name (Last, First, Middle Initial)
B. SHEILA FAMBRO

Mailing Address 1591 Sunny Acres Road

City Copley State OH Zip Code 44321

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN8/AKRON METRO Occupation MAINTENANCE WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.56**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11AI.53583

Amount of Each Receipt this Period
63.00

Full Name (Last, First, Middle Initial)
C. SHEILA FAMBRO

Mailing Address 1591 Sunny Acres Road

City Copley State OH Zip Code 44321

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN8/AKRON METRO Occupation MAINTENANCE WORKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **259.56**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11AI.53584

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ► **168.00**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHEILA FAMBRO
Full Name (Last, First, Middle Initial)

Mailing Address 1591 Sunny Acres Road

City Copley State OH Zip Code 44321

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN8/AKRON METRO Occupation MAINTENANCE WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **281.56**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53585

Amount of Each Receipt this Period **22.00**

B. SHEILA FAMBRO
Full Name (Last, First, Middle Initial)

Mailing Address 1591 Sunny Acres Road

City Copley State OH Zip Code 44321

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN8/AKRON METRO Occupation MAINTENANCE WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **293.10**

Date of Receipt **07 / 30 / 2014**

Transaction ID : SA11AI.53586

Amount of Each Receipt this Period **11.54**

C. ROBERT FANTAUZZO
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **430.78**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52903

Amount of Each Receipt this Period **30.77**

SUBTOTAL of Receipts This Page (optional)..... **64.31**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 OF 685
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT FANTAUZZO
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.55

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52969

Amount of Each Receipt this Period 30.77

B. STEPHAN FANTAUZZO
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Fessenden Street NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation CHIEF OF STAFF TO THE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1432.47

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51232

Amount of Each Receipt this Period 110.19

C. STEPHAN FANTAUZZO
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Fessenden Street NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation CHIEF OF STAFF TO THE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1542.66

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51742

Amount of Each Receipt this Period 110.19

SUBTOTAL of Receipts This Page (optional)..... ▶ 251.15

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JULIE A. FARRAR
Full Name (Last, First, Middle Initial)

Mailing Address 426 Dewey Street

City Sandusky	State OH	Zip Code 44870
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53401

Amount of Each Receipt this Period
16.00

B. JULIE A. FARRAR
Full Name (Last, First, Middle Initial)

Mailing Address 426 Dewey Street

City Sandusky	State OH	Zip Code 44870
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53478

Amount of Each Receipt this Period
16.00

C. PAULETTE A. FELD
Full Name (Last, First, Middle Initial)

Mailing Address 416 W 5th Avenue

City Oshkosh	State WI	Zip Code 54902
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation IS NETWORK SUP TECH I
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.54123

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	52.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PAULETTE A. FELD			Date of Receipt
Mailing Address 416 W 5th Avenue			<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54135
Oshkosh	WI	54902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	IS NETWORK SUP TECH I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. RICHARD M. FELLER			Date of Receipt
Mailing Address 5480 Wisconsin Avenue Apt. 1017			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51234
Chevy Chase	MD	20815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="58.25"/>
Name of Employer	Occupation		
AFSCME INT'L	ASSOCIATE DIRECTOR, POLITICAL ACTION		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="757.25"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. RICHARD M. FELLER			Date of Receipt
Mailing Address 5480 Wisconsin Avenue Apt. 1017			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51744
Chevy Chase	MD	20815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="58.25"/>
Name of Employer	Occupation		
AFSCME INT'L	ASSOCIATE DIRECTOR, POLITICAL ACTION		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="815.50"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="136.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANGELA FERRITTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1053 Newton Avenue
 City Erie State PA Zip Code 16511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 328.74

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51421
 Amount of Each Receipt this Period 47.64

B. GERALD F. FIDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7123 Falcon Street
 City Annadale State VA Zip Code 22003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.84

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51235
 Amount of Each Receipt this Period 50.20

C. GERALD F. FIDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7123 Falcon Street
 City Annadale State VA Zip Code 22003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 695.84

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52053
 Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.84
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. GERALD F. FIDLER

Mailing Address 7123 Falcon Street

City Annadale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: POLITICAL ACTION REPRESENTATIVE III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **746.04**

Date of Receipt
07 / 31 / 2014

Transaction ID : SA11AI.51745

Amount of Each Receipt this Period
50.20

Full Name (Last, First, Middle Initial)
B. JOHN J. FILAK Jr.

Mailing Address 6160 Clingan Road

City Poland State OH Zip Code 44514

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME OH CN 8 Occupation: STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.88**

Date of Receipt
07 / 02 / 2014

Transaction ID : SA11AI.53133

Amount of Each Receipt this Period
87.58

Full Name (Last, First, Middle Initial)
C. DAVID FILLMAN

Mailing Address 2520 Helen Street

City Hatboro State PA Zip Code 19040

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME PA CN 13 Occupation: EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1177.05**

Date of Receipt
07 / 16 / 2014

Transaction ID : SA11AI.51422

Amount of Each Receipt this Period
145.74

SUBTOTAL of Receipts This Page (optional)..... ▶ **283.52**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. DAVID FILLMAN			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.53714
Mailing Address 2520 Helen Street			Amount of Each Receipt this Period 20.00
City Hatboro	State PA	Zip Code 19040	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1197.05		

Full Name (Last, First, Middle Initial) B. DAVID FILLMAN			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51907
Mailing Address 2520 Helen Street			Amount of Each Receipt this Period 14.00
City Hatboro	State PA	Zip Code 19040	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1211.05		

Full Name (Last, First, Middle Initial) C. GERALD FIRKUS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014 Transaction ID : SA11AI.54025
Mailing Address 44935 Deerfield Road			Amount of Each Receipt this Period 40.74
City Sturgeon Lake	State MN	Zip Code 55783-3616	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.55		

SUBTOTAL of Receipts This Page (optional).....▶	74.74
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WYNN L. FISHER			Date of Receipt
Mailing Address P.O. Box 525			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53766
New Bradford	PA	16140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/NSP.LOCAL 2902	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. WYNN L. FISHER			Date of Receipt
Mailing Address P.O. Box 525			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53768
New Bradford	PA	16140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/NSP.LOCAL 2902	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. CHRISTOPHER C. FLEMING			Date of Receipt
Mailing Address 2351 Huntington Station Court			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51236
Alexandria	VA	22303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="45.67"/>
Name of Employer	Occupation		
AFSCME INT'L	ASSISTANT DIRECTOR MEDIA OUTREACH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="593.71"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTOPHER C. FLEMING
Full Name (Last, First, Middle Initial)

Mailing Address 2351 Huntington Station Court

City Alexandria	State VA	Zip Code 22303
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR MEDIA OUTREACH
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
664.71

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.52054

Amount of Each Receipt this Period
71.00

B. CHRISTOPHER C. FLEMING
Full Name (Last, First, Middle Initial)

Mailing Address 2351 Huntington Station Court

City Alexandria	State VA	Zip Code 22303
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR MEDIA OUTREACH
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
710.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2014

Transaction ID : SA11AI.51746

Amount of Each Receipt this Period
45.67

C. NANETTE M. FOLSOM
Full Name (Last, First, Middle Initial)

Mailing Address 5631 Swan Avenue ne

City North Canton	State OH	Zip Code 44721
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.52904

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	141.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. NANETTE M. FOLSOM
Full Name (Last, First, Middle Initial)

Mailing Address 5631 Swan Avenue ne

City North Canton State OH Zip Code 44721

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **835.00**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.52970

Amount of Each Receipt this Period **25.00**

B. G. JAMAL M. FORD
Full Name (Last, First, Middle Initial)

Mailing Address 4919 Zimmer Drive

City Columbus State OH Zip Code 43232

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/LOCAL Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **226.64**

Date of Receipt **07 / 07 / 2014**

Transaction ID : SA11AI.53091

Amount of Each Receipt this Period **7.82**

C. G. JAMAL M. FORD
Full Name (Last, First, Middle Initial)

Mailing Address 4919 Zimmer Drive

City Columbus State OH Zip Code 43232

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/LOCAL Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **234.46**

Date of Receipt **07 / 21 / 2014**

Transaction ID : SA11AI.53100

Amount of Each Receipt this Period **7.82**

SUBTOTAL of Receipts This Page (optional)..... **40.64**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MICHAEL E. FOX			Date of Receipt
Mailing Address 3818 Sheffield Lane			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51424
Harrisburg	PA	17110-3044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="352.26"/>
Name of Employer	Occupation		
AFSCME PA CN 13	COUNCIL DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2181.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MICHAEL E. FOX			Date of Receipt
Mailing Address 3818 Sheffield Lane			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53715
Harrisburg	PA	17110-3044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13	COUNCIL DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2221.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MICHAEL E. FOX			Date of Receipt
Mailing Address 3818 Sheffield Lane			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53716
Harrisburg	PA	17110-3044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13	COUNCIL DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2256.30"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="427.26"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL E. FOX
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Sheffield Lane

City Harrisburg State PA Zip Code 17110-3044

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2296.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.53717

Amount of Each Receipt this Period
 40.00

B. MICHAEL E. FOX
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Sheffield Lane

City Harrisburg State PA Zip Code 17110-3044

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2366.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.51908

Amount of Each Receipt this Period
 70.00

C. SUZANNE M. FOX
Full Name (Last, First, Middle Initial)

Mailing Address 4200 Chestnut Hills Road

City Newark State OH Zip Code 43055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/NEWARK CITY Occupation EDUCATIONAL/TEACHER AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014

Transaction ID : SA11AI.53043

Amount of Each Receipt this Period
 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.62

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL G. FRAISE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3363 190th Street
 City Fort Madison State IA Zip Code 52627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.53257
 Amount of Each Receipt this Period 20.00

B. MICHAEL G. FRAISE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3363 190th Street
 City Fort Madison State IA Zip Code 52627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 28 / 2014
Transaction ID : SA11AI.53301
 Amount of Each Receipt this Period 20.00

C. MICHAEL C. FRANCIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4094 Hillman Ford Road
 City Morral State OH Zip Code 43337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53479
 Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 54.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WALTER FRANCIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1002 Cypress Road
 City State Zip Code
 Wilmington DE 19810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 517.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51425
 Amount of Each Receipt this Period
 73.90

B. STEVEN M. FRANCY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Belmont Court
 City State Zip Code
 Silver Spring MD 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L COORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 592.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51237
 Amount of Each Receipt this Period
 46.39

C. STEVEN M. FRANCY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Belmont Court
 City State Zip Code
 Silver Spring MD 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L COORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 672.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52017
 Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.29
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVEN M. FRANCY
Full Name (Last, First, Middle Initial)

Mailing Address 12 Belmont Court

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **697.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52055

Amount of Each Receipt this Period
25.00

B. STEVEN M. FRANCY
Full Name (Last, First, Middle Initial)

Mailing Address 12 Belmont Court

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **743.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51747

Amount of Each Receipt this Period
46.39

C. GARETH J. FRANK
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Parkway

City Cheverly State MD Zip Code 20785

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.51935

Amount of Each Receipt this Period
77.40

SUBTOTAL of Receipts This Page (optional).....▶	148.79
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DENNIS D. FRAZIER
Full Name (Last, First, Middle Initial)

Mailing Address 2677 Greenfield Drive

City State Zip Code
Mn MN 55738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/ST. LOUIS CNTY STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.54077

Amount of Each Receipt this Period
15.00

B. DENNIS D. FRAZIER
Full Name (Last, First, Middle Initial)

Mailing Address 2677 Greenfield Drive

City State Zip Code
Mn MN 55738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/ST. LOUIS CNTY STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.54109

Amount of Each Receipt this Period
20.00

C. DENNIS D. FRAZIER
Full Name (Last, First, Middle Initial)

Mailing Address 2677 Greenfield Drive

City State Zip Code
Mn MN 55738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/ST. LOUIS CNTY STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
07 / 22 / 2014
Transaction ID : SA11AI.54081

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DONALD I. FREES
Full Name (Last, First, Middle Initial)

Mailing Address 131 West Oley Street

City Allentown State PA Zip Code 19601

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP/LOCAL 462 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.53770

Amount of Each Receipt this Period 45.00

B. HENRI FREITAS
Full Name (Last, First, Middle Initial)

Mailing Address 1374 Mailani Street

City Hilo State HI Zip Code 96720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52817

Amount of Each Receipt this Period 40.00

C. JEFFRIE J. FRONTERA
Full Name (Last, First, Middle Initial)

Mailing Address 5263 Dyke Street

City Pittsburgh State PA Zip Code 15207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP.LOCAL 297 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53719

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 685
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEFFRIE J. FRONTERA
Full Name (Last, First, Middle Initial)
Mailing Address 5263 Dyke Street
City Pittsburgh State PA Zip Code 15207
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME PA CN 13/NSP.LOCAL 297 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53720
Amount of Each Receipt this Period 70.00

B. JAMES E. FRYE
Full Name (Last, First, Middle Initial)
Mailing Address 11510 Waesche Drive
City Bowie State MD Zip Code 20721
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51238
Amount of Each Receipt this Period 20.00

C. JAMES E. FRYE
Full Name (Last, First, Middle Initial)
Mailing Address 11510 Waesche Drive
City Bowie State MD Zip Code 20721
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST II
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51748
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARK J. FRYMOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Reuel Avenue
 City Kellogg State IA Zip Code 50134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.53220
 Amount of Each Receipt this Period 80.00

B. MARK J. FRYMOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 Reuel Avenue
 City Kellogg State IA Zip Code 50134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53221
 Amount of Each Receipt this Period 40.00

C. AMY H. GALATIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11072 Sospel Place
 City Las Vegas State NV Zip Code 89141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.73

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51239
 Amount of Each Receipt this Period 41.21

SUBTOTAL of Receipts This Page (optional).....▶ 161.21
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. AMY H. GALATIAN			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.52056			M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	7		1	7		2	0	1	4																
Mailing Address 11072 Sospel Place			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>6</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>			6	0	.	0	0															
6	0	.	0	0																					
City Las Vegas	State NV	Zip Code 89141																							
FEC ID number of contributing federal political committee. C																									
Name of Employer AFSCME INT'L		Occupation FIELD COORDINATOR																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>5</td><td>9</td><td>5</td><td>.</td><td>7</td><td>3</td> </tr> </table>				5	9	5	.	7	3														
5	9	5	.	7	3																				

Full Name (Last, First, Middle Initial) B. AMY H. GALATIAN			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.51749			M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	7		3	1		2	0	1	4																
Mailing Address 11072 Sospel Place			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>4</td><td>2</td><td>.</td><td>3</td><td>4</td> </tr> </table>			4	2	.	3	4															
4	2	.	3	4																					
City Las Vegas	State NV	Zip Code 89141																							
FEC ID number of contributing federal political committee. C																									
Name of Employer AFSCME INT'L		Occupation FIELD COORDINATOR																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>6</td><td>3</td><td>8</td><td>.</td><td>0</td><td>7</td> </tr> </table>				6	3	8	.	0	7														
6	3	8	.	0	7																				

Full Name (Last, First, Middle Initial) C. KERRI GALLAGHER			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> Transaction ID : SA11AI.51426			M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	7		1	6		2	0	1	4																
Mailing Address 8 South Main Street			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>5</td><td>.</td><td>0</td><td>2</td> </tr> </table>			1	2	5	.	0	2														
1	2	5	.	0	2																				
City Mountain Top	State PA	Zip Code 18707																							
FEC ID number of contributing federal political committee. C																									
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>5</td><td>9</td><td>8</td><td>.</td><td>4</td><td>2</td> </tr> </table>				5	9	8	.	4	2														
5	9	8	.	4	2																				

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>2</td><td>7</td><td>.</td><td>3</td><td>6</td> </tr> </table>	2	2	7	.	3	6
2	2	7	.	3	6		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KERRI GALLAGHER
Full Name (Last, First, Middle Initial)

Mailing Address 8 South Main Street

City Mountain Top State PA Zip Code 18707

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **618.42**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53721

Amount of Each Receipt this Period **20.00**

B. KERRI GALLAGHER
Full Name (Last, First, Middle Initial)

Mailing Address 8 South Main Street

City Mountain Top State PA Zip Code 18707

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **643.42**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53722

Amount of Each Receipt this Period **25.00**

C. JOHN GALUSKA
Full Name (Last, First, Middle Initial)

Mailing Address 205 Green Vista Drive

City Pittsburgh State PA Zip Code 15237

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **498.81**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51427

Amount of Each Receipt this Period **55.41**

SUBTOTAL of Receipts This Page (optional)..... **100.41**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNIFER R. GARCIA
Full Name (Last, First, Middle Initial)

Mailing Address 2123 Plazuela Vista

City Santa Fe State NM Zip Code 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **236.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51241

Amount of Each Receipt this Period
20.08

B. JENNIFER R. GARCIA
Full Name (Last, First, Middle Initial)

Mailing Address 2123 Plazuela Vista

City Santa Fe State NM Zip Code 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51751

Amount of Each Receipt this Period
20.08

C. ALBERT GARRETT
Full Name (Last, First, Middle Initial)

Mailing Address 18491 Lauder

City Detroit State MI Zip Code 48232

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1413.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.52225

Amount of Each Receipt this Period
117.83

SUBTOTAL of Receipts This Page (optional).....▶	157.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALBERT GARRETT
Full Name (Last, First, Middle Initial)

Mailing Address 18491 Lauder

City Detroit	State MI	Zip Code 48232
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1438.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52273

Amount of Each Receipt this Period
25.00

B. ALBERT GARRETT
Full Name (Last, First, Middle Initial)

Mailing Address 18491 Lauder

City Detroit	State MI	Zip Code 48232
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1556.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11AI.52254

Amount of Each Receipt this Period
117.83

C. ROBERT A. GARRETT
Full Name (Last, First, Middle Initial)

Mailing Address 5621 Wigmore Drive

City Columbus	State OH	Zip Code 43235
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
362.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53134

Amount of Each Receipt this Period
51.98

SUBTOTAL of Receipts This Page (optional).....▶	194.81
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHLEEN P. GARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Kings Road
 City Ganesvoort State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.54210
 Amount of Each Receipt this Period
 20.00

B. KATHLEEN P. GARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Kings Road
 City Ganesvoort State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.54217
 Amount of Each Receipt this Period
 20.00

C. KATHLEEN P. GARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Kings Road
 City Ganesvoort State NY Zip Code 12831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54232
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHLEEN P. GARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Kings Road
 City Ganesvoort State NY Zip Code 12831
 Name of Employer AFSCME NY LOC 1000 Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.54224
 Amount of Each Receipt this Period 20.00

B. DAVID GASH
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 Hartley Road
 City Hershey State PA Zip Code 17033
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 517.30

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51428
 Amount of Each Receipt this Period 73.90

C. MICHAEL J. GASS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6602 SE Sundancer
 City Pleasant Hill State IA Zip Code 50327
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.53258
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.90
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL J. GASS
Full Name (Last, First, Middle Initial)

Mailing Address 6602 SE Sundancer

City Pleasant Hill State IA Zip Code 50327

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53281

Amount of Each Receipt this Period
 115.00

B. MICHAEL J. GASS
Full Name (Last, First, Middle Initial)

Mailing Address 6602 SE Sundancer

City Pleasant Hill State IA Zip Code 50327

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53302

Amount of Each Receipt this Period
 25.00

C. ALLEN B. GASTON
Full Name (Last, First, Middle Initial)

Mailing Address 341 W. Union Road

City Shelocta State PA Zip Code 15774

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.53624

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN GEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8335 Banbury Street
 City Cincinnati State OH Zip Code 45216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation EXTERNAL AUDITOR III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **238.00**

Date of Receipt **07 / 11 / 2014**
Transaction ID : SA11AI.53403
 Amount of Each Receipt this Period **17.00**

B. KAREN GEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8335 Banbury Street
 City Cincinnati State OH Zip Code 45216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation EXTERNAL AUDITOR III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.53480
 Amount of Each Receipt this Period **17.00**

C. JENNIFER GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 North 36th Street
 City Camp Hill State PA Zip Code 17011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **345.80**

Date of Receipt **07 / 16 / 2014**
Transaction ID : SA11AI.51429
 Amount of Each Receipt this Period **49.40**

SUBTOTAL of Receipts This Page (optional)..... **83.40**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RAGLAN GEORGE Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 75 Varick Street
Suite #1404

City New York State NY Zip Code 10013-9902

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY CN 1707 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **696.50**

Date of Receipt
07 / 31 / 2014

Transaction ID : SA11AI.51909

Amount of Each Receipt this Period
14.00

B. THOMAS GIBBS
Full Name (Last, First, Middle Initial)

Mailing Address 152 Upper Clear Road

City Claysburg State PA Zip Code 16625

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt
07 / 16 / 2014

Transaction ID : SA11AI.51431

Amount of Each Receipt this Period
73.90

C. CRAIG W. GIBELYOU
Full Name (Last, First, Middle Initial)

Mailing Address 10905 132nd Street E

City Puyallup State WA Zip Code 98374

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
07 / 10 / 2014

Transaction ID : SA11AI.53810

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **112.90**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CRAIG W. GIBELYOU
Full Name (Last, First, Middle Initial)

Mailing Address 10905 132nd Street E

City Puyallup State WA Zip Code 98374

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53885

Amount of Each Receipt this Period **25.00**

B. CHERYL A. GIBSON
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.06**

Date of Receipt **07 / 14 / 2014**

Transaction ID : SA11AI.53259

Amount of Each Receipt this Period **24.62**

C. CHERYL A. GIBSON
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **344.68**

Date of Receipt **07 / 28 / 2014**

Transaction ID : SA11AI.53303

Amount of Each Receipt this Period **24.62**

SUBTOTAL of Receipts This Page (optional)..... **74.24**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. LENORA R. GILES		Date of Receipt
Mailing Address 40778 Boyd Road		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wellsville	OH	43968
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52905
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	FIELD REPRESENTATIVE	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) B. LENORA R. GILES		Date of Receipt
Mailing Address 40778 Boyd Road		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wellsville	OH	43968
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52971
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	FIELD REPRESENTATIVE	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) C. KAREN GILGOFF		Date of Receipt
Mailing Address 5800 Nicholson Lane Apt. 502		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Rockville	MD	20852
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51243
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASST. DIRECTOR, RETIREES PROGRAM	<input type="text" value="68.71"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="894.65"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="128.71"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KAREN GILGOFF		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : SA11AI.52057
Mailing Address 5800 Nicholson Lane Apt. 502		Amount of Each Receipt this Period 50.00
City Rockville	State MD	
Zip Code 20852		Aggregate Year-to-Date ▼ 944.65
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASST. DIRECTOR, RETIREES PROGRAM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. KAREN GILGOFF		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : SA11AI.51753
Mailing Address 5800 Nicholson Lane Apt. 502		Amount of Each Receipt this Period 68.71
City Rockville	State MD	
Zip Code 20852		Aggregate Year-to-Date ▼ 1013.36
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASST. DIRECTOR, RETIREES PROGRAM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. GARY L. GILLESPIE		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : SA11AI.54189
Mailing Address P.O. Box 1		Amount of Each Receipt this Period 45.00
City Eugene	State OR	
Zip Code 97440		Aggregate Year-to-Date ▼ 270.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation CUST ACCTS SPECIALIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	163.71
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOROTHY L. GILLIAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1216 Waterford Drive
 City State Zip Code
 District Heights MD 20747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L EXECUTIVE OFFICE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 519.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51244
 Amount of Each Receipt this Period
 39.95

B. DOROTHY L. GILLIAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1216 Waterford Drive
 City State Zip Code
 District Heights MD 20747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L EXECUTIVE OFFICE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 559.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52058
 Amount of Each Receipt this Period
 40.00

C. DOROTHY L. GILLIAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1216 Waterford Drive
 City State Zip Code
 District Heights MD 20747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L EXECUTIVE OFFICE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 599.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51754
 Amount of Each Receipt this Period
 39.95

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.90
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DENISE GILMORE
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **338.98**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52371

Amount of Each Receipt this Period **293.98**

B. RONALD GIZZARELLI
Full Name (Last, First, Middle Initial)

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.51936

Amount of Each Receipt this Period **100.00**

C. JULIA A. GLANZ
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52372

Amount of Each Receipt this Period **210.42**

SUBTOTAL of Receipts This Page (optional)..... **604.40**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICIA M. GLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Aberdeen Avenue
 City Cambridge State MA Zip Code 02138-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation DIRECTOR OF STRATEGIC PLANNING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 647.50

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54280
 Amount of Each Receipt this Period 92.50

B. PATRICIA M. GLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Aberdeen Avenue
 City Cambridge State MA Zip Code 02138-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation DIRECTOR OF STRATEGIC PLANNING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 747.50

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54291
 Amount of Each Receipt this Period 100.00

C. RICHARD GOLLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Randolph Place
 City Union State NJ Zip Code 07083-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 52 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 733.52

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51910
 Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES R. GOLLINGS Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 40 Rathbone

City Columbus State OH Zip Code 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **581.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52906

Amount of Each Receipt this Period
41.54

B. JAMES R. GOLLINGS Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 40 Rathbone

City Columbus State OH Zip Code 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **623.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.52972

Amount of Each Receipt this Period
41.54

C. ANISSIA GOODWIN
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.53333

Amount of Each Receipt this Period
66.00

SUBTOTAL of Receipts This Page (optional).....▶	149.08
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICIA GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Chesbrough Road
 City West Roxbury State MA Zip Code 02132-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 343.99

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51246
 Amount of Each Receipt this Period 26.95

B. PATRICIA GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Chesbrough Road
 City West Roxbury State MA Zip Code 02132-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.94

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51756
 Amount of Each Receipt this Period 26.95

C. PERRY GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1123
 City Roy State WA Zip Code 98580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53886
 Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional).....▶ 133.90
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM H. GORDON JR.
Full Name (Last, First, Middle Initial)

Mailing Address 7203 Van Kirk Avenue

City Cincinnati State OH Zip Code 45216

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53404

Amount of Each Receipt this Period 15.00

B. WILLIAM H. GORDON JR.
Full Name (Last, First, Middle Initial)

Mailing Address 7203 Van Kirk Avenue

City Cincinnati State OH Zip Code 45216

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53481

Amount of Each Receipt this Period 15.00

C. EMILY GOSNELL
Full Name (Last, First, Middle Initial)

Mailing Address 190 West Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.62

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52373

Amount of Each Receipt this Period 241.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 271.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DANA M. GOUIN
Full Name (Last, First, Middle Initial)

Mailing Address 9121 Knox Court

City Laurel State MD Zip Code 20723

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation SUPPORT STAFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51247

Amount of Each Receipt this Period
30.00

B. DANA M. GOUIN
Full Name (Last, First, Middle Initial)

Mailing Address 9121 Knox Court

City Laurel State MD Zip Code 20723

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation SUPPORT STAFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52059

Amount of Each Receipt this Period
68.00

C. DANA M. GOUIN
Full Name (Last, First, Middle Initial)

Mailing Address 9121 Knox Court

City Laurel State MD Zip Code 20723

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation SUPPORT STAFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **488.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51757

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **128.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JOHN S. GRABEL			Date of Receipt MM / DD / YYYY 07 / 15 / 2014 Transaction ID : SA11AI.51248		
Mailing Address 563 Park Lane			Amount of Each Receipt this Period 43.95		
City Madison	State WI	Zip Code 53711	FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION REPRESENTATIVE II	Aggregate Year-to-Date ▼ 474.75		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) B. JOHN S. GRABEL			Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : SA11AI.51758		
Mailing Address 563 Park Lane			Amount of Each Receipt this Period 43.95		
City Madison	State WI	Zip Code 53711	FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION REPRESENTATIVE II	Aggregate Year-to-Date ▼ 518.70		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) C. KERRY GRABER			Date of Receipt MM / DD / YYYY 07 / 10 / 2014 Transaction ID : SA11AI.53811		
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 16.50		
City Olympia	State WA	Zip Code 98501	FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date ▼ 214.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional).....▶	104.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KERRY GRABER
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53887

Amount of Each Receipt this Period 16.50

B. STEPHEN M. GRAHAM
Full Name (Last, First, Middle Initial)

Mailing Address 7707 Wisconsin Avenue
Apt. 529

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 714.06

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51249

Amount of Each Receipt this Period 55.19

C. STEPHEN M. GRAHAM
Full Name (Last, First, Middle Initial)

Mailing Address 7707 Wisconsin Avenue
Apt. 529

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.25

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51759

Amount of Each Receipt this Period 55.19

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.88

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BONNIE L. GRANTZ
Full Name (Last, First, Middle Initial)

Mailing Address 3898 Ascott Court

City Youngstown State OH Zip Code 44511

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AUSTINTOWN LSD Occupation BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **538.58**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53015

Amount of Each Receipt this Period **38.47**

B. BONNIE L. GRANTZ
Full Name (Last, First, Middle Initial)

Mailing Address 3898 Ascott Court

City Youngstown State OH Zip Code 44511

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AUSTINTOWN LSD Occupation BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **577.05**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.53044

Amount of Each Receipt this Period **38.47**

C. R. SEAN GRAYSON
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Galena Pointe Drive

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **745.14**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.53135

Amount of Each Receipt this Period **106.84**

SUBTOTAL of Receipts This Page (optional)..... **183.78**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 210 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. R. SEAN GRAYSON
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Galena Pointe Drive

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation GENERAL COUNSEL
------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **795.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53185

Amount of Each Receipt this Period

50.00

B. JONATHAN GREBNER
Full Name (Last, First, Middle Initial)

Mailing Address 840 Randolph Avenue

City Saint Paul	State MN	Zip Code 55126
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation POLITICAL DIRECTOR
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **474.18**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

Transaction ID : SA11AI.54028

Amount of Each Receipt this Period

67.74

C. STEVE GRETSUK
Full Name (Last, First, Middle Initial)

Mailing Address 7803 Desiree Street

City Alexandria	State VA	Zip Code 22315
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, INFORMATION SERVICES
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1114.79**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51251

Amount of Each Receipt this Period

83.83

SUBTOTAL of Receipts This Page (optional).....▶	201.57
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. STEVE GRETSUK		Date of Receipt
Mailing Address 7803 Desiree Street		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Alexandria	VA	22315
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52018
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	DIRECTOR, INFORMATION SERVICES	<input type="text" value="204.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1318.79"/>	

Full Name (Last, First, Middle Initial) B. STEVE GRETSUK		Date of Receipt
Mailing Address 7803 Desiree Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Alexandria	VA	22315
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51761
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	DIRECTOR, INFORMATION SERVICES	<input type="text" value="83.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1402.62"/>	

Full Name (Last, First, Middle Initial) C. KIMBERLY GRIFFIN		Date of Receipt
Mailing Address 2456 Five Fathom Circle		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Woodbridge	VA	22192
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51252
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ADMINISTRATIVE ASSISTANT II	<input type="text" value="38.44"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="506.79"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="326.27"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KIMBERLY GRIFFIN
Full Name (Last, First, Middle Initial)

Mailing Address 2456 Five Fathom Circle

City Woodbridge State VA Zip Code 22192

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **526.79**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52060

Amount of Each Receipt this Period **20.00**

B. KIMBERLY GRIFFIN
Full Name (Last, First, Middle Initial)

Mailing Address 2456 Five Fathom Circle

City Woodbridge State VA Zip Code 22192

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **565.23**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51762

Amount of Each Receipt this Period **38.44**

C. REBECCA J. GRIFFIN
Full Name (Last, First, Middle Initial)

Mailing Address 5139 State Route 19

City Bucyrus State OH Zip Code 44820

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53482

Amount of Each Receipt this Period **14.00**

SUBTOTAL of Receipts This Page (optional)..... **72.44**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 213 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALIA GRIFFING
Full Name (Last, First, Middle Initial)
Mailing Address 1315 Smith Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation LOBBYIST
-------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.53888

Amount of Each Receipt this Period
42.00

B. ALIA GRIFFING
Full Name (Last, First, Middle Initial)
Mailing Address 1315 Smith Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation LOBBYIST
-------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
391.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53973

Amount of Each Receipt this Period
97.00

C. ALIA GRIFFING
Full Name (Last, First, Middle Initial)
Mailing Address 1315 Smith Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation LOBBYIST
-------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53974

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHY A. GRIFFITHS
Full Name (Last, First, Middle Initial)

Mailing Address 736 Griffith Road

City Hastings	State PA	Zip Code 16646
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation CORRECTION OFFICER
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **282.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53723

Amount of Each Receipt this Period

102.00

B. KATHY A. GRIFFITHS
Full Name (Last, First, Middle Initial)

Mailing Address 736 Griffith Road

City Hastings	State PA	Zip Code 16646
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation CORRECTION OFFICER
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53724

Amount of Each Receipt this Period

63.00

C. KATHY A. GRIFFITHS
Full Name (Last, First, Middle Initial)

Mailing Address 736 Griffith Road

City Hastings	State PA	Zip Code 16646
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation CORRECTION OFFICER
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53725

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHY A. GRIFFITHS
Full Name (Last, First, Middle Initial)

Mailing Address 736 Griffith Road

City State Zip Code
Hastings PA 16646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13/STATE OF PA CORRECTION OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
389.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : SA11AI.53626

Amount of Each Receipt this Period
24.00

B. LYLE B GRIMES
Full Name (Last, First, Middle Initial)

Mailing Address 9503 Emery Hill Drive

City State Zip Code
Sugarland TX 77498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ORGANIZER II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
452.93

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : SA11AI.51253

Amount of Each Receipt this Period
35.63

C. LYLE B GRIMES
Full Name (Last, First, Middle Initial)

Mailing Address 9503 Emery Hill Drive

City State Zip Code
Sugarland TX 77498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ORGANIZER II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
488.56

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : SA11AI.51763

Amount of Each Receipt this Period
35.63

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.26

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DONALD GRINER
Full Name (Last, First, Middle Initial)

Mailing Address 1809 Philadelphia Avenue

City Northern Cambria State PA Zip Code 15714

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.24

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51432

Amount of Each Receipt this Period 46.08

B. THEODORE RALPH GROENER
Full Name (Last, First, Middle Initial)

Mailing Address 18709 Madrona Drive

City Oregon City State OR Zip Code 97045

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation POLITICAL COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.54190

Amount of Each Receipt this Period 30.00

C. OTTO GROENEWALD
Full Name (Last, First, Middle Initial)

Mailing Address Route 9 Box 154

City Bloomfield State IA Zip Code 52537

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.53222

Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.08

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DANIEL GROVE
Full Name (Last, First, Middle Initial)

Mailing Address 131 Scanlon Drive

City Franklin State PA Zip Code 16323

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51433

Amount of Each Receipt this Period **73.90**

B. SHAWN M. GRUBER
Full Name (Last, First, Middle Initial)

Mailing Address 1218 Adams Street

City Lima State OH Zip Code 45801

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.53406

Amount of Each Receipt this Period **15.00**

C. SHAWN M. GRUBER
Full Name (Last, First, Middle Initial)

Mailing Address 1218 Adams Street

City Lima State OH Zip Code 45801

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53483

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **103.90**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICK J. GUERNSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 961 Tuscarora Avenue
 City State Zip Code
 St. Paul MN 55102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/HENNEPIN COUNTY CORRECITONS OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.54102
 Amount of Each Receipt this Period
 45.00

B. BRIAN E. GUILLAUME
 Full Name (Last, First, Middle Initial)
 Mailing Address 3613 Grayhawk Avenue
 Apt. 103
 City State Zip Code
 Ames IA 50010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.53223
 Amount of Each Receipt this Period
 30.00

C. CAROL GUTHRIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 S San Gabriel Loop
 City State Zip Code
 Liberty Hill TX 78642-5747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME TX LOC 1624 UNION REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.54265
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CAROL GUTHRIE
Full Name (Last, First, Middle Initial)

Mailing Address 241 S San Gabriel Loop

City State Zip Code
Liberty Hill TX 78642-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME TX LOC 1624 UNION REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
07 / 16 / 2014
Transaction ID : SA11AI.54266

Amount of Each Receipt this Period
20.00

B. CAROL GUTHRIE
Full Name (Last, First, Middle Initial)

Mailing Address 241 S San Gabriel Loop

City State Zip Code
Liberty Hill TX 78642-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME TX LOC 1624 UNION REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
07 / 30 / 2014
Transaction ID : SA11AI.54267

Amount of Each Receipt this Period
20.00

C. JOSEPH M. GUZYNSKI
Full Name (Last, First, Middle Initial)

Mailing Address 2543 Cornelia Trail
Unit J

City State Zip Code
Woodbury MN 55125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
792.98

Date of Receipt
07 / 15 / 2014
Transaction ID : SA11AI.51254

Amount of Each Receipt this Period
62.02

SUBTOTAL of Receipts This Page (optional).....▶ 102.02

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JOSEPH M. GUZYNSKI		Date of Receipt
Mailing Address 2543 Cornelia Trail Unit J		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Woodbury	MN	55125
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="812.98"/>	
		Transaction ID : SA11AI.52061
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) B. JOSEPH M. GUZYNSKI		Date of Receipt
Mailing Address 2543 Cornelia Trail Unit J		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Woodbury	MN	55125
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="875.00"/>	
		Transaction ID : SA11AI.51764
		Amount of Each Receipt this Period
		<input type="text" value="62.02"/>

Full Name (Last, First, Middle Initial) C. ANDREW HAGGARD		Date of Receipt
Mailing Address 1024 86th Avenue W.		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Duluth	MN	55808-1413
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	
		Transaction ID : SA11AI.54030
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="112.02"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. DERRYL HALL			Date of Receipt
Mailing Address 80 Cambridge Drive			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52908
Springboro	OH	45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.85"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="403.90"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. DERRYL HALL			Date of Receipt
Mailing Address 80 Cambridge Drive			<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52974
Springboro	OH	45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.85"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="432.75"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JAMES H. HALLER			Date of Receipt
Mailing Address 2037 Burch Avenue			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53030
Lima	OH	45801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/LIMA CSD	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="236.06"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="78.70"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JAMES H. HALLER			Date of Receipt
Mailing Address 2037 Burch Avenue			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53045
Lima	OH	45801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/LIMA CSD	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.30"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. KEVIN S. HANES			Date of Receipt
Mailing Address 176 Thunderwood Drive			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51255
Pittsburgh	PA	15102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="33.54"/>
Name of Employer	Occupation		
AFSCME INT'L	COMMUNICATIONS SPECIALIST II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="427.94"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KEVIN S. HANES			Date of Receipt
Mailing Address 176 Thunderwood Drive			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51765
Pittsburgh	PA	15102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="33.54"/>
Name of Employer	Occupation		
AFSCME INT'L	COMMUNICATIONS SPECIALIST II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="461.48"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="86.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BARBARA HANGARTNER
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53812

Amount of Each Receipt this Period 20.00

B. BARBARA HANGARTNER
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 267.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53975

Amount of Each Receipt this Period 7.00

C. BARBARA HANGARTNER
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53976

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 47.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BARBARA HANGARTNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE
 Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53889
 Amount of Each Receipt this Period 20.00

B. EUGINE HANKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 296 Churchmans Road
 City New Castle State DE Zip Code 19720-9930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME DE CN 81 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.95

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.52199
 Amount of Each Receipt this Period 57.98

C. EUGINE HANKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 296 Churchmans Road
 City New Castle State DE Zip Code 19720-9930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME DE CN 81 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 497.95

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52204
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional).....▶ 162.98
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. INGRID J. HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Langridge Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation HEALTH SVC CNSLTNT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53813
 Amount of Each Receipt this Period 16.00

B. INGRID J. HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Langridge Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation HEALTH SVC CNSLTNT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53977
 Amount of Each Receipt this Period 28.00

C. INGRID J. HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Langridge Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation HEALTH SVC CNSLTNT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53978
 Amount of Each Receipt this Period 1.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. INGRID J. HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Langridge Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation HEALTH SVC CNSLTNT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53979
 Amount of Each Receipt this Period 20.00

B. INGRID J. HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Langridge Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation HEALTH SVC CNSLTNT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53890
 Amount of Each Receipt this Period 16.00

C. RYAN HANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City South St. Paul State MN Zip Code 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 392.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54031
 Amount of Each Receipt this Period 56.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.08
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PRINCE HARDEN		Date of Receipt
Mailing Address 2042 W. Main Street Apt. #6		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Eagleville	PA	19403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51999
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	<input type="text" value="130.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	

Full Name (Last, First, Middle Initial) B. PRINCE HARDEN		Date of Receipt
Mailing Address 2042 W. Main Street Apt. #6		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Eagleville	PA	19403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53727
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	<input type="text" value="56.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="264.00"/>	

Full Name (Last, First, Middle Initial) C. PRINCE HARDEN		Date of Receipt
Mailing Address 2042 W. Main Street Apt. #6		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Eagleville	PA	19403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53728
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="279.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="201.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PRINCE HARDEN		Date of Receipt
Mailing Address 2042 W. Main Street Apt. #6		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Eagleville	PA	19403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="291.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="12.00"/>
		Transaction ID : SA11AI.53631

Full Name (Last, First, Middle Initial) B. GABRIEL HARGROVE		Date of Receipt
Mailing Address 4912 Woodlawn Avenue N		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seattle	WA	98013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME WA CN 28	COUNCIL REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		Transaction ID : SA11AI.53891

Full Name (Last, First, Middle Initial) C. DAVID T. HARPER		Date of Receipt
Mailing Address 4427 Tacoma Avenue		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lorain	OH	44055
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="304.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
		Transaction ID : SA11AI.53334

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="102.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 229 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTIE HARRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5211 E Chestnut Avenue
 City Vineland State NJ Zip Code 08361-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 71 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51911
 Amount of Each Receipt this Period 100.00

B. MARK E. HARRINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3855 Poplar Bend Drive
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.58

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52909
 Amount of Each Receipt this Period 28.47

C. MARK E. HARRINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3855 Poplar Bend Drive
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 427.05

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52975
 Amount of Each Receipt this Period 28.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 156.94
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHARON L. HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 677 E. 4th Avenue

City Columbus	State OH	Zip Code 43201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **362.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : SA11AI.53092

Amount of Each Receipt this Period

12.50

B. SHARON L. HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 677 E. 4th Avenue

City Columbus	State OH	Zip Code 43201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SA11AI.53101

Amount of Each Receipt this Period

12.50

C. KATHERINE AC HARRISON
Full Name (Last, First, Middle Initial)

Mailing Address 2634 S Kenmore Court

City Arlington	State VA	Zip Code 22206
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation AFFILIATE COMMUNICATION MANAGER
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.23**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51258

Amount of Each Receipt this Period

47.71

SUBTOTAL of Receipts This Page (optional).....▶	72.71
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHERINE AC HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2634 S Kenmore Court
 City Arlington State VA Zip Code 22206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AFFILIATE COMMUNICATION MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 667.94

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51768
 Amount of Each Receipt this Period 47.71

B. STEPHANIE R. HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1640 Upshur Street NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 832.52

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51259
 Amount of Each Receipt this Period 64.04

C. STEPHANIE R. HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1640 Upshur Street NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 852.52

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52062
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶	131.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHANIE R. HARRISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1640 Upshur Street NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.56

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51769
 Amount of Each Receipt this Period 64.04

B. MICHAEL HARTEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4531 6th Street
 City Minneapolis State MN Zip Code 55421-2234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54110
 Amount of Each Receipt this Period 20.00

C. MICHAEL HARTEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4531 6th Street
 City Minneapolis State MN Zip Code 55421-2234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54032
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 134.04
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES A. HARTLE
Full Name (Last, First, Middle Initial)

Mailing Address 3172 Schell Drive

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **07 / 11 / 2014**

Transaction ID : SA11AI.53407

Amount of Each Receipt this Period **22.00**

B. JAMES A. HARTLE
Full Name (Last, First, Middle Initial)

Mailing Address 3172 Schell Drive

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53484

Amount of Each Receipt this Period **22.00**

C. RAYDENE HARWICK
Full Name (Last, First, Middle Initial)

Mailing Address 2101-27 Hill Road Apt. #1

City Sellersville State PA Zip Code 18960

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **478.80**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51434

Amount of Each Receipt this Period **68.40**

SUBTOTAL of Receipts This Page (optional)..... ▶ **112.40**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DAVID HASLETT
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **382.92**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51435

Amount of Each Receipt this Period

59.52

B. MICHAEL D. HATCHER
Full Name (Last, First, Middle Initial)

Mailing Address 1981 Hogback Road

City	State	Zip Code
Albany	KY	42602

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	ASSISTANT TO REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **626.73**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51260

Amount of Each Receipt this Period

48.21

C. MICHAEL D. HATCHER
Full Name (Last, First, Middle Initial)

Mailing Address 1981 Hogback Road

City	State	Zip Code
Albany	KY	42602

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	ASSISTANT TO REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **674.94**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51770

Amount of Each Receipt this Period

48.21

SUBTOTAL of Receipts This Page (optional).....▶	155.94
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JANET L HATFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NW 52nd Street
 City Vancouver State WA Zip Code 98663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53814
 Amount of Each Receipt this Period 20.00

B. JANET L HATFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NW 52nd Street
 City Vancouver State WA Zip Code 98663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53892
 Amount of Each Receipt this Period 20.00

C. KAREN HATHAWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Jenny Lind Street
 City Taunton State MA Zip Code 02780-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.22

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54281
 Amount of Each Receipt this Period 40.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.46
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LEILANI HAUGE
Full Name (Last, First, Middle Initial)
Mailing Address 630 W LINDEN ST
City FERGUS FALLS State MN Zip Code 56537
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.54033
Amount of Each Receipt this Period **30.00**

B. ERIC HAUGEE
Full Name (Last, First, Middle Initial)
Mailing Address 1009 Edmund Avenue
City Saint Paul State MN Zip Code 55104
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **392.00**

Date of Receipt **07 / 08 / 2014**
Transaction ID : SA11AI.54034
Amount of Each Receipt this Period **56.08**

C. SUZANNE D. HAVILAND
Full Name (Last, First, Middle Initial)
Mailing Address 155 Standish Road
City Coventry State CT Zip Code 06238-0000
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation INTERNATIONAL UNION REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **660.37**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.51261
Amount of Each Receipt this Period **46.39**

SUBTOTAL of Receipts This Page (optional)..... **132.47**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUZANNE D. HAVILAND
Full Name (Last, First, Middle Initial)

Mailing Address 155 Standish Road

City Coventry State CT Zip Code 06238-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation INTERNATIONAL UNION REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **706.76**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51771

Amount of Each Receipt this Period **46.39**

B. ALISON HAYGOOD
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.34**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52374

Amount of Each Receipt this Period **258.26**

C. LISA HAZARD
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **484.96**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51436

Amount of Each Receipt this Period **69.28**

SUBTOTAL of Receipts This Page (optional)..... ▶ **373.93**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TERESA HEALEY-CONWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W Ostend ST
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.84

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52375
 Amount of Each Receipt this Period 244.84

B. JIMMIE HEARNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 18509 Mendota
 City Detroit State MI Zip Code 48221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 434.52

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52226
 Amount of Each Receipt this Period 36.21

C. JIMMIE HEARNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 18509 Mendota
 City Detroit State MI Zip Code 48221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.73

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52255
 Amount of Each Receipt this Period 36.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 317.26
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LAUREL D. HECOX
Full Name (Last, First, Middle Initial)

Mailing Address 3006 Highway 103
Box 152

City Fort Madison State IA Zip Code 52627

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
07 / 14 / 2014
Transaction ID : SA11AI.53260

Amount of Each Receipt this Period
25.00

B. LAUREL D. HECOX
Full Name (Last, First, Middle Initial)

Mailing Address 3006 Highway 103
Box 152

City Fort Madison State IA Zip Code 52627

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
07 / 28 / 2014
Transaction ID : SA11AI.53304

Amount of Each Receipt this Period
25.00

C. ANDREA HELM
Full Name (Last, First, Middle Initial)

Mailing Address 619 S. Main Street

City New Castle State IN Zip Code 47362

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 962 Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.54239

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CAROL S. HENDERSON		Date of Receipt
Mailing Address 901 S. Elm Street		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
Celina	OH	45822
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53046
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4/CELINA CSD	BUS DRIVER	<input type="text" value="10.42"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="235.88"/>	

Full Name (Last, First, Middle Initial) B. DAVID J. HENDERSON		Date of Receipt
Mailing Address 2040 Spring Valley Road		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pittsburgh	PA	15243-1422
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51437
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	STAFF REPRESENTATIVE	<input type="text" value="176.13"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="880.65"/>	

Full Name (Last, First, Middle Initial) C. KAY HENDERSON		Date of Receipt
Mailing Address 624 S. Winnifred Street		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tacoma	WA	98465
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53815
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="455.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="221.55"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City Des Moines State IA Zip Code 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.53551
 Amount of Each Receipt this Period 16.00

B. TIMOTHY HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6987 W. Shadow Lake Drive
 City Lino Lakes State MN Zip Code 55014-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.32

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54035
 Amount of Each Receipt this Period 53.28

C. MONIQUE L. HENNAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Winter View Way
 City Stockbridge State GA Zip Code 30281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 527.29

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51262
 Amount of Each Receipt this Period 46.69

SUBTOTAL of Receipts This Page (optional).....▶	115.97
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MONIQUE L. HENNAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Winter View Way
 City Stockbridge State GA Zip Code 30281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 573.98

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51772
 Amount of Each Receipt this Period 46.69

B. SUSAN R. HENRICKSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16511 193rd Avenue E
 City Bonney Lake State WA Zip Code 98391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53816
 Amount of Each Receipt this Period 21.00

C. SUSAN R. HENRICKSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16511 193rd Avenue E
 City Bonney Lake State WA Zip Code 98391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53980
 Amount of Each Receipt this Period 63.00

SUBTOTAL of Receipts This Page (optional).....▶	130.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN R. HENRICKSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16511 193rd Avenue E
 City Bonney Lake State WA Zip Code 98391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53894
 Amount of Each Receipt this Period
 21.00

B. MICHELLE C. HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5614 S 147th Street
 City Tukwila State WA Zip Code 98168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53961
 Amount of Each Receipt this Period
 15.00

C. EMERALD HERNANDEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1542 Presidential Drive
 City Columbus State OH Zip Code 46212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.53335
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ERIC D. HERTZOG
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 174th Street E.
 City Spanaway State WA Zip Code 98387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53981
 Amount of Each Receipt this Period 200.00

B. ERIC D. HERTZOG
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 174th Street E.
 City Spanaway State WA Zip Code 98387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53895
 Amount of Each Receipt this Period 30.00

C. JOHANNA P. HESTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Glen Drive
 City San Leandro State CA Zip Code 94577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3930 Occupation SPECIAL ASSISTANT TO EXEC. DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.52168
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHANNA P. HESTER
Full Name (Last, First, Middle Initial)

Mailing Address 805 Glen Drive

City San Leandro State CA Zip Code 94577

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 3930 Occupation SPECIAL ASSISTANT TO EXEC. DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.51989

Amount of Each Receipt this Period
35.00

B. JOHANNA P. HESTER
Full Name (Last, First, Middle Initial)

Mailing Address 805 Glen Drive

City San Leandro State CA Zip Code 94577

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 3930 Occupation SPECIAL ASSISTANT TO EXEC. DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2014

Transaction ID : SA11AI.52169

Amount of Each Receipt this Period
40.00

C. JOHANNA P. HESTER
Full Name (Last, First, Middle Initial)

Mailing Address 805 Glen Drive

City San Leandro State CA Zip Code 94577

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 3930 Occupation SPECIAL ASSISTANT TO EXEC. DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51912

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **95.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEBRA D. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3231 Algonquin Parkway
 City Toledo State OH Zip Code 43606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/LUCAS CNTY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.30

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.53591
 Amount of Each Receipt this Period 9.62

B. DENNIS HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Hickory Street
 City Farmington State MN Zip Code 55024-9124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54111
 Amount of Each Receipt this Period 35.00

C. DENNIS HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Hickory Street
 City Farmington State MN Zip Code 55024-9124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54036
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.62
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DONALD J. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 2382 Krumroy Road

City Akron State OH Zip Code 44312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53017

Amount of Each Receipt this Period
30.00

B. DONALD J. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 2382 Krumroy Road

City Akron State OH Zip Code 44312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.53047

Amount of Each Receipt this Period
30.00

C. KEVIN E. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 541 Coconut Street

City Satellite Beach State FL Zip Code 32937

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51265

Amount of Each Receipt this Period
54.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **114.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KEVIN E. HILL			Date of Receipt
Mailing Address 541 Coconut Street			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51775
Satellite Beach	FL	32937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="55.48"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="757.48"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. SHEILA I. HILL			Date of Receipt
Mailing Address 190 W. Ostend Street Suite 101			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52339
Baltimore	MD	21230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="129.00"/>
Name of Employer	Occupation		
AFSCME MD CN 3	EXECUTIVE BOARD MEMBER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="213.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. SHEILA I. HILL			Date of Receipt
Mailing Address 190 W. Ostend Street Suite 101			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52376
Baltimore	MD	21230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="274.57"/>
Name of Employer	Occupation		
AFSCME MD CN 3	EXECUTIVE BOARD MEMBER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="487.57"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="459.05"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHEILA I. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation EXECUTIVE BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **639.57**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11AI.52403

Amount of Each Receipt this Period
152.00

B. SHEILA I. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation EXECUTIVE BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **655.57**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11AI.52404

Amount of Each Receipt this Period
16.00

C. SHEILA I. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation EXECUTIVE BOARD MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **669.57**

Date of Receipt
07 / 31 / 2014

Transaction ID : SA11AI.51913

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional)..... **182.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TRACY A. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2382 Krumroy Road
 City Akron State OH Zip Code 44312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation TEACHER AIDE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53018
 Amount of Each Receipt this Period
 30.00

B. TRACY A. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2382 Krumroy Road
 City Akron State OH Zip Code 44312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation TEACHER AIDE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.53048
 Amount of Each Receipt this Period
 30.00

C. MATT HILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1418 SW Moss Street
 City Portland State OR Zip Code 97219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.54191
 Amount of Each Receipt this Period
 24.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DANNY HINDE
Full Name (Last, First, Middle Initial)
Mailing Address 612 4th Avenue NE
City Independence State IA Zip Code 50644
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation RTT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **07 / 14 / 2014**
Transaction ID : SA11AI.53261
Amount of Each Receipt this Period **200.00**

B. DANNY HINDE
Full Name (Last, First, Middle Initial)
Mailing Address 612 4th Avenue NE
City Independence State IA Zip Code 50644
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation RTT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : SA11AI.53305
Amount of Each Receipt this Period **200.00**

C. ANNE HINOJOSA
Full Name (Last, First, Middle Initial)
Mailing Address 1212 Jefferson Street SE Suite 300
City Olympia State WA Zip Code 98501
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **204.00**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.54092
Amount of Each Receipt this Period **133.00**

SUBTOTAL of Receipts This Page (optional)..... **173.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANNE HINOJOSA
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.00

Date of Receipt
07 / 15 / 2014
Transaction ID : SA11AI.54093

Amount of Each Receipt this Period
43.00

B. ANNE HINOJOSA
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
316.00

Date of Receipt
07 / 16 / 2014
Transaction ID : SA11AI.54094

Amount of Each Receipt this Period
69.00

C. ANNE HINOJOSA
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.00

Date of Receipt
07 / 25 / 2014
Transaction ID : SA11AI.54095

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional).....▶ 117.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELIZABETH C. HO
Full Name (Last, First, Middle Initial)

Mailing Address 1511 Kalaniewai Street

City Honolulu State HI Zip Code 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **615.29**

Date of Receipt: **07 / 15 / 2014**

Transaction ID : SA11AI.51266

Amount of Each Receipt this Period: **47.33**

B. ELIZABETH C. HO
Full Name (Last, First, Middle Initial)

Mailing Address 1511 Kalaniewai Street

City Honolulu State HI Zip Code 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **710.29**

Date of Receipt: **07 / 17 / 2014**

Transaction ID : SA11AI.52019

Amount of Each Receipt this Period: **95.00**

C. ELIZABETH C. HO
Full Name (Last, First, Middle Initial)

Mailing Address 1511 Kalaniewai Street

City Honolulu State HI Zip Code 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **770.29**

Date of Receipt: **07 / 17 / 2014**

Transaction ID : SA11AI.52063

Amount of Each Receipt this Period: **60.00**

SUBTOTAL of Receipts This Page (optional)..... **202.33**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELIZABETH C. HO
Full Name (Last, First, Middle Initial)

Mailing Address 1511 Kalaniewai Street

City Honolulu State HI Zip Code 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **817.62**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51776

Amount of Each Receipt this Period **47.33**

B. JENNY HO
Full Name (Last, First, Middle Initial)

Mailing Address 10111 Ebenshire Court

City Oakton State VA Zip Code 22124

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.23**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51267

Amount of Each Receipt this Period **32.64**

C. JENNY HO
Full Name (Last, First, Middle Initial)

Mailing Address 10111 Ebenshire Court

City Oakton State VA Zip Code 22124

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.23**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52064

Amount of Each Receipt this Period **21.00**

SUBTOTAL of Receipts This Page (optional)..... **100.97**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNY HO
Full Name (Last, First, Middle Initial)

Mailing Address 10111 Ebenshire Court

City	State	Zip Code
Oakton	VA	22124

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	LABOR ECONOMIST I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.87**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2014

Transaction ID : SA11AI.51777

Amount of Each Receipt this Period

32.64

B. KARLA HODGE
Full Name (Last, First, Middle Initial)

Mailing Address 1212 N. 14th Street

City	State	Zip Code
Harrisburg	PA	17103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		16		2014

Transaction ID : SA11AI.51439

Amount of Each Receipt this Period

73.90

C. DONNA L. HOFLAND
Full Name (Last, First, Middle Initial)

Mailing Address 4032 Division Avenue W

City	State	Zip Code
Bremerton	WA	98312

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	SUPPLY OFFICE I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		10		2014

Transaction ID : SA11AI.53817

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	136.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DONNA L. HOFLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4032 Division Avenue W
 City Bremerton State WA Zip Code 98312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation SUPPLY OFFICE I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53896
 Amount of Each Receipt this Period 30.00

B. MARY J. HOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 65262
 City Tacoma State WA Zip Code 98464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation LPN I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53897
 Amount of Each Receipt this Period 15.00

C. JENNIFER E. HOHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1710 Shadyside Drive
 City Edgewater State MD Zip Code 21037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, BENEFITS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.87

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51268
 Amount of Each Receipt this Period 40.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.99
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNIFER E. HOHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1710 Shadyside Drive
 City Edgewater State MD Zip Code 21037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, BENEFITS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 552.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52065
 Amount of Each Receipt this Period
 20.00

B. JENNIFER E. HOHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1710 Shadyside Drive
 City Edgewater State MD Zip Code 21037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, BENEFITS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51778
 Amount of Each Receipt this Period
 40.99

C. KAREN S HOLDRIDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 Huntingbrook Drive #207
 City Columbus State OH Zip Code 43213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 362.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : SA11AI.53093
 Amount of Each Receipt this Period
 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.49
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN S HOLDRIDGE
Full Name (Last, First, Middle Initial)

Mailing Address 3511 Huntingbrook Drive #207

City Columbus State OH Zip Code 43213

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 21 / 2014**

Transaction ID : SA11AI.53102

Amount of Each Receipt this Period **12.50**

B. CHRISTINE D. HOLLAND
Full Name (Last, First, Middle Initial)

Mailing Address 29332 Kearsley Road

City Millbury State OH Zip Code 43447

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/OREGON BOE Occupation SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **381.69**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.53049

Amount of Each Receipt this Period **41.67**

C. HENRY L HOLLIS Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 10906 Capstan Lake Drive

City Riverview State FL Zip Code 33579

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **256.48**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51269

Amount of Each Receipt this Period **20.32**

SUBTOTAL of Receipts This Page (optional)..... **74.49**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HENRY L HOLLIS Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 10906 Capstan Lake Drive

City Riverview State FL Zip Code 33579

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 279.20

Date of Receipt
07 / 31 / 2014
Transaction ID : SA11AI.51779

Amount of Each Receipt this Period
22.72

B. DANNY J. HOMAN
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.53226

Amount of Each Receipt this Period
100.00

C. DANNY J. HOMAN
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.53227

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.72

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 262 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. DANNY J. HOMAN

Mailing Address 4320 NW Second Avenue

City State Zip Code
 Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME IA CN 61 PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1090.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51914

Amount of Each Receipt this Period
 70.00

Full Name (Last, First, Middle Initial)
B. JOHN D. HORN

Mailing Address 8615 Maineville Road

City State Zip Code
 Maineville OH 45039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 502.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52910

Amount of Each Receipt this Period
 33.00

Full Name (Last, First, Middle Initial)
C. JOHN D. HORN

Mailing Address 8615 Maineville Road

City State Zip Code
 Maineville OH 45039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.52976

Amount of Each Receipt this Period
 33.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHRISTINE R. HOSKINS			Date of Receipt
Mailing Address 8306 James Street			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51270
Upper Marlboro	MD	20772	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.85"/>
Name of Employer	Occupation		
AFSCME INT'L	AFFILIATE RELATIONS COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="546.97"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CHRISTINE R. HOSKINS			Date of Receipt
Mailing Address 8306 James Street			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52066
Upper Marlboro	MD	20772	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
AFSCME INT'L	AFFILIATE RELATIONS COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="567.97"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. CHRISTINE R. HOSKINS			Date of Receipt
Mailing Address 8306 James Street			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51780
Upper Marlboro	MD	20772	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.85"/>
Name of Employer	Occupation		
AFSCME INT'L	AFFILIATE RELATIONS COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="610.82"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="106.70"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. DENNIS HOULIHAN

Mailing Address 1744 Church Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.84**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51271

Amount of Each Receipt this Period **50.20**

Full Name (Last, First, Middle Initial)
B. DENNIS HOULIHAN

Mailing Address 1744 Church Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **691.04**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51781

Amount of Each Receipt this Period **50.20**

Full Name (Last, First, Middle Initial)
C. BRITTNEY HOWARD

Mailing Address 6800 N High Street

City Worthington State OH Zip Code 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **369.64**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.53136

Amount of Each Receipt this Period **53.20**

SUBTOTAL of Receipts This Page (optional)..... **153.60**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. JAMES E. HOWELL

Mailing Address 620 Scrubgrass Road

City Pittsburgh State PA Zip Code 15243

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **803.88**

Date of Receipt
07 / 15 / 2014

Transaction ID : SA11AI.51272

Amount of Each Receipt this Period
66.99

Full Name (Last, First, Middle Initial)
B. JAMES E. HOWELL

Mailing Address 620 Scrubgrass Road

City Pittsburgh State PA Zip Code 15243

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **849.88**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11AI.52067

Amount of Each Receipt this Period
46.00

Full Name (Last, First, Middle Initial)
C. JAMES E. HOWELL

Mailing Address 620 Scrubgrass Road

City Pittsburgh State PA Zip Code 15243

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.87**

Date of Receipt
07 / 31 / 2014

Transaction ID : SA11AI.51782

Amount of Each Receipt this Period
66.99

SUBTOTAL of Receipts This Page (optional)..... ▶ **179.98**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. ROBERT J. HUBBARD			Date of Receipt
Mailing Address 55 Pioneer Road			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54192
Weiser	ID	83672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75/STATE OF OR	SECURITY GUARD		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ELIZABETH K. HUFFMAN			Date of Receipt
Mailing Address 7429 Inman Ave South			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51273
Cottage Grove	MN	55016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="19.73"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD OFFICE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="243.93"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ELIZABETH K. HUFFMAN			Date of Receipt
Mailing Address 7429 Inman Ave South			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51783
Cottage Grove	MN	55016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="19.73"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD OFFICE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="263.66"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="79.46"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SAMUEL M. HUGGINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Scenic Hill Drive
 City Carnegie State PA Zip Code 15106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL FIELD ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.52

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51274
 Amount of Each Receipt this Period 35.04

B. SAMUEL M. HUGGINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Scenic Hill Drive
 City Carnegie State PA Zip Code 15106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL FIELD ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.56

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51784
 Amount of Each Receipt this Period 35.04

C. JACK E. HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.20

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52377
 Amount of Each Receipt this Period 354.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 424.44
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JEFFREY HUGHES		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2014 Transaction ID : SA11AI.52378
Mailing Address 190 W. Ostend Street Suite 101		Amount of Each Receipt this Period 363.11
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MD CN 3	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.45	

Full Name (Last, First, Middle Initial) B. CHUNG N. HUI		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2014 Transaction ID : SA11AI.51275
Mailing Address 12235 Cypress Spring Road		Amount of Each Receipt this Period 46.29
City Clarksburg	State MD	Zip Code 20871
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation FINANCE COORDINATOR, POLITICAL ACTIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.97	

Full Name (Last, First, Middle Initial) C. CHUNG N. HUI		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51785
Mailing Address 12235 Cypress Spring Road		Amount of Each Receipt this Period 46.29
City Clarksburg	State MD	Zip Code 20871
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation FINANCE COORDINATOR, POLITICAL ACTIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.26	

SUBTOTAL of Receipts This Page (optional).....▶	455.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT H. HUNGERFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6685 Canterbury Drive
 City Gladstone State OR Zip Code 97027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.54193
 Amount of Each Receipt this Period 200.00

B. DAWN M. HUNLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Grover Street
 City Nelsonville State OH Zip Code 45764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53409
 Amount of Each Receipt this Period 16.00

C. DAWN M. HUNLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Grover Street
 City Nelsonville State OH Zip Code 45764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53486
 Amount of Each Receipt this Period 16.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM S. HURLLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 4805 Monnett Chapel Road
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/GALION BOE Occupation CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.08

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53019
 Amount of Each Receipt this Period 20.84

B. WILLIAM S. HURLLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 4805 Monnett Chapel Road
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/GALION BOE Occupation CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.08

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53031
 Amount of Each Receipt this Period 21.00

C. WILLIAM S. HURLLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 4805 Monnett Chapel Road
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/GALION BOE Occupation CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 371.92

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.53050
 Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.68
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CARLA INSINGA-MINSER		Date of Receipt
Mailing Address 4287 South Carolina Drive		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Blue Ridge	PA	17112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51440
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	ORGANIZING DIRECTOR	<input type="text" value="149.49"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="747.45"/>	

Full Name (Last, First, Middle Initial) B. CARLA INSINGA-MINSER		Date of Receipt
Mailing Address 4287 South Carolina Drive		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Blue Ridge	PA	17112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53729
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	ORGANIZING DIRECTOR	<input type="text" value="110.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="857.45"/>	

Full Name (Last, First, Middle Initial) C. JAMES IRWIN		Date of Receipt
Mailing Address 4031 Executive Park Drive		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Harrisburg	PA	17111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51441
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	STAFF REPRESENTATIVE	<input type="text" value="31.26"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="218.82"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="290.75"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES IRWIN
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.53730

Amount of Each Receipt this Period
 45.00

B. JAMES IRWIN
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : SA11AI.53731

Amount of Each Receipt this Period
 31.00

C. WILLIAM ISLER
Full Name (Last, First, Middle Initial)

Mailing Address 5003 Frederick Bequest Court

City Bowie State MD Zip Code 20720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation MANAGER, GENERAL SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.51276

Amount of Each Receipt this Period
 43.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALBERT JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 3690 Orange Place
Suite 550

City Beachwood State OH Zip Code 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.30

Date of Receipt
07 / 23 / 2014
Transaction ID : SA11AI.52977

Amount of Each Receipt this Period
34.62

B. GRETA JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.49

Date of Receipt
07 / 09 / 2014
Transaction ID : SA11AI.52379

Amount of Each Receipt this Period
288.43

C. ERIC JACOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue

City South Saint Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.73

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.54037

Amount of Each Receipt this Period
41.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 364.59

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JUSTUS JAMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 Platt Court
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 517.30

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51442
 Amount of Each Receipt this Period 73.90

B. EDWIN S. JAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3304 Alabama Avenue
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, FED GOV'T AFFAIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 757.25

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51277
 Amount of Each Receipt this Period 58.25

C. EDWIN S. JAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3304 Alabama Avenue
 City Alexandria State VA Zip Code 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, FED GOV'T AFFAIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 777.25

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52069
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.15
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. EDWIN S. JAYNE
Full Name (Last, First, Middle Initial)

Mailing Address 3304 Alabama Avenue

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, FED GOV'T AFFAIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **835.50**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51787

Amount of Each Receipt this Period **58.25**

B. KELLY JEANIE
Full Name (Last, First, Middle Initial)

Mailing Address 3533 Sterling Heights Drive Unit G

City River Falls State MN Zip Code 54022

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/MRA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.54082

Amount of Each Receipt this Period **30.00**

C. ASHLEY N. JENKINS
Full Name (Last, First, Middle Initial)

Mailing Address 2109 Piney Branch Circle #270

City Hanover State MD Zip Code 21076

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52070

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **108.25**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ASHLEY N. JENKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 Piney Branch Circle #270
 City Hanover State MD Zip Code 21076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51788
 Amount of Each Receipt this Period 15.00

B. PAMELA L. JENKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 47604 Sandbank Square
 City Potomac Falls State VA Zip Code 20165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO THE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 767.91

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51279
 Amount of Each Receipt this Period 59.07

C. PAMELA L. JENKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 47604 Sandbank Square
 City Potomac Falls State VA Zip Code 20165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO THE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 826.98

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51789
 Amount of Each Receipt this Period 59.07

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.14
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRIAN JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 1104 26th Street

City Des Moines State IA Zip Code 50311

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.53228

Amount of Each Receipt this Period
50.00

B. FRANK X. JEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 94 Karatzas Avenue

City Manchester State NH Zip Code 03014-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **580.97**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51280

Amount of Each Receipt this Period
44.69

C. FRANK X. JEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 94 Karatzas Avenue

City Manchester State NH Zip Code 03014-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **626.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51790

Amount of Each Receipt this Period
45.91

SUBTOTAL of Receipts This Page (optional)..... **140.60**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CARRIE V. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10561 Cranwood Court
 City Cincinnati State OH Zip Code 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53410
 Amount of Each Receipt this Period 15.00

B. CARRIE V. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10561 Cranwood Court
 City Cincinnati State OH Zip Code 45240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53487
 Amount of Each Receipt this Period 15.00

C. CHAD G. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 245 S. Allen Avenue Apt. 4
 City Pasadena State CA Zip Code 91106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 456.95

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51282
 Amount of Each Receipt this Period 35.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.15
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HELEN J. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 837 Koebel Avenue

City Columbus State OH Zip Code 43207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.53138

Amount of Each Receipt this Period
38.24

B. JULIA E. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 2066 Shady Grove Way

City Louisville State KY Zip Code 40218

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME KY CN 962 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SA11AI.54247

Amount of Each Receipt this Period
100.00

C. KIMBERLY JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 1727 207th Lane NE

City East Bethel State MN Zip Code 55011

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.54038

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... **178.24**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 282 OF 685 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. SETH M. JOHNSON			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014 Transaction ID : SA11AI.51283		
Mailing Address 727 7th Street NE			Amount of Each Receipt this Period 107.43		
City Washington	State DC	Zip Code 20002			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1396.59			

Full Name (Last, First, Middle Initial) B. SETH M. JOHNSON			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52072		
Mailing Address 727 7th Street NE			Amount of Each Receipt this Period 130.00		
City Washington	State DC	Zip Code 20002			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1526.59			

Full Name (Last, First, Middle Initial) C. SETH M. JOHNSON			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51793		
Mailing Address 727 7th Street NE			Amount of Each Receipt this Period 107.43		
City Washington	State DC	Zip Code 20002			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1634.02			

SUBTOTAL of Receipts This Page (optional).....▶	344.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 283 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WINSTON JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14574 Longacre
 City State Zip Code
 Detroit MI 48227-1448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 349.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52227
 Amount of Each Receipt this Period
 29.12

B. WINSTON JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 14574 Longacre
 City State Zip Code
 Detroit MI 48227-1448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11AI.52256
 Amount of Each Receipt this Period
 29.12

C. JOANN JOHNTONY
 Full Name (Last, First, Middle Initial)
 Mailing Address 973 Shannon Road
 City State Zip Code
 Girard OH 44420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4/GIRARD CSD HEAD CUSTODIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53020
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.48
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOANN JOHNTONY
Full Name (Last, First, Middle Initial)

Mailing Address 973 Shannon Road

City Girard	State OH	Zip Code 44420
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GIRARD CSD	Occupation HEAD CUSTODIAN
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **389.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53032

Amount of Each Receipt this Period

49.00

B. JOANN JOHNTONY
Full Name (Last, First, Middle Initial)

Mailing Address 973 Shannon Road

City Girard	State OH	Zip Code 44420
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GIRARD CSD	Occupation HEAD CUSTODIAN
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53033

Amount of Each Receipt this Period

67.00

C. JOANN JOHNTONY
Full Name (Last, First, Middle Initial)

Mailing Address 973 Shannon Road

City Girard	State OH	Zip Code 44420
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GIRARD CSD	Occupation HEAD CUSTODIAN
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SA11AI.53051

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional).....▶	135.24
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GERARD P. JOLLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Twin Flower Circle
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53411
 Amount of Each Receipt this Period
 40.00

B. GERARD P. JOLLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Twin Flower Circle
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 596.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53449
 Amount of Each Receipt this Period
 26.00

C. GERARD P. JOLLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Twin Flower Circle
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 621.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53450
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GERARD P. JOLLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Twin Flower Circle
 City State Zip Code
 Grove City OH 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 661.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53488
 Amount of Each Receipt this Period
 40.00

B. GERALD E. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City State Zip Code
 Des Moines IA 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.53262
 Amount of Each Receipt this Period
 40.00

C. GERALD E. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City State Zip Code
 Des Moines IA 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53306
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 287 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. IDA M. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 E. Markison Avenue
 City Columbus State OH Zip Code 43207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation TEACHER AIDE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2014
Transaction ID : SA11AI.53094
 Amount of Each Receipt this Period
 6.25

B. IDA M. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 E. Markison Avenue
 City Columbus State OH Zip Code 43207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation TEACHER AIDE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11AI.53103
 Amount of Each Receipt this Period
 6.25

C. JACQUELYN P. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : SA11AI.52380
 Amount of Each Receipt this Period
 245.01

SUBTOTAL of Receipts This Page (optional)..... ▶ 257.51
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. MICHAEL J. JONES

Mailing Address 390 Worthington Road

City State Zip Code
 Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 11 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.53336

Amount of Each Receipt this Period
 68.00

Full Name (Last, First, Middle Initial)
B. TOAYIA JONES

Mailing Address 7571 Bayview Club Drive
 Apt. 2D

City State Zip Code
 Indianapolis IN 46250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME INT'L FIELD ADMINISTRATIVE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51284

Amount of Each Receipt this Period
 32.31

Full Name (Last, First, Middle Initial)
C. TOAYIA JONES

Mailing Address 7571 Bayview Club Drive
 Apt. 2D

City State Zip Code
 Indianapolis IN 46250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME INT'L FIELD ADMINISTRATIVE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 448.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52073

Amount of Each Receipt this Period
 28.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.31

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. TOAYIA JONES		Date of Receipt
Mailing Address 7571 Bayview Club Drive Apt. 2D		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Indianapolis	State IN	Zip Code 46250
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51794
Name of Employer AFSCME INT'L	Occupation FIELD ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="32.31"/>
	<input type="text" value="480.34"/>	

Full Name (Last, First, Middle Initial) B. JACQUELINE L. JONES-WALSH		Date of Receipt
Mailing Address 12401 Renton Avenue S. Apt. 307		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Seattle	State WA	Zip Code 98178
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53819
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
	<input type="text" value="273.00"/>	

Full Name (Last, First, Middle Initial) C. JACQUELINE L. JONES-WALSH		Date of Receipt
Mailing Address 12401 Renton Avenue S. Apt. 307		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Seattle	State WA	Zip Code 98178
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53898
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
	<input type="text" value="294.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="74.31"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAIME A. JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 11522 ST. Route 588

City Bidwell	State OH	Zip Code 45614
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GALLIPOLIS CITY	Occupation CUSTODIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53021

Amount of Each Receipt this Period
19.24

B. JAIME A. JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 11522 ST. Route 588

City Bidwell	State OH	Zip Code 45614
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GALLIPOLIS CITY	Occupation CUSTODIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SA11AI.53052

Amount of Each Receipt this Period
19.24

C. RACHEL JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 7836 Peachmont Avenue NW

City North Canton	State OH	Zip Code 44720
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52912

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	58.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RACHEL JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 7836 Peachmont Avenue NW

City	State	Zip Code
North Canton	OH	44720

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4	FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SA11AI.52978

Amount of Each Receipt this Period

185.88

B. HOWARD JORGENSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1024

City	State	Zip Code
Medical Lake	WA	99022

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA RET CHPT 10	RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2014

Transaction ID : SA11AI.54270

Amount of Each Receipt this Period

30.00

C. CHARLES JURGONIS
Full Name (Last, First, Middle Initial)

Mailing Address 11704 Bobs Ford Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	DIRECTOR, FINANCIAL SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1584.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.51939

Amount of Each Receipt this Period

135.88

SUBTOTAL of Receipts This Page (optional).....▶	185.88
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHARLES JURGONIS		Date of Receipt
Mailing Address 11704 Bobs Ford Road		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City State Zip Code Fairfax VA 22030		Transaction ID : SA11AI.51285
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="86.72"/>
Name of Employer AFSCME INT'L	Occupation DIRECTOR, FINANCIAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1670.88"/>	

Full Name (Last, First, Middle Initial) B. CHARLES JURGONIS		Date of Receipt
Mailing Address 11704 Bobs Ford Road		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City State Zip Code Fairfax VA 22030		Transaction ID : SA11AI.52074
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer AFSCME INT'L	Occupation DIRECTOR, FINANCIAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1695.88"/>	

Full Name (Last, First, Middle Initial) C. CHARLES JURGONIS		Date of Receipt
Mailing Address 11704 Bobs Ford Road		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code Fairfax VA 22030		Transaction ID : SA11AI.51795
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="86.72"/>
Name of Employer AFSCME INT'L	Occupation DIRECTOR, FINANCIAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1782.60"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="198.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. ARNOLD K. KANESHIRO			Date of Receipt
Mailing Address 1374 Mailani Street			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52828
Hilo	HI	96720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. KHALILAH KARIM			Date of Receipt
Mailing Address 158 Hood Circle			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51286
Decatur	GA	30030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.72"/>
Name of Employer	Occupation		
AFSCME INT'L	ORGANIZER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="272.12"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KHALILAH KARIM			Date of Receipt
Mailing Address 158 Hood Circle			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51796
Decatur	GA	30030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.72"/>
Name of Employer	Occupation		
AFSCME INT'L	ORGANIZER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="294.84"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 294 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LORENA KASHIWAMURA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 39
 City Wailuku State HI Zip Code 96793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 646 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.51984
 Amount of Each Receipt this Period
 134.00

B. LORENA KASHIWAMURA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 39
 City Wailuku State HI Zip Code 96793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 646 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52208
 Amount of Each Receipt this Period
 21.00

C. LORENA KASHIWAMURA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 39
 City Wailuku State HI Zip Code 96793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 646 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11AI.52207
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STUART KATZENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street
 Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.05

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52381
 Amount of Each Receipt this Period 356.71

B. BRITT D. KAUFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53899
 Amount of Each Receipt this Period 40.00

C. MICHAEL KEAPPROTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1696 4th Avenue
 City Newport State MN Zip Code 55055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54039
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 436.71
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 296 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALAN E. KEARNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9254 Highland Creek Road
 City State Zip Code
 Bloomington MN 55437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 454.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54040
 Amount of Each Receipt this Period
 65.04

B. ROBERT E. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5428 78th Avenue NW
 City State Zip Code
 Olympia WA 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28 FIELD SUPERVISOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 322.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53900
 Amount of Each Receipt this Period
 46.00

C. SUSAN M. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5428 78th Avenue NW
 City State Zip Code
 Olympia WA 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28 EXECUTIVE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53901
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.04
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN M. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5428 78th Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 319.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53982
 Amount of Each Receipt this Period 25.00

B. SUSAN M. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5428 78th Avenue NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53983
 Amount of Each Receipt this Period 25.00

C. JOHN W. KELLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City Des Moines State IA Zip Code 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 28 / 2014
Transaction ID : SA11AI.53307
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DONALD JOSEPH KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 23 Glen Drive

City Troy State NY Zip Code 12180

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014

Transaction ID : SA11AI.54211

Amount of Each Receipt this Period
 19.24

B. DONALD JOSEPH KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 23 Glen Drive

City Troy State NY Zip Code 12180

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.54218

Amount of Each Receipt this Period
 19.24

C. DONALD JOSEPH KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 23 Glen Drive

City Troy State NY Zip Code 12180

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : SA11AI.54225

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.72

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ADRIENNE J. KERN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 44

City Hawthorne State WI Zip Code 54842

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **392.00**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.54041

Amount of Each Receipt this Period **56.08**

B. JOANNE KICKEN
Full Name (Last, First, Middle Initial)

Mailing Address 271 W. Mason Avenue

City Buckley State WA Zip Code 98321

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **07 / 10 / 2014**

Transaction ID : SA11AI.53820

Amount of Each Receipt this Period **27.00**

C. JOANNE KICKEN
Full Name (Last, First, Middle Initial)

Mailing Address 271 W. Mason Avenue

City Buckley State WA Zip Code 98321

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53902

Amount of Each Receipt this Period **27.00**

SUBTOTAL of Receipts This Page (optional)..... **110.08**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LORI E. KIEF
 Full Name (Last, First, Middle Initial)
 Mailing Address 4413 Doe Crossing Trail
 City Madison State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 40/CTY OF MADISON Occupation ADMINISTRATIVE CLERK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.54158
 Amount of Each Receipt this Period
 10.00

B. LORI E. KIEF
 Full Name (Last, First, Middle Initial)
 Mailing Address 4413 Doe Crossing Trail
 City Madison State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 40/CTY OF MADISON Occupation ADMINISTRATIVE CLERK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.54159
 Amount of Each Receipt this Period
 10.00

C. LORI E. KIEF
 Full Name (Last, First, Middle Initial)
 Mailing Address 4413 Doe Crossing Trail
 City Madison State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 40/CTY OF MADISON Occupation ADMINISTRATIVE CLERK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : SA11AI.54160
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MAUREEN S. KIMMERLE			Date of Receipt
Mailing Address 814 6th Avenue SW			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53282
Independence	IA	50644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MAUREEN S. KIMMERLE			Date of Receipt
Mailing Address 814 6th Avenue SW			<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53308
Independence	IA	50644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="256.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MONA L. KING			Date of Receipt
Mailing Address 929 Rye Drive			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51287
La Plata	MD	20646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME INT'L	RECORDS OFFICE ASSISTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="326.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="86.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MONA L. KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 Rye Drive
 City La Plata State MD Zip Code 20646
 Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52075
 Amount of Each Receipt this Period 24.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME INT'L Occupation RECORDS OFFICE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 350.00

B. MONA L. KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 Rye Drive
 City La Plata State MD Zip Code 20646
 Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51797
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME INT'L Occupation RECORDS OFFICE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 375.00

C. SPENCER KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE Suite 300
 City Olympia State WA Zip Code 98501
 Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53903
 Amount of Each Receipt this Period 15.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 64.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEBRA L. KING-HUTCHINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 Smith Road
 City Columbus State OH Zip Code 43207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LABOR MARKET ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53412
 Amount of Each Receipt this Period 15.00

B. DEBRA L. KING-HUTCHINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 Smith Road
 City Columbus State OH Zip Code 43207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LABOR MARKET ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53451
 Amount of Each Receipt this Period 50.00

C. DEBRA L. KING-HUTCHINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 Smith Road
 City Columbus State OH Zip Code 43207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LABOR MARKET ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53489
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 304 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEIRDRE A. KIRKWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38128 Grant Drive
 City Palmdale State CA Zip Code 93552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.52154
 Amount of Each Receipt this Period
 40.00

B. DEIRDRE A. KIRKWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38128 Grant Drive
 City Palmdale State CA Zip Code 93552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52155
 Amount of Each Receipt this Period
 40.00

C. DEIRDRE A. KIRKWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 38128 Grant Drive
 City Palmdale State CA Zip Code 93552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52156
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 305 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RICHARD D. KITTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Marion Road
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN 1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 283.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53413
 Amount of Each Receipt this Period 21.00

B. RICHARD D. KITTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Marion Road
 City Bucyrus State OH Zip Code 44820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HIGHWAY TECHNICIAN 1
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53490
 Amount of Each Receipt this Period 21.00

C. MARGARET M. KIZINA
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Linden Lane
 City Boyertown State PA Zip Code 19512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53733
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MARGARET M. KIZINA		Date of Receipt
Mailing Address 45 Linden Lane		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Boyetown	PA	19512
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.53639
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CAROLYN KLINGLESMTIH		Date of Receipt
Mailing Address 10700 Grecian Road		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Louisville	KY	40272
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.51288
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.46"/>
Name of Employer	Occupation	
AFSCME INT'L	AREA ORGANIZING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1370.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CAROLYN KLINGLESMTIH		Date of Receipt
Mailing Address 10700 Grecian Road		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Louisville	KY	40272
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.51798
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.46"/>
Name of Employer	Occupation	
AFSCME INT'L	AREA ORGANIZING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1476.44"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRIAN W. KLOPP
Full Name (Last, First, Middle Initial)

Mailing Address 4707 Calvert Road

City State Zip Code
College Park MD 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L LABOR ECONOMIST III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.67

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : SA11AI.51289

Amount of Each Receipt this Period
46.29

B. BRIAN W. KLOPP
Full Name (Last, First, Middle Initial)

Mailing Address 4707 Calvert Road

City State Zip Code
College Park MD 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L LABOR ECONOMIST III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
622.96

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : SA11AI.51799

Amount of Each Receipt this Period
46.29

C. MARCIA R. KNOX
Full Name (Last, First, Middle Initial)

Mailing Address 1660 Newton Avenue

City State Zip Code
Dayton OH 45406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8 REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
652.46

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014
Transaction ID : SA11AI.53142

Amount of Each Receipt this Period
89.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 181.88

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 308 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SCOTT C. KNUDTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 N. Main Street
 City Wheatland State IA Zip Code 52777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11AI.53552
 Amount of Each Receipt this Period 30.00

B. DOUGLAS M. KORBA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 172
 City Bannock State OH Zip Code 43972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53414
 Amount of Each Receipt this Period 16.00

C. DOUGLAS M. KORBA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 172
 City Bannock State OH Zip Code 43972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53491
 Amount of Each Receipt this Period 16.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KERRY KORPI
Full Name (Last, First, Middle Initial)

Mailing Address 8913 First Avenue

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **511.95**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.51940

Amount of Each Receipt this Period **102.39**

B. STEVEN J KOWALIK
Full Name (Last, First, Middle Initial)

Mailing Address 5431 Larchwood Lane

City Toledo State OH Zip Code 43614

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **610.88**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.53143

Amount of Each Receipt this Period **87.58**

C. LYNN A. KRATZ
Full Name (Last, First, Middle Initial)

Mailing Address 326 Brentwood Drive
P.O. Box 8453

City Cedar Rapids State IA Zip Code 52408

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **07 / 14 / 2014**

Transaction ID : SA11AI.53265

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **214.97**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. LYNN A. KRATZ		Date of Receipt
Mailing Address 326 Brentwood Drive P.O. Box 8453		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Cedar Rapids	State IA	Zip Code 52408
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	
		Transaction ID : SA11AI.53309
		Amount of Each Receipt this Period <input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) B. LORETTA K. KREIGER		Date of Receipt
Mailing Address 55 Circle Drive		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Medina	State OH	Zip Code 44256
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	
		Transaction ID : SA11AI.53415
		Amount of Each Receipt this Period <input type="text" value="15.00"/>

Full Name (Last, First, Middle Initial) C. LORETTA K. KREIGER		Date of Receipt
Mailing Address 55 Circle Drive		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Medina	State OH	Zip Code 44256
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	
		Transaction ID : SA11AI.53492
		Amount of Each Receipt this Period <input type="text" value="15.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVEN KREISBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9954 Whitewater Drive
 City State Zip Code
 Burke VA 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L DIRECTOR, RESEARCH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 894.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51290
 Amount of Each Receipt this Period
 68.83

B. STEVEN KREISBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9954 Whitewater Drive
 City State Zip Code
 Burke VA 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L DIRECTOR, RESEARCH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 914.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52076
 Amount of Each Receipt this Period
 20.00

C. STEVEN KREISBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9954 Whitewater Drive
 City State Zip Code
 Burke VA 22015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L DIRECTOR, RESEARCH
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 983.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51800
 Amount of Each Receipt this Period
 68.83

SUBTOTAL of Receipts This Page (optional).....▶	157.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RONALD D. KUCHLER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 3019

City Port Angeles State WA Zip Code 98362

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53904

Amount of Each Receipt this Period **39.00**

B. MICHAEL G. KUCHTA
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.54042

Amount of Each Receipt this Period **30.00**

C. JAMIE G. KUHNER
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.53337

Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional)..... **111.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 314 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANDREW KUJAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street
 Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **296.36**

Date of Receipt **07 / 09 / 2014**
Transaction ID : SA11AI.52382
 Amount of Each Receipt this Period **251.36**

B. STEVEN F. KULLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Timber Run Road
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **224.00**

Date of Receipt **07 / 11 / 2014**
Transaction ID : SA11AI.53416
 Amount of Each Receipt this Period **16.00**

C. STEVEN F. KULLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Timber Run Road
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.53493
 Amount of Each Receipt this Period **16.00**

SUBTOTAL of Receipts This Page (optional).....	283.36
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JUDY K. KUSCHEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 NE 147th Street
 City Vancouver State WA Zip Code 98685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53905
 Amount of Each Receipt this Period 15.00

B. SUSAN LABAJ
 Full Name (Last, First, Middle Initial)
 Mailing Address 665 Greenbrien Ln
 City Crystal Lake State IL Zip Code 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IN CN 962 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.54240
 Amount of Each Receipt this Period 20.00

C. SUSAN LABAJ
 Full Name (Last, First, Middle Initial)
 Mailing Address 665 Greenbrien Ln
 City Crystal Lake State IL Zip Code 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IN CN 962 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.54241
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN LABAJ
 Full Name (Last, First, Middle Initial)
 Mailing Address 665 Greenbrien Ln
 City State Zip Code
 Crystal Lake IL 60014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IN CN 962 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.54242
 Amount of Each Receipt this Period
 20.00

B. JEANINE LAKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1324 Bittersweet Circle
 City State Zip Code
 Las Vegas NV 89128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NV LOC 4041 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 272.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54251
 Amount of Each Receipt this Period
 34.00

C. FRANCIS M. LALLY III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Vansant Rd., Deacon's Walk
 City State Zip Code
 Newark DE 19711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME DE CN 81 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 469.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.52200
 Amount of Each Receipt this Period
 65.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.34
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANGELA LAMANNA
Full Name (Last, First, Middle Initial)

Mailing Address 296 Churchmans Road

City New Castle State DE Zip Code 19720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME DE CN 81 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **414.85**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.52201

Amount of Each Receipt this Period
57.98

B. JERRY S. LARICCHIUTA
Full Name (Last, First, Middle Initial)

Mailing Address 117 Van Buren Street

City Massapequa Park State NY Zip Code 11762

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2014

Transaction ID : SA11AI.54212

Amount of Each Receipt this Period
19.24

C. JERRY S. LARICCHIUTA
Full Name (Last, First, Middle Initial)

Mailing Address 117 Van Buren Street

City Massapequa Park State NY Zip Code 11762

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.54226

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	96.46
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELIZABETH D. LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Grant Street SW
 City Tumwater State WA Zip Code 98512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53906
 Amount of Each Receipt this Period 80.00

B. ELIZABETH D. LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Grant Street SW
 City Tumwater State WA Zip Code 98512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53984
 Amount of Each Receipt this Period 60.00

C. ELIZABETH D. LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Grant Street SW
 City Tumwater State WA Zip Code 98512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 694.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53985
 Amount of Each Receipt this Period 74.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 214.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN J. LARUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Haskell Drive
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation CLERICAL/ADMINISTRATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53643
 Amount of Each Receipt this Period 40.00

B. BRENDA R. LATHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3140 Scottwood Road
 City Columbus State OH Zip Code 43227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53417
 Amount of Each Receipt this Period 17.00

C. BRENDA R. LATHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3140 Scottwood Road
 City Columbus State OH Zip Code 43227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53494
 Amount of Each Receipt this Period 17.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RHONDA L LATHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8521 Moon Glass Court
 City Columbia State MD Zip Code 21045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.84

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51292
 Amount of Each Receipt this Period 50.20

B. RHONDA L LATHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8521 Moon Glass Court
 City Columbia State MD Zip Code 21045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.04

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51802
 Amount of Each Receipt this Period 50.20

C. JOSEPH LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 St. Paul Street #1
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.84

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51293
 Amount of Each Receipt this Period 50.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.60
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSEPH LAWRENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 St. Paul Street #1
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.04

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51803
 Amount of Each Receipt this Period 50.20

B. ROBIN C. LEDBETTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12002 NE Roosevelt Way C-302
 City Seattle State WA Zip Code 98125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53907
 Amount of Each Receipt this Period 46.00

C. ALAN L. LEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Peachtree NW #6406
 City Atlanta State GA Zip Code 30309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 623.76

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51294
 Amount of Each Receipt this Period 48.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.41
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 685
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALAN L. LEE
Full Name (Last, First, Middle Initial)

Mailing Address 1660 Peachtree NW
#6406

City Atlanta State GA Zip Code 30309

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
671.97

Date of Receipt
07 / 31 / 2014
Transaction ID : SA11AI.51804

Amount of Each Receipt this Period
48.21

B. SUE C. LEE-ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 7935 SW Santolina Place

City Beaverton State OR Zip Code 97008-6272

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
07 / 31 / 2014
Transaction ID : SA11AI.54194

Amount of Each Receipt this Period
70.00

C. ERIC N. LEHTO
Full Name (Last, First, Middle Initial)

Mailing Address 2122 West 2nd Street
Apt. #2

City Duluth State MN Zip Code 55086

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
736.54

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.54043

Amount of Each Receipt this Period
105.22

SUBTOTAL of Receipts This Page (optional).....▶ 223.43

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 685
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ERIC N. LEHTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2122 West 2nd Street
 Apt. #2
 City Duluth State MN Zip Code 55086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN14 Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54112
 Amount of Each Receipt this Period
 20.00

B. JACQUALINE D. LEISURE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 28th Street NW
 City Canton State OH Zip Code 44709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CANTON CITY Occupation COOK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 309.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53022
 Amount of Each Receipt this Period
 19.23

C. JACQUALINE D. LEISURE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 28th Street NW
 City Canton State OH Zip Code 44709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CANTON CITY Occupation COOK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53034
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional).....▶	60.23
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JACQUALINE D. LEISURE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 28th Street NW
 City Canton State OH Zip Code 44709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CANTON CITY Occupation COOK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.45

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.53053
 Amount of Each Receipt this Period 19.23

B. ROBERT M. LELIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7805 Normandie Blvd. Apt. E
 City Cleveland State OH Zip Code 44130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53418
 Amount of Each Receipt this Period 15.00

C. ROBERT M. LELIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7805 Normandie Blvd. Apt. E
 City Cleveland State OH Zip Code 44130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53495
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.23
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARLES E. LESTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2475 Chandler Avenue
 City Las Vegas State NV Zip Code 89120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.83

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51295
 Amount of Each Receipt this Period 48.21

B. CHARLES E. LESTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2475 Chandler Avenue
 City Las Vegas State NV Zip Code 89120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 671.83

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52077
 Amount of Each Receipt this Period 21.00

C. CHARLES E. LESTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2475 Chandler Avenue
 City Las Vegas State NV Zip Code 89120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.04

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51805
 Amount of Each Receipt this Period 48.21

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.42
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DAVID J. LEVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Florence Place
 City Pittsburgh State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53735
 Amount of Each Receipt this Period 66.00

B. DAVID J. LEVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Florence Place
 City Pittsburgh State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53644
 Amount of Each Receipt this Period 36.00

C. ROGER LEVINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 East Dunklin Street
 City Jefferson City State MO Zip Code 65101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.27

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.52280
 Amount of Each Receipt this Period 19.79

SUBTOTAL of Receipts This Page (optional).....▶ 121.79
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROGER LEVINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 East Dunklin Street
 City Jefferson City State MO Zip Code 65101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **327.27**

Date of Receipt **07 / 17 / 2014**
Transaction ID : SA11AI.52291
 Amount of Each Receipt this Period **70.00**

B. ROGER LEVINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 East Dunklin Street
 City Jefferson City State MO Zip Code 65101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **362.27**

Date of Receipt **07 / 17 / 2014**
Transaction ID : SA11AI.52292
 Amount of Each Receipt this Period **35.00**

C. ROGER LEVINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 East Dunklin Street
 City Jefferson City State MO Zip Code 65101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **382.06**

Date of Receipt **07 / 28 / 2014**
Transaction ID : SA11AI.52286
 Amount of Each Receipt this Period **19.79**

SUBTOTAL of Receipts This Page (optional)..... **124.79**
TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN T. LEVITAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2650 Worrell Court
 City Crofton State MD Zip Code 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 661.57

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51296
 Amount of Each Receipt this Period 50.89

B. SUSAN T. LEVITAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2650 Worrell Court
 City Crofton State MD Zip Code 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.57

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52021
 Amount of Each Receipt this Period 80.00

C. SUSAN T. LEVITAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2650 Worrell Court
 City Crofton State MD Zip Code 21114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.57

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52078
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.89
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN T. LEVITAN
Full Name (Last, First, Middle Initial)

Mailing Address 2650 Worrell Court

City Crofton State MD Zip Code 21114

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **817.46**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51806

Amount of Each Receipt this Period **50.89**

B. CORDELIA M. LEWIS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 5149

City Boston State MA Zip Code 02206-5149

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **735.71**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.51942

Amount of Each Receipt this Period **100.00**

C. GREG LEWIS
Full Name (Last, First, Middle Initial)

Mailing Address 1816 E. 22nd Street

City Des Moines State IA Zip Code 50317

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.53229

Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **210.89**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNIE A. LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 Worthington Road
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.53338
 Amount of Each Receipt this Period
 40.00

B. MICHELE A. LEWIS-MUZZATTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3705 Adams Drive
 City State Zip Code
 Silver Spring MD 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L DIRECTOR, CONF & TRAVEL SVCS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1674.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.51963
 Amount of Each Receipt this Period
 179.00

C. MICHELE A. LEWIS-MUZZATTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3705 Adams Drive
 City State Zip Code
 Silver Spring MD 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L DIRECTOR, CONF & TRAVEL SVCS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1799.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51297
 Amount of Each Receipt this Period
 124.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 343.66
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 332 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. MICHELE A. LEWIS-MUZZATTI

Mailing Address 3705 Adams Drive

City State Zip Code
Silver Spring MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L DIRECTOR, CONF & TRAVEL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1924.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51807

Amount of Each Receipt this Period
124.66

Full Name (Last, First, Middle Initial)
B. VALERY LIGHT

Mailing Address 32 Barley Lane

City State Zip Code
Palmyra PA 17078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
582.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51447

Amount of Each Receipt this Period
100.45

Full Name (Last, First, Middle Initial)
C. CHRISTINE L. LIGHTNER

Mailing Address 452 Scandia Street

City State Zip Code
Blacklick OH 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH LABORATORY SCIENTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53419

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.11

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 333 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTINE L. LIGHTNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 452 Scandia Street
 City Blacklick State OH Zip Code 43004
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LABORATORY SCIENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53496
 Amount of Each Receipt this Period 15.00

B. BRIAN J. LINDHOLT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 McKinley Street NE
 City Minneapolis State MN Zip Code 55418
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 426.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54113
 Amount of Each Receipt this Period 49.00

C. BRIAN J. LINDHOLT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 McKinley Street NE
 City Minneapolis State MN Zip Code 55418
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 431.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54114
 Amount of Each Receipt this Period 5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRIAN J. LINDHOLT
Full Name (Last, First, Middle Initial)

Mailing Address 2311 McKinley Street NE

City Minneapolis State MN Zip Code 55418

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 489.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54044

Amount of Each Receipt this Period 58.00

B. MICHAEL LINDHOLT
Full Name (Last, First, Middle Initial)

Mailing Address 2752 Randolph Street NE

City Minneapolis State MN Zip Code 55418-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54045

Amount of Each Receipt this Period 120.00

C. THERESA LIPKO
Full Name (Last, First, Middle Initial)

Mailing Address 117 South Main Street

City Carbondale State PA Zip Code 18407

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.90

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51448

Amount of Each Receipt this Period 85.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 263.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TOM LIPKO
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 South Main Street
 City Carbondale State PA Zip Code 18407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 723.54

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51449
 Amount of Each Receipt this Period 146.58

B. JAMECIA L. LITTLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3237 Stirling Bridge
 City Canal Winchester State OH Zip Code 43110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MANAGEMENT ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.53339
 Amount of Each Receipt this Period 60.00

C. COREY LOCKARD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 22
 City Benton State PA Zip Code 17814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 861.94

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51450
 Amount of Each Receipt this Period 117.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 324.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 336 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. COREY LOCKARD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 22

City Benton State PA Zip Code 17814

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **881.94**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53736

Amount of Each Receipt this Period **20.00**

B. KENNETH H LOEFFLER-KEMP
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Bald Eagle Trail

City Duluth State MN Zip Code 55804

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **488.94**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.54046

Amount of Each Receipt this Period **70.32**

C. RONALD LOHR
Full Name (Last, First, Middle Initial)

Mailing Address 11210 Cresap Mill Road SE

City Flintstone State MD Zip Code 21530

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation CORR OFFICER II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **297.60**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52383

Amount of Each Receipt this Period **255.52**

SUBTOTAL of Receipts This Page (optional)..... **345.84**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 337 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES N. LOMONACO
Full Name (Last, First, Middle Initial)

Mailing Address 107 Wormwood Hill Road

City Mansfield State CT Zip Code 06250-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.52186

Amount of Each Receipt this Period
25.00

B. PAUL LONG
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 310864

City Flint State MI Zip Code 48531

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.52228

Amount of Each Receipt this Period
25.73

C. PAUL LONG
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 310864

City Flint State MI Zip Code 48531

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **328.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.52257

Amount of Each Receipt this Period
25.73

SUBTOTAL of Receipts This Page (optional)..... **76.46**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARTHA LOVE
Full Name (Last, First, Middle Initial)

Mailing Address 1846 West Cherry Street

City Milwaukee	State WI	Zip Code 53205
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI RET CHPT 48	Occupation RETIREE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.54377

Amount of Each Receipt this Period

100.00

B. SABRINA LOVE
Full Name (Last, First, Middle Initial)

Mailing Address 23 Chadwick Drive

City Stafford	State VA	Zip Code 22556
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **319.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51298

Amount of Each Receipt this Period

24.55

C. SABRINA LOVE
Full Name (Last, First, Middle Initial)

Mailing Address 23 Chadwick Drive

City Stafford	State VA	Zip Code 22556
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52079

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional).....▶	175.55
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SABRINA LOVE
Full Name (Last, First, Middle Initial)

Mailing Address 23 Chadwick Drive

City Stafford State VA Zip Code 22556

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **394.70**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51808

Amount of Each Receipt this Period **24.55**

B. CHARLES M. LOVELESS
Full Name (Last, First, Middle Initial)

Mailing Address 2100 11th Street NW #206

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, FEDERAL GOVT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1034.93**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51299

Amount of Each Receipt this Period **79.61**

C. CHARLES M. LOVELESS
Full Name (Last, First, Middle Initial)

Mailing Address 2100 11th Street NW #206

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, FEDERAL GOVT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1055.93**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52080

Amount of Each Receipt this Period **21.00**

SUBTOTAL of Receipts This Page (optional)..... **125.16**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARLES M. LOVELESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 11th Street NW #206
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, FEDERAL GOVT AFFAIRS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1135.54

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51809
 Amount of Each Receipt this Period 79.61

B. GEORGE LOVELL
 Full Name (Last, First, Middle Initial)
 Mailing Address RR 3 Box 3403
 City Goshen State VT Zip Code 05733-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.32

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54284
 Amount of Each Receipt this Period 60.76

C. SALVATORE LUCIANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 Bunker Hill Road
 City Watertown State CT Zip Code 06795-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CT CN 4 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.51976
 Amount of Each Receipt this Period 46.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 186.37
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SALVATORE LUCIANO
Full Name (Last, First, Middle Initial)

Mailing Address 947 Bunker Hill Road

City Watertown State CT Zip Code 06795-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11AI.52187

Amount of Each Receipt this Period
100.00

B. SALVATORE LUCIANO
Full Name (Last, First, Middle Initial)

Mailing Address 947 Bunker Hill Road

City Watertown State CT Zip Code 06795-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **894.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51915

Amount of Each Receipt this Period
14.00

C. WILLIAM LUCY
Full Name (Last, First, Middle Initial)

Mailing Address 1831 Sudbury Lane NW

City Washington State DC Zip Code 20012-2202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1261.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.51943

Amount of Each Receipt this Period
183.20

SUBTOTAL of Receipts This Page (optional).....▶	297.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 342 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROSANNE LUGO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53824
 Amount of Each Receipt this Period
 20.00

B. ROSANNE LUGO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53908
 Amount of Each Receipt this Period
 20.00

C. DENISE ANN LUNA
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 River Lane
 City Levittown State PA Zip Code 19055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation COURT CLERK ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51451
 Amount of Each Receipt this Period
 53.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.20
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARLES H. LUNDY
Full Name (Last, First, Middle Initial)

Mailing Address 2024 SW 173 Avenue

City Miramar State FL Zip Code 33029

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **581.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51300

Amount of Each Receipt this Period
44.84

B. CHARLES H. LUNDY
Full Name (Last, First, Middle Initial)

Mailing Address 2024 SW 173 Avenue

City Miramar State FL Zip Code 33029

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51810

Amount of Each Receipt this Period
44.84

C. WILLIAM LURYE
Full Name (Last, First, Middle Initial)

Mailing Address 17 Sherman Avenue

City Takoma Park State MD Zip Code 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1127.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51301

Amount of Each Receipt this Period
86.72

SUBTOTAL of Receipts This Page (optional).....▶	176.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM LURYE
Full Name (Last, First, Middle Initial)
Mailing Address 17 Sherman Avenue
City Takoma Park State MD Zip Code 20912
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation GENERAL COUNSEL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1215.36

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52022
Amount of Each Receipt this Period 88.00

B. WILLIAM LURYE
Full Name (Last, First, Middle Initial)
Mailing Address 17 Sherman Avenue
City Takoma Park State MD Zip Code 20912
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation GENERAL COUNSEL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1302.08

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51811
Amount of Each Receipt this Period 86.72

C. JOHN A. LYALL
Full Name (Last, First, Middle Initial)
Mailing Address 383 Ashmoore Circle East
City Powell State OH Zip Code 43065
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH CN 8 Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 974.36

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53144
Amount of Each Receipt this Period 130.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.08
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 345 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN A. LYALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Ashmoore Circle East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 996.36

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53186
 Amount of Each Receipt this Period 22.00

B. JOHN A. LYALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Ashmoore Circle East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1021.36

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53187
 Amount of Each Receipt this Period 25.00

C. JOHN A. LYALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Ashmoore Circle East
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1035.36

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51916
 Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HENRY L. LYKES
Full Name (Last, First, Middle Initial)

Mailing Address 3676 Farnum Street

City Inkster State MI Zip Code 48141

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI RET SUB CHPT 38 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **235.88**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.54250

Amount of Each Receipt this Period **90.00**

B. JAMES F. LYMAN
Full Name (Last, First, Middle Initial)

Mailing Address 18 Dogwood Lane

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY CN 82/LEOU Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 28 / 2014**

Transaction ID : SA11AI.54252

Amount of Each Receipt this Period **40.00**

C. ROBERTA LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 4650 N. Hermitage Street

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation DEPUTY DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.56**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51918

Amount of Each Receipt this Period **14.00**

SUBTOTAL of Receipts This Page (optional)..... **144.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 347 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TINA M. LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 1202 N 14th Street

City Harrisburg	State PA	Zip Code 17103
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53737

Amount of Each Receipt this Period
56.00

B. TINA M. LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 1202 N 14th Street

City Harrisburg	State PA	Zip Code 17103
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.53647

Amount of Each Receipt this Period
20.00

C. BRENDA L. MABE
Full Name (Last, First, Middle Initial)

Mailing Address 34291 Brokaw Road

City Columbia Station	State OH	Zip Code 44028
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53420

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	96.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 348 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRENDA L. MABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 34291 Brokaw Road
 City Columbia Station State OH Zip Code 44028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53497
 Amount of Each Receipt this Period 200.00

B. CHRISTOPHER A. MABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 34291 Brokaw Road
 City Columbia Station State OH Zip Code 44028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION SERGEANT/
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53421
 Amount of Each Receipt this Period 25.00

C. CHRISTOPHER A. MABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 34291 Brokaw Road
 City Columbia Station State OH Zip Code 44028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION SERGEANT/
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53452
 Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 349 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTOPHER A. MABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 34291 Brokaw Road
 City Columbia Station State OH Zip Code 44028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION SERGEANT/
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53498
 Amount of Each Receipt this Period 25.00

B. YUNIER MACOLA-JIMENEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 N High Street
 City Worthington State OH Zip Code 43085-2512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.05

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53145
 Amount of Each Receipt this Period 29.27

C. ANDRE J. MADTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 SE 4th Court
 City Dania Beach State FL Zip Code 33004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.99

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51302
 Amount of Each Receipt this Period 37.11

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.38
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANDRE J. MADTES
Full Name (Last, First, Middle Initial)

Mailing Address 625 SE 4th Court

City Dania Beach State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **359.99**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52081

Amount of Each Receipt this Period **26.00**

B. ANDRE J. MADTES
Full Name (Last, First, Middle Initial)

Mailing Address 625 SE 4th Court

City Dania Beach State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **397.10**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51812

Amount of Each Receipt this Period **37.11**

C. JOHN MAGUIRE
Full Name (Last, First, Middle Initial)

Mailing Address 6800 N High ST

City Worthington State OH Zip Code 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **363.68**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.53146

Amount of Each Receipt this Period **53.22**

SUBTOTAL of Receipts This Page (optional)..... **116.33**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. JOHN MAGUIRE

Mailing Address 6800 N High ST

City State Zip Code
 Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 429.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53188

Amount of Each Receipt this Period
 66.00

Full Name (Last, First, Middle Initial)
B. MICHAEL P. MAGUIRE

Mailing Address 20 Duffield Drive

City State Zip Code
 Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 582.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51452

Amount of Each Receipt this Period
 100.45

Full Name (Last, First, Middle Initial)
C. MICHAEL P. MAGUIRE

Mailing Address 20 Duffield Drive

City State Zip Code
 Lititz PA 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 602.61

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53738

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 186.45

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. LOUIS J. MAHOLIC		Date of Receipt
Mailing Address 2726 Juno Place Apt. #2		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Fairlawn	State OH	Zip Code 44333
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53147
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="64.40"/>
	<input type="text" value="449.30"/>	

Full Name (Last, First, Middle Initial) B. DEANGELO MALCOLM		Date of Receipt
Mailing Address 1034 N. Washington Avenue		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52229
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="29.12"/>
	<input type="text" value="349.44"/>	

Full Name (Last, First, Middle Initial) C. DEANGELO MALCOLM		Date of Receipt
Mailing Address 1034 N. Washington Avenue		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52258
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="29.12"/>
	<input type="text" value="378.56"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="122.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JULIA C. MALETTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street
 Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 343.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : SA11AI.52384
 Amount of Each Receipt this Period
 295.23

B. ALETHA L. MALINDA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1642
 City Medical Lake State WA Zip Code 99022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53909
 Amount of Each Receipt this Period
 27.00

C. CONSTANCE A. MALO
 Full Name (Last, First, Middle Initial)
 Mailing Address 92-633 Newa Street
 City Kapolei State HI Zip Code 96707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52840
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	372.23
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CONSTANCE A. MALO			Date of Receipt
Mailing Address 92-633 Newa Street			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52873
Kapolei	HI	96707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="22.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="372.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. KATHRYN S. MALONE			Date of Receipt
Mailing Address 988 Circle on the Green			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52914
Columbus	OH	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.44"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	DIRECTOR, POLITICAL ACTION		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="746.16"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KATHRYN S. MALONE			Date of Receipt
Mailing Address 988 Circle on the Green			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52943
Columbus	OH	43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	DIRECTOR, POLITICAL ACTION		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="786.16"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="102.44"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHRYN S. MALONE
Full Name (Last, First, Middle Initial)

Mailing Address 988 Circle on the Green

City Columbus State OH Zip Code 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, POLITICAL ACTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **826.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.52980

Amount of Each Receipt this Period
40.44

B. LARRY MALONE
Full Name (Last, First, Middle Initial)

Mailing Address 5185 Horseshoe Falls Drive

City Dublin State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **937.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52916

Amount of Each Receipt this Period
57.69

C. LARRY MALONE
Full Name (Last, First, Middle Initial)

Mailing Address 5185 Horseshoe Falls Drive

City Dublin State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **958.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52944

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **119.13**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. LARRY MALONE

Mailing Address 5185 Horseshoe Falls Drive

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4	FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1016.35**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SA11AI.52981

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)
B. MOLLY MALONEY

Mailing Address 131 Mainhart Drive

City	State	Zip Code
Grass Valley	CA	95945

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	PEOPLE CORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **383.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51304

Amount of Each Receipt this Period

30.15

Full Name (Last, First, Middle Initial)
C. MOLLY MALONEY

Mailing Address 131 Mainhart Drive

City	State	Zip Code
Grass Valley	CA	95945

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	PEOPLE CORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **413.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51814

Amount of Each Receipt this Period

30.15

SUBTOTAL of Receipts This Page (optional).....▶	117.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 357 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MANUEL MANGUAL
Full Name (Last, First, Middle Initial)
Mailing Address 417 Arizona Avenue

City Bay Shore	State NY	Zip Code 11706
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.54213

Amount of Each Receipt this Period
19.24

B. MANUEL MANGUAL
Full Name (Last, First, Middle Initial)
Mailing Address 417 Arizona Avenue

City Bay Shore	State NY	Zip Code 11706
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2014

Transaction ID : SA11AI.54227

Amount of Each Receipt this Period
19.24

C. MATTHEW MANO
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 630211

City Lanai City	State HI	Zip Code 96763
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 646	Occupation STAFF REPRESENTATIVE
---------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52212

Amount of Each Receipt this Period
130.00

SUBTOTAL of Receipts This Page (optional).....▶	168.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 358 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTHEW MANO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 630211
 City Lanai City State HI Zip Code 96763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 646 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52213
 Amount of Each Receipt this Period 50.00

B. MATTHEW MANO
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 630211
 City Lanai City State HI Zip Code 96763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 646 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52214
 Amount of Each Receipt this Period 10.00

C. ANTONIO K. MANOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1911 East 62nd Street
 City Savannah State GA Zip Code 31404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 534.99

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51305
 Amount of Each Receipt this Period 41.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.91
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. ANTONIO K. MANOR		Date of Receipt
Mailing Address 1911 East 62nd Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Savannah	GA	31404
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.51815
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.91"/>
Name of Employer	Occupation	
AFSCME INT'L	ORGANIZER II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GENEVIEVE R. MARCUS		Date of Receipt
Mailing Address 1419 Dunster Lane		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Potomac	MD	20854
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.51307
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="34.87"/>
Name of Employer	Occupation	
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="-65.13"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GENEVIEVE R. MARCUS		Date of Receipt
Mailing Address 1419 Dunster Lane		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Potomac	MD	20854
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52082
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="-45.13"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="96.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GENEVIEVE R. MARCUS
Full Name (Last, First, Middle Initial)

Mailing Address 1419 Dunster Lane

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **-10.26**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51817

Amount of Each Receipt this Period **34.87**

B. DENISE MARGERUM-LUCKET
Full Name (Last, First, Middle Initial)

Mailing Address 3136 N. Seminary Avenue

City Chicago State IL Zip Code 60657-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.00**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.54353

Amount of Each Receipt this Period **21.00**

C. DENISE MARGERUM-LUCKET
Full Name (Last, First, Middle Initial)

Mailing Address 3136 N. Seminary Avenue

City Chicago State IL Zip Code 60657-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.54354

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **75.87**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. MATIAS MARIN
 Mailing Address 2201 Broadway Street
 City State Zip Code
 Oakland CA 94612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME CA LOC 3299 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.52164
 Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. TINA A. MARKS
 Mailing Address 577 Price Road
 City State Zip Code
 Newark OH 43055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH ACCOUNTANT/EXAMINER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53422
 Amount of Each Receipt this Period
 16.00

Full Name (Last, First, Middle Initial)
C. TINA A. MARKS
 Mailing Address 577 Price Road
 City State Zip Code
 Newark OH 43055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH ACCOUNTANT/EXAMINER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 236.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53499
 Amount of Each Receipt this Period
 16.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. ALFRED MARRON

Mailing Address 508 E Bloomington ST

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53553

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. ELIZA MARTIN

Mailing Address 91-208 Kekepania Place E.

City Kapolei State HI Zip Code 96707-2721

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52842

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. GARY MARTIN

Mailing Address 255 Trail East

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
740.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52917

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GARY MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 255 Trail East

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ASSOCIATE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **790.00**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.52982

Amount of Each Receipt this Period **50.00**

B. LISA G. MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 4621 28th Road S. Apt. C

City Arlington State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **519.35**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51308

Amount of Each Receipt this Period **39.95**

C. LISA G. MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 4621 28th Road S. Apt. C

City Arlington State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **539.35**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52083

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **109.95**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 365 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAULA MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3963 200th Avenue
 City Carlisle State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53283
 Amount of Each Receipt this Period
 54.00

B. PAULA MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3963 200th Avenue
 City Carlisle State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 513.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53284
 Amount of Each Receipt this Period
 23.00

C. PAULA MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3963 200th Avenue
 City Carlisle State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 539.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53285
 Amount of Each Receipt this Period
 26.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 366 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAULA MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3963 200th Avenue
 City Carlisle State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53286
 Amount of Each Receipt this Period
 23.00

B. PAULA MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3963 200th Avenue
 City Carlisle State IA Zip Code 50047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 592.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53310
 Amount of Each Receipt this Period
 30.00

C. MICHAEL MARVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2520 Sharon Drive
 City Omaha State NE Zip Code 68112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NE LOC 61 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52301
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KIMBERLY A. MASSENGILL-BERNARDIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Brookpoint Place
 City State Zip Code
 Westerville OH 43081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 ASSOCIATE COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 521.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.53148
 Amount of Each Receipt this Period
 71.90

B. JILLIAN P. MATUNDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 North Pine Avenue
 City State Zip Code
 Albany NY 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSIST. DIRECTOR, ORGANIZNG & FLD SVI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 817.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51310
 Amount of Each Receipt this Period
 63.17

C. JILLIAN P. MATUNDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 North Pine Avenue
 City State Zip Code
 Albany NY 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSIST. DIRECTOR, ORGANIZNG & FLD SVI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 892.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52023
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.07
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 368 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JILLIAN P. MATUNDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 North Pine Avenue
 City Albany State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, ORGANIZNG & FLD SV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 956.02

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51820
 Amount of Each Receipt this Period 63.17

B. MATTHEW MAYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1833 Ontario Place NW
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, STRATEGIC RESEARCH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.23

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51311
 Amount of Each Receipt this Period 47.71

C. MATTHEW MAYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1833 Ontario Place NW
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation MANAGER, STRATEGIC RESEARCH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 641.23

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52084
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional).....▶ 131.88
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 369 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. MATTHEW MAYERS

Mailing Address 1833 Ontario Place NW

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation MANAGER, STRATEGIC RESEARCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **688.94**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51821

Amount of Each Receipt this Period **47.71**

Full Name (Last, First, Middle Initial)
B. RANDALL MAYHEW

Mailing Address 190 West Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **298.97**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52385

Amount of Each Receipt this Period **256.89**

Full Name (Last, First, Middle Initial)
C. JEFF MAZUR

Mailing Address 503 Redwing Drive

City Ashland State MO Zip Code 65010

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation COUNCIL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **460.46**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.52281

Amount of Each Receipt this Period **35.42**

SUBTOTAL of Receipts This Page (optional)..... ▶ **340.02**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 370 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEFF MAZUR
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Redwing Drive
 City Ashland State MO Zip Code 65010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MO CN 72 Occupation COUNCIL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52293
 Amount of Each Receipt this Period
 20.00

B. JEFF MAZUR
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Redwing Drive
 City Ashland State MO Zip Code 65010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MO CN 72 Occupation COUNCIL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.52287
 Amount of Each Receipt this Period
 35.42

C. KATHLEEN MAZZOUCCOLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 West 30th Street
 City Bayonne State NJ Zip Code 07002-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 52 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52303
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.42
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 371 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELISSA MCBRIDE
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sherman Avenue

City Takoma Park State MD Zip Code 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, EDUCATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1455.48

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51312

Amount of Each Receipt this Period 111.96

B. ELISSA MCBRIDE
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sherman Avenue

City Takoma Park State MD Zip Code 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, EDUCATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1565.48

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52024

Amount of Each Receipt this Period 110.00

C. ELISSA MCBRIDE
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sherman Avenue

City Takoma Park State MD Zip Code 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, EDUCATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1677.44

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51822

Amount of Each Receipt this Period 111.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.92

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CYNTHIA R. MCCABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 Harvard Road
 City State Zip Code
 College Park MD 20740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSOCIATE DIRECTOR, COMMUNICATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 721.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51313
 Amount of Each Receipt this Period
 55.19

B. CYNTHIA R. MCCABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 Harvard Road
 City State Zip Code
 College Park MD 20740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSOCIATE DIRECTOR, COMMUNICATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 761.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52085
 Amount of Each Receipt this Period
 40.00

C. CYNTHIA R. MCCABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 Harvard Road
 City State Zip Code
 College Park MD 20740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSOCIATE DIRECTOR, COMMUNICATIONS
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 817.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51823
 Amount of Each Receipt this Period
 55.19

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.38
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 373 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BOYD B. MCCAMISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Woodtown Drive
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.65

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51314
 Amount of Each Receipt this Period 46.07

B. BOYD B. MCCAMISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Woodtown Drive
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 639.72

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51824
 Amount of Each Receipt this Period 46.07

C. MARGARET MCCANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Lynnmore Drive
 City Silver Spring State MD Zip Code 20901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 804.70

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51315
 Amount of Each Receipt this Period 61.90

SUBTOTAL of Receipts This Page (optional).....▶ 154.04
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 374 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARGARET MCCANN
Full Name (Last, First, Middle Initial)
Mailing Address 103 Lynnmore Drive

City Silver Spring	State MD	Zip Code 20901
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL II
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **824.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52086

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				20.00

B. MARGARET MCCANN
Full Name (Last, First, Middle Initial)
Mailing Address 103 Lynnmore Drive

City Silver Spring	State MD	Zip Code 20901
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL II
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **886.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51825

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				61.90

C. ANDY MCCANTS
Full Name (Last, First, Middle Initial)
Mailing Address 1210 195th Street E.

City Spanaway	State WA	Zip Code 98387
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.53826

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				21.00

SUBTOTAL of Receipts This Page (optional).....▶	102.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 375 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANDY MCCANTS
Full Name (Last, First, Middle Initial)

Mailing Address 1210 195th Street E.

City Spanaway State WA Zip Code 98387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53910

Amount of Each Receipt this Period
 21.00

B. JOSH MCCARROLL
Full Name (Last, First, Middle Initial)

Mailing Address 3412 Knipp Drive Suite 102

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation LEGISLATIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.52282

Amount of Each Receipt this Period
 19.17

C. JOSH MCCARROLL
Full Name (Last, First, Middle Initial)

Mailing Address 3412 Knipp Drive Suite 102

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation LEGISLATIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.52288

Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 376 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUZANNE MCCORMICK
Full Name (Last, First, Middle Initial)

Mailing Address 32 Harvest Lane

City West Grove State PA Zip Code 19390

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51455

Amount of Each Receipt this Period
73.90

B. THOMAS F. MCCRACKEN
Full Name (Last, First, Middle Initial)

Mailing Address 343 East Main Street

City Mahaffey State PA Zip Code 15757-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STATE SUPERVISOR DISTR 2

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.53650

Amount of Each Receipt this Period
30.00

C. JENNIFER A. MCCULLEY
Full Name (Last, First, Middle Initial)

Mailing Address 509 Ashton Drive

City Fitchburg State WI Zip Code 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.54149

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional).....▶	158.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 377 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNIFER A. MCCULLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 Ashton Drive
 City Fitchburg State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 07 / 29 / 2014
Transaction ID : SA11AI.54150
 Amount of Each Receipt this Period 55.00

B. TERESA L. MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6062 State Route 20 Unit 45
 City Port Townsend State WA Zip Code 98368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53953
 Amount of Each Receipt this Period 10.00

C. TERESA L. MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6062 State Route 20 Unit 45
 City Port Townsend State WA Zip Code 98368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53911
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 378 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TERESA L. MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6062 State Route 20
 Unit 45
 City Port Townsend State WA Zip Code 98368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53986
 Amount of Each Receipt this Period
 29.00

B. TERESA L. MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6062 State Route 20
 Unit 45
 City Port Townsend State WA Zip Code 98368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53987
 Amount of Each Receipt this Period
 26.00

C. TERESA L. MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6062 State Route 20
 Unit 45
 City Port Townsend State WA Zip Code 98368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53954
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 379 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. BRIAN P. MCDONNELL			Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2014 Transaction ID : SA11AI.51316		
Mailing Address 56 Chestnut Lane			Amount of Each Receipt this Period 53.71		
City Niskayuna	State NY	Zip Code 12309			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 698.23			

Full Name (Last, First, Middle Initial) B. BRIAN P. MCDONNELL			Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52087		
Mailing Address 56 Chestnut Lane			Amount of Each Receipt this Period 40.00		
City Niskayuna	State NY	Zip Code 12309			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 738.23			

Full Name (Last, First, Middle Initial) C. BRIAN P. MCDONNELL			Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51826		
Mailing Address 56 Chestnut Lane			Amount of Each Receipt this Period 53.71		
City Niskayuna	State NY	Zip Code 12309			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 791.94			

SUBTOTAL of Receipts This Page (optional).....▶	147.42
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GERALD MCENTEE
Full Name (Last, First, Middle Initial)

Mailing Address 800 25th Street NW
Apt. #406

City Washington State DC Zip Code 20037-2207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
968.23

Date of Receipt
07 / 01 / 2014
Transaction ID : SA11AI.51945

Amount of Each Receipt this Period
139.27

B. JERI MCEWEN
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111-1599

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.80

Date of Receipt
07 / 16 / 2014
Transaction ID : SA11AI.51456

Amount of Each Receipt this Period
49.40

C. NANCY MCGOVERN
Full Name (Last, First, Middle Initial)

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.54286

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 238.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 381 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LYNNE E. MCGRAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1258 Smerset way
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR OF ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52918
 Amount of Each Receipt this Period 35.00

B. LYNNE E. MCGRAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1258 Smerset way
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR OF ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52945
 Amount of Each Receipt this Period 20.00

C. LYNNE E. MCGRAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1258 Smerset way
 City Pickerington State OH Zip Code 43147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR OF ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52983
 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHAD MCKENNA
Full Name (Last, First, Middle Initial)

Mailing Address 623 N. 39th Avenue W.

City Duluth State MN Zip Code 56817

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **322.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54047

Amount of Each Receipt this Period
46.20

B. KRISTEN E. MCKINLEY
Full Name (Last, First, Middle Initial)

Mailing Address 3656 Cannongate Drive

City Columbus State OH Zip Code 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation STAFF ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52919

Amount of Each Receipt this Period
19.24

C. KRISTEN E. MCKINLEY
Full Name (Last, First, Middle Initial)

Mailing Address 3656 Cannongate Drive

City Columbus State OH Zip Code 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation STAFF ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.52984

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional)..... **84.68**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 383 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PETER M. MCLINDEN
Full Name (Last, First, Middle Initial)

Mailing Address 935 Pamela Road

City Cincinnati	State OH	Zip Code 45255
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation ASSOCIATE COUNSEL
------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.89**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53149

Amount of Each Receipt this Period

87.58

B. MARILYN MCMAHON
Full Name (Last, First, Middle Initial)

Mailing Address 7717 28th NW

City Seattle	State WA	Zip Code 98117
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation NURSE CONSULTANT
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53912

Amount of Each Receipt this Period

15.00

C. BARBARA A. MCMASTER
Full Name (Last, First, Middle Initial)

Mailing Address 2555-Royal County Dn.

City Uniontown	State OH	Zip Code 44685
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2014

Transaction ID : SA11AI.53150

Amount of Each Receipt this Period

38.69

SUBTOTAL of Receipts This Page (optional).....▶	141.27
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 384 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN MCMURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5304 Trafalger Place
 City Madison State WI Zip Code 53714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 11 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54272
 Amount of Each Receipt this Period 200.00

B. EDWARD MCNEIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2546 Edison
 City Detroit State MI Zip Code 48206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 492.12

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52230
 Amount of Each Receipt this Period 41.01

C. EDWARD MCNEIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2546 Edison
 City Detroit State MI Zip Code 48206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.12

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52274
 Amount of Each Receipt this Period 61.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.01
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 385 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. EDWARD MCNEIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2546 Edison
 City Detroit State MI Zip Code 48206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 594.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11AI.52259
 Amount of Each Receipt this Period
 41.01

B. BRENDA S. MCTURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Clairdon Drive
 City Lucasville State OH Zip Code 45648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53423
 Amount of Each Receipt this Period
 15.00

C. BRENDA S. MCTURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Clairdon Drive
 City Lucasville State OH Zip Code 45648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53500
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.01
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 386 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GERARD J. MEARA
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Harmony Way
 City Newton State PA Zip Code 18940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 73 Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 29 / 2014**
Transaction ID : SA11AI.52317
 Amount of Each Receipt this Period **15.00**

B. SALLY MECKLING
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 Worthington Road
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **505.95**

Date of Receipt **07 / 01 / 2014**
Transaction ID : SA11AI.53340
 Amount of Each Receipt this Period **67.46**

C. YOLANDA MEDINA
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Ralph Street Apt. 1
 City Bergenfield State NJ Zip Code 07621-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **592.15**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.51317
 Amount of Each Receipt this Period **46.39**

SUBTOTAL of Receipts This Page (optional)..... **128.85**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 387 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. YOLANDA MEDINA		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : SA11AI.52025
Mailing Address 8 Ralph Street Apt. 1		Amount of Each Receipt this Period 81.00
City Bergenfield	State Zip Code NJ 07621-0000	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 673.15
Name of Employer AFSCME INT'L	Occupation FIELD EDUCATION COORDINATOR II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. YOLANDA MEDINA		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : SA11AI.51827
Mailing Address 8 Ralph Street Apt. 1		Amount of Each Receipt this Period 46.39
City Bergenfield	State Zip Code NJ 07621-0000	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 719.54
Name of Employer AFSCME INT'L	Occupation FIELD EDUCATION COORDINATOR II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DONALD MEHREN		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : SA11AI.54048
Mailing Address 6925 Woodland Blvd.		Amount of Each Receipt this Period 60.00
City Minnesota City	State Zip Code MN 55959	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	187.39
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 388 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JANICE MELDRUM
Full Name (Last, First, Middle Initial)

Mailing Address 2904 Sue Drive

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation OFFICE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.52283

Amount of Each Receipt this Period
15.77

B. JANICE MELDRUM
Full Name (Last, First, Middle Initial)

Mailing Address 2904 Sue Drive

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation OFFICE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52294

Amount of Each Receipt this Period
20.00

C. JANICE MELDRUM
Full Name (Last, First, Middle Initial)

Mailing Address 2904 Sue Drive

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation OFFICE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.52289

Amount of Each Receipt this Period
15.77

SUBTOTAL of Receipts This Page (optional)..... ▶ **51.54**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 389 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHEN M MELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 449 High Street #1F
 City Somerset State MA Zip Code 02726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.54293
 Amount of Each Receipt this Period
40.00

B. PAUL MERCATANTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1306 Tarpan Circle
 City New Hope State PA Zip Code 18938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 73 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : SA11AI.52318
 Amount of Each Receipt this Period
15.00

C. JOYE E. MERCER-BARKSDALE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5103 Janesdale Court
 City Glenn Dale State MD Zip Code 20769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation SENIOR SPEECH WRITER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51828
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **75.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 390 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARGARET MERDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Driveumlin Drive
 City State Zip Code
 Verona WI 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WI CN 24 FIELD REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 401.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54137
 Amount of Each Receipt this Period
 53.56

B. MICHAEL MEREDITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 Ivy Hill Road
 City State Zip Code
 Cockeysville MD 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MD CN 3 ORGANIZER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 377.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : SA11AI.52387
 Amount of Each Receipt this Period
 323.94

C. MICHAEL J. MESSINA
 Full Name (Last, First, Middle Initial)
 Mailing Address 752 Silver Spring Avenue
 City State Zip Code
 Silver Spring MD 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L LABOR ECONOMIST III
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 585.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51319
 Amount of Each Receipt this Period
 52.28

SUBTOTAL of Receipts This Page (optional)..... ▶ 429.78
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 391 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL J. MESSINA
Full Name (Last, First, Middle Initial)

Mailing Address 752 Silver Spring Avenue

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **605.62**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52088

Amount of Each Receipt this Period **20.00**

B. MICHAEL J. MESSINA
Full Name (Last, First, Middle Initial)

Mailing Address 752 Silver Spring Avenue

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **657.90**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51829

Amount of Each Receipt this Period **52.28**

C. RANDALL M. MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 2107 West Bremer Avenue

City Waverly State IA Zip Code 50677

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53554

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **92.28**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 392 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RANDALL M. MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 2107 West Bremer Avenue

City Waverly State IA Zip Code 50677

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11AI.53555

Amount of Each Receipt this Period
 40.00

B. CINDY A. MICHAEL
Full Name (Last, First, Middle Initial)

Mailing Address 331 Central Parkway

City Warren State OH Zip Code 44483

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.53151

Amount of Each Receipt this Period
 64.40

C. JOHN MICHALEC
Full Name (Last, First, Middle Initial)

Mailing Address 1544 N. Hickory

City Owosso State MI Zip Code 48867

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52231

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 393 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN MICHALEC
Full Name (Last, First, Middle Initial)

Mailing Address 1544 N. Hickory

City Owosso State MI Zip Code 48867

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52260

Amount of Each Receipt this Period 21.00

B. GLENARD MIDDLETON
Full Name (Last, First, Middle Initial)

Mailing Address 5108 Yellowwood Avenue

City Baltimore State MD Zip Code 21209-4611

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2878.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51919

Amount of Each Receipt this Period 14.00

C. ARTHUR MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 911 White Avenue

City Cloquet State MN Zip Code 55720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54049

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN E. MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 3020 94th Avenue E.

City Seattle	State WA	Zip Code 98126
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/UNIV OF WA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : SA11AI.53962

Amount of Each Receipt this Period
20.00

B. JOHN E. MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 3020 94th Avenue E.

City Seattle	State WA	Zip Code 98126
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/UNIV OF WA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11AI.53963

Amount of Each Receipt this Period
20.00

C. STACEY A. MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 603 North Eighth Avenue

City Altoona	State PA	Zip Code 16601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP	Occupation BEHAVIORAL HEALTH TECH
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.53772

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 395 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. TIMOTHY MILLER

Mailing Address 2724 Pine Avenue

City Altoona State PA Zip Code 16601

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.78**

Date of Receipt
07 / 16 / 2014

Transaction ID : SA11AI.51457

Amount of Each Receipt this Period
92.38

Full Name (Last, First, Middle Initial)
B. HAROLD F. MITCHELL

Mailing Address 3999 Kensingwood Drive

City Columbus State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation ASSISTANT ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **802.59**

Date of Receipt
07 / 02 / 2014

Transaction ID : SA11AI.53152

Amount of Each Receipt this Period
115.80

Full Name (Last, First, Middle Initial)
C. HAROLD F. MITCHELL

Mailing Address 3999 Kensingwood Drive

City Columbus State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation ASSISTANT ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **827.59**

Date of Receipt
07 / 17 / 2014

Transaction ID : SA11AI.53189

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **233.18**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 396 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HAROLD F. MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3999 Kensingwood Drive
 City Columbus State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation ASSISTANT ORGANIZING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **847.59**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53190
 Amount of Each Receipt this Period
20.00

B. HAROLD F. MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3999 Kensingwood Drive
 City Columbus State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation ASSISTANT ORGANIZING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **897.59**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53191
 Amount of Each Receipt this Period
50.00

C. HAROLD F. MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3999 Kensingwood Drive
 City Columbus State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation ASSISTANT ORGANIZING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **942.59**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53192
 Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ► **115.00**
TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 397 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. AMBER F. MOATS
Full Name (Last, First, Middle Initial)

Mailing Address 107 Spahr P.O. Box 95

City Mount Union	State IA	Zip Code 52644
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.53267

Amount of Each Receipt this Period
 15.41

B. AMBER F. MOATS
Full Name (Last, First, Middle Initial)

Mailing Address 107 Spahr P.O. Box 95

City Mount Union	State IA	Zip Code 52644
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53311

Amount of Each Receipt this Period
 15.41

C. JASON D. MOATS
Full Name (Last, First, Middle Initial)

Mailing Address 107 Spahr P.O. Box 95

City Mount Union	State IA	Zip Code 52644
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.53268

Amount of Each Receipt this Period
 15.41

SUBTOTAL of Receipts This Page (optional).....▶	46.23
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JASON D. MOATS
Full Name (Last, First, Middle Initial)

Mailing Address 107 Spahr P.O. Box 95

City Mount Union	State IA	Zip Code 52644
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
283.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53287

Amount of Each Receipt this Period
83.00

B. JASON D. MOATS
Full Name (Last, First, Middle Initial)

Mailing Address 107 Spahr P.O. Box 95

City Mount Union	State IA	Zip Code 52644
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2014

Transaction ID : SA11AI.53312

Amount of Each Receipt this Period
15.41

C. KELLY L. MOBLEY
Full Name (Last, First, Middle Initial)

Mailing Address 3739 Elmlawn Drive

City Toledo	State OH	Zip Code 43614
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52921

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional).....▶	136.88
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KELLY L. MOBLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3739 Elmlawn Drive
 City Toledo State OH Zip Code 43614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.05

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52986
 Amount of Each Receipt this Period 38.47

B. ROBERT MOFFITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2059 L Avenue
 City Woodard State IA Zip Code 50276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.46

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.53269
 Amount of Each Receipt this Period 30.00

C. ROBERT MOFFITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2059 L Avenue
 City Woodard State IA Zip Code 50276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.46

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53288
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 108.47
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 400 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROBERT MOFFITT
Full Name (Last, First, Middle Initial)

Mailing Address 2059 L Avenue

City Woodard State IA Zip Code 50276

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.46**

Date of Receipt **07 / 28 / 2014**

Transaction ID : SA11AI.53313

Amount of Each Receipt this Period **30.00**

B. MATTHEW J. MOLEK
Full Name (Last, First, Middle Initial)

Mailing Address 29140 Barjode Road

City Willowick State OH Zip Code 44095

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/WICKLIFFE CSD Occupation CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **331.76**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53054

Amount of Each Receipt this Period **41.68**

C. TRINA MOLNAR
Full Name (Last, First, Middle Initial)

Mailing Address 14-8 Meadowlawn Drive

City Mentor State OH Zip Code 44060

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **719.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52922

Amount of Each Receipt this Period **33.50**

SUBTOTAL of Receipts This Page (optional)..... **105.18**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 401 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. TRINA MOLNAR			Date of Receipt
Mailing Address 14-8 Meadowlawn Drive			<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52987
Mentor	OH	44060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="33.50"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="752.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. KAREN MOMBERGER			Date of Receipt
Mailing Address 102 Manor Road			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51459
New Kensington	PA	15068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="99.66"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="697.62"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. KAREN MOMBERGER			Date of Receipt
Mailing Address 102 Manor Road			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53739
New Kensington	PA	15068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="739.62"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.16"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 402 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHINETTA MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1466 NE Going Street
 City Portland State OR Zip Code 97211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation PROGRAM TECHNICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.54195
 Amount of Each Receipt this Period
 30.00

B. DAVID A. MOODY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Beacon Street
 City Boston State MA Zip Code 02108-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54287
 Amount of Each Receipt this Period
 30.00

C. DOUGLAS MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10176 Foothill Court
 City Spring Valley State CA Zip Code 91977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3930 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.52170
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 403 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOUGLAS MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10176 Foothill Court
 City Spring Valley State CA Zip Code 91977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3930 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 514.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.51988
 Amount of Each Receipt this Period
 150.00

B. DOUGLAS MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10176 Foothill Court
 City Spring Valley State CA Zip Code 91977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3930 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 534.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11AI.52172
 Amount of Each Receipt this Period
 20.00

C. DOUGLAS MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10176 Foothill Court
 City Spring Valley State CA Zip Code 91977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3930 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 574.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11AI.52171
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 404 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOUGLAS MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 10176 Foothill Court

City Spring Valley	State CA	Zip Code 91977
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 3930	Occupation EXECUTIVE DIRECTOR
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2014

Transaction ID : SA11AI.51920

Amount of Each Receipt this Period

40.00

B. EMILY M. MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 1173 Cedar Avenue

City Cincinnati	State OH	Zip Code 45224
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CINCINNATI CSD	Occupation CAFETERIA WORKER
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53565

Amount of Each Receipt this Period

23.82

C. EMILY M. MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 1173 Cedar Avenue

City Cincinnati	State OH	Zip Code 45224
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CINCINNATI CSD	Occupation CAFETERIA WORKER
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
254.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53566

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	77.82
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 405 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. EMILY M. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173 Cedar Avenue
 City Cincinnati State OH Zip Code 45224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/CINCINNATI CSD Occupation CAFETERIA WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53567
 Amount of Each Receipt this Period
 15.00

B. EMILY M. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173 Cedar Avenue
 City Cincinnati State OH Zip Code 45224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/CINCINNATI CSD Occupation CAFETERIA WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53568
 Amount of Each Receipt this Period
 52.00

C. EMILY M. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1173 Cedar Avenue
 City Cincinnati State OH Zip Code 45224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/CINCINNATI CSD Occupation CAFETERIA WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 451.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53569
 Amount of Each Receipt this Period
 130.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 197.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 407 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JULIANE MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 North Wenas Avenue
 City Selah State WA Zip Code 98942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53913
 Amount of Each Receipt this Period 16.00

B. KENNETH S. MOORE Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8650 State Road
 City Portland State MI Zip Code 48875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI LOC 5/STATE OF MI Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 622.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.51987
 Amount of Each Receipt this Period 622.00

C. CHARMAINE MORALES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1925 S. Mesa Street
 City San Pedro State CA Zip Code 90731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52161
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 658.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 408 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CHARMAINE MORALES		Date of Receipt
Mailing Address 1925 S. Mesa Street		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.52162
San Pedro	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME CA LOC 1199	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="224.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHARMAINE MORALES		Date of Receipt
Mailing Address 1925 S. Mesa Street		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.52163
San Pedro	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME CA LOC 1199	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="244.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PATRICK G. MORAN		Date of Receipt
Mailing Address 415 U Street NW		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.52388
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="712.09"/>
Name of Employer	Occupation	
AFSCME MD CN 3	AREA ORGANIZING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="889.59"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="752.09"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 409 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PATRICK G. MORAN			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52405
Mailing Address 415 U Street NW			Amount of Each Receipt this Period 100.00
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MD CN 3	Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 989.59		

Full Name (Last, First, Middle Initial) B. PATRICK G. MORAN			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52406
Mailing Address 415 U Street NW			Amount of Each Receipt this Period 113.00
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MD CN 3	Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1102.59		

Full Name (Last, First, Middle Initial) C. FRANCIS MORONEY			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 08 / 2014 Transaction ID : SA11AI.54288
Mailing Address 14 Jamaica Road			Amount of Each Receipt this Period 60.00
City Brookline	State MA	Zip Code 02146-0000	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional).....▶	273.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 410 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRENDA MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Beth Drive
 City Fairchance State PA Zip Code 15436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 517.30

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51460
 Amount of Each Receipt this Period 73.90

B. RACHEL C. MORROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 6221 Ssassafra Lane
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 567.02

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52923
 Amount of Each Receipt this Period 36.93

C. RACHEL C. MORROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 6221 Ssassafra Lane
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 603.95

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52988
 Amount of Each Receipt this Period 36.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.76
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 411 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RODNEY D MOSBY
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Waterford Drive

City State Zip Code
District Heights MD 20747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
489.26

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : SA11AI.51321

Amount of Each Receipt this Period
40.99

B. RODNEY D MOSBY
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Waterford Drive

City State Zip Code
District Heights MD 20747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
509.26

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014
Transaction ID : SA11AI.52089

Amount of Each Receipt this Period
20.00

C. RODNEY D MOSBY
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Waterford Drive

City State Zip Code
District Heights MD 20747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : SA11AI.51831

Amount of Each Receipt this Period
40.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.98

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 412 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LATASHIA N. MOSELEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1879 Biscayne Bay Circle
 City Jacksonville State FL Zip Code 32218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 362.08

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51322
 Amount of Each Receipt this Period 28.70

B. LATASHIA N. MOSELEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1879 Biscayne Bay Circle
 City Jacksonville State FL Zip Code 32218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 407.08

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52090
 Amount of Each Receipt this Period 45.00

C. LATASHIA N. MOSELEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1879 Biscayne Bay Circle
 City Jacksonville State FL Zip Code 32218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.78

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51832
 Amount of Each Receipt this Period 28.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.40
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 413 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOUGLAS MOSIER
Full Name (Last, First, Middle Initial)

Mailing Address 1076 CAIRNS RD

City Mansfield	State OH	Zip Code 44903
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53501

Amount of Each Receipt this Period
 14.00

B. JULIE A. MOUNTS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 45355

City Tacoma	State WA	Zip Code 98448
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53829

Amount of Each Receipt this Period
 27.00

C. JULIE A. MOUNTS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 45355

City Tacoma	State WA	Zip Code 98448
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
362.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53914

Amount of Each Receipt this Period
 27.00

SUBTOTAL of Receipts This Page (optional).....▶	68.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 414 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KATHERINE MOY-SANTOS		Date of Receipt
Mailing Address 190 W. Ostend Street Suite 101		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Baltimore	MD	21230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52389
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MD CN 3	STAFF REPRESENTATIVE	<input type="text" value="210.48"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="243.82"/>	

Full Name (Last, First, Middle Initial) B. MICHELLE MULHERIN		Date of Receipt
Mailing Address 2462 Cleveland Avenue		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Reading	PA	19609
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51461
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	STAFF REPRESENTATIVE	<input type="text" value="73.90"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="537.30"/>	

Full Name (Last, First, Middle Initial) C. STEVEN C. MULLEN		Date of Receipt
Mailing Address 544 Clermont Drive		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Harrisburg	PA	17112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51462
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	TRADES LABORER	<input type="text" value="166.26"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="876.30"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 415 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELVA MUNOZ
Full Name (Last, First, Middle Initial)

Mailing Address 624 Larkspur Street

City Lompoc State CA Zip Code 93436

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 3930 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.52173

Amount of Each Receipt this Period
 30.00

B. ELVA MUNOZ
Full Name (Last, First, Middle Initial)

Mailing Address 624 Larkspur Street

City Lompoc State CA Zip Code 93436

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 3930 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11AI.52174

Amount of Each Receipt this Period
 30.00

C. TRACY J MUNTZ
Full Name (Last, First, Middle Initial)

Mailing Address 3220 Ray Nash Drive NW

City Gig Harbor State WA Zip Code 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53830

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 416 OF 685
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TRACY J MUNTZ
Full Name (Last, First, Middle Initial)
Mailing Address 3220 Ray Nash Drive NW
City Gig Harbor State WA Zip Code 98335
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 322.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53988
Amount of Each Receipt this Period 49.00

B. TRACY J MUNTZ
Full Name (Last, First, Middle Initial)
Mailing Address 3220 Ray Nash Drive NW
City Gig Harbor State WA Zip Code 98335
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 343.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53915
Amount of Each Receipt this Period 21.00

C. DEBORA A. MURPHY
Full Name (Last, First, Middle Initial)
Mailing Address 5718 Mayfair Street SW
City Cedar Rapids State IA Zip Code 52404
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.53270
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 417 OF 685
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEBORA A. MURPHY
Full Name (Last, First, Middle Initial)
Mailing Address 5718 Mayfair Street SW
City Cedar Rapids State IA Zip Code 52404
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014
Transaction ID : SA11AI.53289
Amount of Each Receipt this Period
20.00

B. DEBORA A. MURPHY
Full Name (Last, First, Middle Initial)
Mailing Address 5718 Mayfair Street SW
City Cedar Rapids State IA Zip Code 52404
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014
Transaction ID : SA11AI.53314
Amount of Each Receipt this Period
20.00

C. MARK MURPHY
Full Name (Last, First, Middle Initial)
Mailing Address 2133 Farrington Avenue
City Alexandria State VA Zip Code 22303
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 591.62

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014
Transaction ID : SA11AI.51323
Amount of Each Receipt this Period
50.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.20
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 418 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARK MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Farrington Avenue
 City Alexandria State VA Zip Code 22303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.62

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52091
 Amount of Each Receipt this Period 20.00

B. MARK MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Farrington Avenue
 City Alexandria State VA Zip Code 22303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 661.82

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51833
 Amount of Each Receipt this Period 50.20

C. RYAN MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 W. Ostend Street Suite 101
 City Baltimore State MD Zip Code 21230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.14

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52390
 Amount of Each Receipt this Period 204.98

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.18
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVEN L. MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 696 Hull Road
 City Mansfield State OH Zip Code 44907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52924
 Amount of Each Receipt this Period
 40.00

B. STEVEN L. MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 696 Hull Road
 City Mansfield State OH Zip Code 44907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52946
 Amount of Each Receipt this Period
 20.00

C. STEVEN L. MYERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 696 Hull Road
 City Mansfield State OH Zip Code 44907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.52989
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 420 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PHYLLIS S. NAIAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13304 58th Drive NE
 City Marysville State WA Zip Code 98271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.82

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53916
 Amount of Each Receipt this Period 52.26

B. KENNY L. NANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 583 Monticello Avenue
 City Riverside State OH Zip Code 45404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/MAD RIVER LS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.68

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53029
 Amount of Each Receipt this Period 20.00

C. KENNY L. NANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 583 Monticello Avenue
 City Riverside State OH Zip Code 45404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/MAD RIVER LS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.57

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.53055
 Amount of Each Receipt this Period 13.89

SUBTOTAL of Receipts This Page (optional).....▶	86.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 421 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. REBECCA NASSARRE			Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 1701 S Norfolk Street			Transaction ID : SA11AI.52143
City San Mateo	State CA	Zip Code 94403	Amount of Each Receipt this Period 28.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME CA CN 57/SAN MATEO CNTY		Occupation SOCIAL WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00	

Full Name (Last, First, Middle Initial) B. REBECCA NASSARRE			Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 1701 S Norfolk Street			Transaction ID : SA11AI.52144
City San Mateo	State CA	Zip Code 94403	Amount of Each Receipt this Period 63.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME CA CN 57/SAN MATEO CNTY		Occupation SOCIAL WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.00	

Full Name (Last, First, Middle Initial) C. MARK NATOLI			Date of Receipt MM / DD / YYYY 07 / 17 / 2014
Mailing Address 267 S Oak Knoll Avenue #8			Transaction ID : SA11AI.52132
City Pasadena	State CA	Zip Code 91101	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME CA CN 36/LOCAL 575		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	126.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 422 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RACHEL E. NAUMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11021 Horseshoe Drive
 City State Zip Code
 Frederick MD 21701-3397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L SPECIAL ASSISTANT TO SECRETARY TREASURER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 651.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51324
 Amount of Each Receipt this Period
 50.10

B. RACHEL E. NAUMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11021 Horseshoe Drive
 City State Zip Code
 Frederick MD 21701-3397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L SPECIAL ASSISTANT TO SECRETARY TREASURER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 671.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52092
 Amount of Each Receipt this Period
 20.00

C. RACHEL E. NAUMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11021 Horseshoe Drive
 City State Zip Code
 Frederick MD 21701-3397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L SPECIAL ASSISTANT TO SECRETARY TREASURER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 721.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51834
 Amount of Each Receipt this Period
 50.10

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.20
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. BENJAMIN A. NEEDHAM			Date of Receipt
Mailing Address P.O. Box 15206			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51325
Washington	DC	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="66.68"/>
Name of Employer	Occupation		
AFSCME INT'L	REGIONAL FIELD MANAGER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="866.84"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. BENJAMIN A. NEEDHAM			Date of Receipt
Mailing Address P.O. Box 15206			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51835
Washington	DC	20003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="66.68"/>
Name of Employer	Occupation		
AFSCME INT'L	REGIONAL FIELD MANAGER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="933.52"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. CHELSA A. NELSON			Date of Receipt
Mailing Address 300 Hardman Avenue South			<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54050
South St. Paul	MN	55075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="53.28"/>
Name of Employer	Occupation		
AFSCME MN CN 5/CN14	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="352.40"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="186.64"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 424 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CYNTHIA NELSON
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Garfield Street, N.E.

City	State	Zip Code
Minneapolis	MN	55418

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/CN14	BUSINESS REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **511.28**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		08		2014

Transaction ID : SA11AI.54052

Amount of Each Receipt this Period

73.12

B. MATTHEW NELSON
Full Name (Last, First, Middle Initial)

Mailing Address 909 Carmen Lane

City	State	Zip Code
Mendota Heights	MN	55118

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/CN14	BUSINESS REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **224.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		08		2014

Transaction ID : SA11AI.54053

Amount of Each Receipt this Period

32.00

C. MICHAEL NELSON
Full Name (Last, First, Middle Initial)

Mailing Address 2191 110th Lane NW

City	State	Zip Code
Coon Rapids	MN	55433-4173

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2014

Transaction ID : SA11AI.51966

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	130.12
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 425 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2191 110th Lane NW
 City Coon Rapids State MN Zip Code 55433-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54115
 Amount of Each Receipt this Period 22.00

B. MICHAEL NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2191 110th Lane NW
 City Coon Rapids State MN Zip Code 55433-4173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54054
 Amount of Each Receipt this Period 30.00

C. JESSE NEWCOMER IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 Circle Road
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 737.85

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51463
 Amount of Each Receipt this Period 144.57

SUBTOTAL of Receipts This Page (optional)..... ▶ 196.57
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 426 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JESSE NEWCOMER IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 Circle Road
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 782.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53743
 Amount of Each Receipt this Period
 45.00

B. JESSE NEWCOMER IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 Circle Road
 City Carlisle State PA Zip Code 17013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53744
 Amount of Each Receipt this Period
 25.00

C. CATHY L. NEWTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 E. Mulberry Street
 City Bryan State OH Zip Code 43506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53425
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 427 OF 685
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CATHY L. NEWTON
Full Name (Last, First, Middle Initial)

Mailing Address 221 E. Mulberry Street

City Bryan State OH Zip Code 43506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53502

Amount of Each Receipt this Period 30.00

B. MARY L. NICHOL
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Meridian Street N. Apt. E3

City Puyallup State WA Zip Code 98371

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53831

Amount of Each Receipt this Period 20.00

C. MARY L. NICHOL
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Meridian Street N. Apt. E3

City Puyallup State WA Zip Code 98371

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53917

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 428 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. RHONDA J. NICHOLS		Date of Receipt
Mailing Address 6233 - 12th Avenue NW		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53832
Marysville	WA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="17.00"/>
Name of Employer	Occupation	
AFSCME WA CN 28/SOWA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="207.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RHONDA J. NICHOLS		Date of Receipt
Mailing Address 6233 - 12th Avenue NW		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53989
Marysville	WA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="31.00"/>
Name of Employer	Occupation	
AFSCME WA CN 28/SOWA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="238.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RHONDA J. NICHOLS		Date of Receipt
Mailing Address 6233 - 12th Avenue NW		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53990
Marysville	WA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="28.00"/>
Name of Employer	Occupation	
AFSCME WA CN 28/SOWA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="266.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 429 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RHONDA J. NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6233 - 12th Avenue NW
 City Marysville State WA Zip Code 98271-6526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53991
 Amount of Each Receipt this Period
 20.00

B. RHONDA J. NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6233 - 12th Avenue NW
 City Marysville State WA Zip Code 98271-6526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53918
 Amount of Each Receipt this Period
 17.00

C. SHERYL L. NICHOLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2410 East Fifth Street
 City Dayton State OH Zip Code 45403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.53153
 Amount of Each Receipt this Period
 38.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.49
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 430 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LEROY J. NIDA
Full Name (Last, First, Middle Initial)

Mailing Address 208 F Place

City Kalona State IA Zip Code 52247

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.53271

Amount of Each Receipt this Period 200.00

B. LEROY J. NIDA
Full Name (Last, First, Middle Initial)

Mailing Address 208 F Place

City Kalona State IA Zip Code 52247

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 28 / 2014
Transaction ID : SA11AI.53315

Amount of Each Receipt this Period 200.00

C. JAMES B. NILAND
Full Name (Last, First, Middle Initial)

Mailing Address 2728 Pleasant Ave

City Minneapolis State MN Zip Code 55408

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation LEGISLATIVE/POLITICAL ACTION DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54055

Amount of Each Receipt this Period 160.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 431 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSEPH NILSSON
Full Name (Last, First, Middle Initial)

Mailing Address 3215 Eastland Circle SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation CLERICAL
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.53833

Amount of Each Receipt this Period
21.00

B. JOSEPH NILSSON
Full Name (Last, First, Middle Initial)

Mailing Address 3215 Eastland Circle SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation CLERICAL
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53919

Amount of Each Receipt this Period
21.00

C. TERRY NIXON
Full Name (Last, First, Middle Initial)

Mailing Address 19409 NE Dawn Dr

City Yacolt	State WA	Zip Code 98675
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation TRADES HELPER
-------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53920

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	57.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 432 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVEN L. NORDYKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Piazza Lane
 City Chatham State IL Zip Code 62629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.54348
 Amount of Each Receipt this Period
 232.00

B. STEVEN L. NORDYKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Piazza Lane
 City Chatham State IL Zip Code 62629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SYSTEMS ANALYST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.54349
 Amount of Each Receipt this Period
 78.00

C. KAREN NORWOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8810 - 1/2 Belford Avenue
 City Bradley Int'l State CA Zip Code 90045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36/LOCAL 3302 Occupation TECH INSTRUCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 406.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52133
 Amount of Each Receipt this Period
 56.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 366.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 433 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN NORWOOD
Full Name (Last, First, Middle Initial)

Mailing Address 8810 - 1/2 Belford Avenue

City State Zip Code
Bradley Int'l CA 90045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA CN 36/LOCAL 3302 TECH INSTRUCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52134

Amount of Each Receipt this Period
65.00

B. WILLIAM NOWEL
Full Name (Last, First, Middle Initial)

Mailing Address 1382 Elbur Avenue

City State Zip Code
Lakewood OH 44107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.53154

Amount of Each Receipt this Period
53.23

C. LOURENE M. O'BRIEN-HOOPER
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Scrivner Road

City State Zip Code
Port Angeles WA 98362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.53921

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.23

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 434 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANTHONY A OGUNDIRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 11862
 City State Zip Code
 Minneapolis MN 55411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ORGANIZER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 357.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51327
 Amount of Each Receipt this Period
 28.70

B. ANTHONY A OGUNDIRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 11862
 City State Zip Code
 Minneapolis MN 55411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ORGANIZER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 403.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52093
 Amount of Each Receipt this Period
 46.00

C. ANTHONY A OGUNDIRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 11862
 City State Zip Code
 Minneapolis MN 55411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ORGANIZER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 432.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51837
 Amount of Each Receipt this Period
 28.70

SUBTOTAL of Receipts This Page (optional)..... ► 103.40
TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 435 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TRAVIS OHM
Full Name (Last, First, Middle Initial)
Mailing Address 8 Highland Road
City Seven Valleys State PA Zip Code 17360
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **697.62**

Date of Receipt **07 / 16 / 2014**
Transaction ID : SA11AI.51464
Amount of Each Receipt this Period **99.66**

B. RUSSELL K. OKATA
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Wilder Avenue
City Honolulu State HI Zip Code 96822
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME HI LOC 152 Occupation RETIREE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 01 / 2014**
Transaction ID : SA11AI.52847
Amount of Each Receipt this Period **100.00**

C. LATASHA A. OLIVER
Full Name (Last, First, Middle Initial)
Mailing Address 1610 Oakwood Avenue
City Columbus State OH Zip Code 43207
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **222.75**

Date of Receipt **07 / 02 / 2014**
Transaction ID : SA11AI.53155
Amount of Each Receipt this Period **31.14**

SUBTOTAL of Receipts This Page (optional)..... **230.80**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HOLLY Y. OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15443 Martins Hundred Drive
 City Centerville State VA Zip Code 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, GENERAL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 832.52

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51328
 Amount of Each Receipt this Period 64.04

B. HOLLY Y. OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15443 Martins Hundred Drive
 City Centerville State VA Zip Code 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, GENERAL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 852.52

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52094
 Amount of Each Receipt this Period 20.00

C. HOLLY Y. OLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15443 Martins Hundred Drive
 City Centerville State VA Zip Code 20120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, GENERAL SERVICES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.56

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51838
 Amount of Each Receipt this Period 64.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.08
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VASTINA OMOSEBI
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.54

Date of Receipt
07 / 09 / 2014
Transaction ID : SA11AI.52391

Amount of Each Receipt this Period
195.04

B. MARY C. OPENLANDER
Full Name (Last, First, Middle Initial)

Mailing Address 466 Prospect

City Muir State MI Zip Code 48860

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
07 / 01 / 2014
Transaction ID : SA11AI.52232

Amount of Each Receipt this Period
21.00

C. MARY C. OPENLANDER
Full Name (Last, First, Middle Initial)

Mailing Address 466 Prospect

City Muir State MI Zip Code 48860

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
07 / 22 / 2014
Transaction ID : SA11AI.52261

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 237.04

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 438 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN ORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 536 Second Street
 City Steelton State PA Zip Code 17113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.80

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51465
 Amount of Each Receipt this Period 49.40

B. MIGUEL G. ORTIZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 Washington Avenue
 City Albany State NY Zip Code 12210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.54219
 Amount of Each Receipt this Period 19.24

C. MIGUEL G. ORTIZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 143 Washington Avenue
 City Albany State NY Zip Code 12210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.54228
 Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.88
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 439 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PETER S. OSHIRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 95-1076 Pikokea Street
 City Mililani Town State HI Zip Code 96789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52848
 Amount of Each Receipt this Period 42.00

B. CURT A. OSTRANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 First Tavern Road
 City Jaffrey State NH Zip Code 03452-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REPRESENTATIV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.84

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51329
 Amount of Each Receipt this Period 50.20

C. CURT A. OSTRANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 First Tavern Road
 City Jaffrey State NH Zip Code 03452-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REPRESENTATIV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 691.04

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51839
 Amount of Each Receipt this Period 50.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.40
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 440 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GERALD OTTEN
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Evergreen Way

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation MANAGER, BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **578.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51330

Amount of Each Receipt this Period
44.93

B. GERALD OTTEN
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Evergreen Way

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation MANAGER, BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **623.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51840

Amount of Each Receipt this Period
44.93

C. CHARLES C. OWEN
Full Name (Last, First, Middle Initial)

Mailing Address 54 Grant Avenue

City Medford State MA Zip Code 02155-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93/LOCAL 804 Occupation SUPERINTENDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.54332

Amount of Each Receipt this Period
130.00

SUBTOTAL of Receipts This Page (optional).....▶	219.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 441 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARLES C. OWEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Grant Avenue
 City Medford State MA Zip Code 02155-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93/LOCAL 804 Occupation SUPERINTENDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.54333
 Amount of Each Receipt this Period
 43.00

B. CHARLES C. OWEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Grant Avenue
 City Medford State MA Zip Code 02155-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93/LOCAL 804 Occupation SUPERINTENDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 271.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54334
 Amount of Each Receipt this Period
 25.00

C. CHARLES C. OWEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Grant Avenue
 City Medford State MA Zip Code 02155-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93/LOCAL 804 Occupation SUPERINTENDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11AI.54335
 Amount of Each Receipt this Period
 2.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 442 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHARLES C. OWEN
Full Name (Last, First, Middle Initial)

Mailing Address 54 Grant Avenue

City Medford State MA Zip Code 02155-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93/LOCAL 804 Occupation SUPERINTENDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.54336

Amount of Each Receipt this Period 2.00

B. WILLIAM M. PADISAK Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 4886 Pine Trace Drive

City Austintown State OH Zip Code 44515

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 578.04

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52925

Amount of Each Receipt this Period 34.86

C. WILLIAM M. PADISAK Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 4886 Pine Trace Drive

City Austintown State OH Zip Code 44515

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 612.90

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52990

Amount of Each Receipt this Period 34.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.72

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 443 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. WILLIAM R. PALMQUIST		Date of Receipt
Mailing Address 733 37th Avenue		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seattle	WA	98122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53923
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	FIELD ORGANIZER	<input type="text" value="55.08"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="385.56"/>	

Full Name (Last, First, Middle Initial) B. WILLIAM R. PALMQUIST		Date of Receipt
Mailing Address 733 37th Avenue		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seattle	WA	98122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51841
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	FIELD ORGANIZER	<input type="text" value="34.38"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="419.94"/>	

Full Name (Last, First, Middle Initial) C. RACHEL S. PANCIERA		Date of Receipt
Mailing Address 5210 Biddison Avenue		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Baltimore	MD	21206
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52392
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MD CN 3	FIELD COORDINATOR	<input type="text" value="430.29"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="501.13"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="519.75"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 444 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES PARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 517 Edgewood Drive
 City Burlington State WI Zip Code 53105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 24 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 401.70

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54138
 Amount of Each Receipt this Period 53.56

B. SHERRY A. PATTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 W. Walnut Street
 City Mt Vernon State OH Zip Code 43050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/MT VERNON Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 422.46

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53056
 Amount of Each Receipt this Period 29.42

C. JEFFREY D. PAULSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 30th Avenue SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53836
 Amount of Each Receipt this Period 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.98
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 445 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEFFREY D. PAULSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 30th Avenue SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 246.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53992
 Amount of Each Receipt this Period 5.00

B. JEFFREY D. PAULSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 30th Avenue SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53993
 Amount of Each Receipt this Period 20.00

C. JEFFREY D. PAULSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 30th Avenue SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53924
 Amount of Each Receipt this Period 19.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BARRY PEARCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 N. Wilson Street
 City Bellefonte State PA Zip Code 16823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **517.30**

Date of Receipt **07 / 16 / 2014**
Transaction ID : SA11AI.51467
 Amount of Each Receipt this Period **73.90**

B. MELINDA PEARSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Hoffman Road Apt. 1B
 City White Bear Lake State MN Zip Code 55110-4652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.54056
 Amount of Each Receipt this Period **28.00**

C. MARIA F PEDERSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6607 Clearbrook Drive SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **07 / 10 / 2014**
Transaction ID : SA11AI.53837
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **121.90**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 447 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARIA F PEDERSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6607 Clearbrook Drive SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53994
 Amount of Each Receipt this Period 16.00

B. MARIA F PEDERSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6607 Clearbrook Drive SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53995
 Amount of Each Receipt this Period 28.00

C. MARIA F PEDERSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6607 Clearbrook Drive SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 362.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53996
 Amount of Each Receipt this Period 58.00

SUBTOTAL of Receipts This Page (optional).....▶ 102.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 448 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARIA F PEDERSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6607 Clearbrook Drive SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53925
 Amount of Each Receipt this Period 20.00

B. WILLIE L. PELOTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Ross Way
 City Sacramento State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 698.23

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51331
 Amount of Each Receipt this Period 53.71

C. WILLIE L. PELOTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Ross Way
 City Sacramento State CA Zip Code 95864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 751.94

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51842
 Amount of Each Receipt this Period 53.71

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.42
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 449 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOANNE M. PELS
Full Name (Last, First, Middle Initial)

Mailing Address 6987 County 38 NW

City Walker	State MN	Zip Code 56484
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
590.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54057

Amount of Each Receipt this Period
 83.38

B. JOANNE M. PELS
Full Name (Last, First, Middle Initial)

Mailing Address 6987 County 38 NW

City Walker	State MN	Zip Code 56484
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
711.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54116

Amount of Each Receipt this Period
 121.00

C. PAMELA PERILLO
Full Name (Last, First, Middle Initial)

Mailing Address 9270 Billingsley Road

City White Plains	State MD	Zip Code 20695
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
471.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51332

Amount of Each Receipt this Period
 36.27

SUBTOTAL of Receipts This Page (optional).....▶	240.65
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 450 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PAMELA PERILLO
Full Name (Last, First, Middle Initial)

Mailing Address 9270 Billingsley Road

City White Plains State MD Zip Code 20695

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.78**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51843

Amount of Each Receipt this Period **36.27**

B. STEPHEN F. PERKINS
Full Name (Last, First, Middle Initial)

Mailing Address 6901 Los Volcano Road #0103

City Albuquerque State NM Zip Code 87121

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NM CN 18/BERNALILLO Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **314.64**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.52307

Amount of Each Receipt this Period **26.22**

C. STEPHEN F. PERKINS
Full Name (Last, First, Middle Initial)

Mailing Address 6901 Los Volcano Road #0103

City Albuquerque State NM Zip Code 87121

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NM CN 18/BERNALILLO Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.86**

Date of Receipt **07 / 14 / 2014**

Transaction ID : SA11AI.52308

Amount of Each Receipt this Period **26.22**

SUBTOTAL of Receipts This Page (optional)..... **88.71**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHEN F. PERKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Los Volcano Road #0103
 City Albuquerque State NM Zip Code 87121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NM CN 18/BERNALILLO Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.86

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52310
 Amount of Each Receipt this Period 45.00

B. STEPHEN F. PERKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 Los Volcano Road #0103
 City Albuquerque State NM Zip Code 87121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NM CN 18/BERNALILLO Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 412.08

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52309
 Amount of Each Receipt this Period 26.22

C. RANDOLPH P. PERREIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Mokuhano Street
 City Honolulu State HI Zip Code 96825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 784.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52849
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.22
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RANDOLPH P. PERREIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Mokuhano Street
 City Honolulu State HI Zip Code 96825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 849.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52874
 Amount of Each Receipt this Period 65.00

B. RANDOLPH P. PERREIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Mokuhano Street
 City Honolulu State HI Zip Code 96825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 863.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51922
 Amount of Each Receipt this Period 14.00

C. ELIZABETH PERROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 958 N. Harrison Street
 City Arlington State VA Zip Code 22205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.25

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51333
 Amount of Each Receipt this Period 48.21

SUBTOTAL of Receipts This Page (optional).....▶ 127.21
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 453 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELIZABETH PERROW
Full Name (Last, First, Middle Initial)

Mailing Address 958 N. Harrison Street

City State Zip Code
Arlington VA 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
631.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014
Transaction ID : SA11AI.52095

Amount of Each Receipt this Period
20.00

B. ELIZABETH PERROW
Full Name (Last, First, Middle Initial)

Mailing Address 958 N. Harrison Street

City State Zip Code
Arlington VA 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
679.46

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : SA11AI.51844

Amount of Each Receipt this Period
48.21

C. CINDY L. PERRY
Full Name (Last, First, Middle Initial)

Mailing Address 2613 Edgar Street

City State Zip Code
Toledo OH 43613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.40

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014
Transaction ID : SA11AI.53071

Amount of Each Receipt this Period
39.24

SUBTOTAL of Receipts This Page (optional).....▶	107.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 454 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. CINDY L. PERRY			Date of Receipt MM / DD / YYYY 07 / 01 / 2014 Transaction ID : SA11AI.53073		
Mailing Address 2613 Edgar Street			Amount of Each Receipt this Period 190.00		
City Toledo	State OH	Zip Code 43613			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY		Occupation CUSTODIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 402.40			

Full Name (Last, First, Middle Initial) B. CINDY L. PERRY			Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : SA11AI.53074		
Mailing Address 2613 Edgar Street			Amount of Each Receipt this Period 59.00		
City Toledo	State OH	Zip Code 43613			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY		Occupation CUSTODIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.40			

Full Name (Last, First, Middle Initial) C. CINDY L. PERRY			Date of Receipt MM / DD / YYYY 07 / 21 / 2014 Transaction ID : SA11AI.53072		
Mailing Address 2613 Edgar Street			Amount of Each Receipt this Period 39.24		
City Toledo	State OH	Zip Code 43613			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY		Occupation CUSTODIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.64			

SUBTOTAL of Receipts This Page (optional).....▶	288.24
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 455 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BOBBIE L. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14999 Wheeler Road
 City Lagrange State OH Zip Code 44050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53426
 Amount of Each Receipt this Period
 20.00

B. BOBBIE L. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14999 Wheeler Road
 City Lagrange State OH Zip Code 44050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53503
 Amount of Each Receipt this Period
 20.00

C. IVA J. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1939 Salem School Road
 City Pineyville State KY Zip Code 40162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 413.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51334
 Amount of Each Receipt this Period
 82.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.69
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. IVA J. PETERS
Full Name (Last, First, Middle Initial)

Mailing Address 1939 Salem School Road

City Pineyville	State KY	Zip Code 40162
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **496.14**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51845

Amount of Each Receipt this Period

82.69

B. MARYANN Z. PETERS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 57037

City Los Angeles	State CA	Zip Code 90057
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52136

Amount of Each Receipt this Period

75.00

C. MARYANN Z. PETERS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 57037

City Los Angeles	State CA	Zip Code 90057
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.51649

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	172.69
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 457 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARYANN Z. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 57037
 City Los Angeles State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.51650
 Amount of Each Receipt this Period
 15.00

B. MARYANN Z. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 57037
 City Los Angeles State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.51651
 Amount of Each Receipt this Period
 15.00

C. MARYANN Z. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 57037
 City Los Angeles State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.51652
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 458 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARYANN Z. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 57037
 City Los Angeles State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.51653
 Amount of Each Receipt this Period
 15.00

B. MARYANN Z. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 57037
 City Los Angeles State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.51654
 Amount of Each Receipt this Period
 15.00

C. MARYANN Z. PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 57037
 City Los Angeles State CA Zip Code 90057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.51655
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 459 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KOLBY PETERSON
Full Name (Last, First, Middle Initial)

Mailing Address 9417 Braymore Circle

City Fairfax Station State VA Zip Code 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLLING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **643.89**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51335

Amount of Each Receipt this Period
49.53

B. KOLBY PETERSON
Full Name (Last, First, Middle Initial)

Mailing Address 9417 Braymore Circle

City Fairfax Station State VA Zip Code 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLLING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **693.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51846

Amount of Each Receipt this Period
49.53

C. RONNIE D. PETERSON
Full Name (Last, First, Middle Initial)

Mailing Address 1146 Rue Willette Blvd.

City Ypsilanti State MI Zip Code 48196

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1922.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51336

Amount of Each Receipt this Period
150.61

SUBTOTAL of Receipts This Page (optional).....▶	249.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. RONNIE D. PETERSON		Date of Receipt
Mailing Address 1146 Rue Willette Blvd.		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ypsilanti	MI	48196
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.51847
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.61"/>
Name of Employer	Occupation	
AFSCME INT'L	POLITICAL ACTION REPRESENTATIVE III	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2073.14"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. URSULA PETTERS		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.53838
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. URSULA PETTERS		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.53926
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="190.61"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 461 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RICHARD L. PETTIT
Full Name (Last, First, Middle Initial)

Mailing Address 1957 Coppermine Road

City Buchanan State GA Zip Code 30113

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **936.29**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51337

Amount of Each Receipt this Period **68.51**

B. RICHARD L. PETTIT
Full Name (Last, First, Middle Initial)

Mailing Address 1957 Coppermine Road

City Buchanan State GA Zip Code 30113

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1031.29**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52026

Amount of Each Receipt this Period **95.00**

C. RICHARD L. PETTIT
Full Name (Last, First, Middle Initial)

Mailing Address 1957 Coppermine Road

City Buchanan State GA Zip Code 30113

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1099.80**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51848

Amount of Each Receipt this Period **68.51**

SUBTOTAL of Receipts This Page (optional)..... **232.02**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 462 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRYAN T. PHENICIE
Full Name (Last, First, Middle Initial)

Mailing Address 684 Niles Road

City Franklin State PA Zip Code 16323

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53664

Amount of Each Receipt this Period 20.00

B. CATHERINE PHILLIPS
Full Name (Last, First, Middle Initial)

Mailing Address 15707 Manning Street

City Detroit State MI Zip Code 48205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.44

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52233

Amount of Each Receipt this Period 29.12

C. CATHERINE PHILLIPS
Full Name (Last, First, Middle Initial)

Mailing Address 15707 Manning Street

City Detroit State MI Zip Code 48205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.56

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52262

Amount of Each Receipt this Period 29.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.24

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 463 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KELLY PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 Worthington Road
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.53341
 Amount of Each Receipt this Period
 66.00

B. MICHELLE R. PHILLIPS
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 N. Warren Avenue
 City Columbus State OH Zip Code 43204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/SOUTH-WESTERN Occupation CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53057
 Amount of Each Receipt this Period
 62.50

C. STEVAN P. PICKARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Capricio Street, NE
 City Canton State OH Zip Code 44721-2702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 449.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.53156
 Amount of Each Receipt this Period
 64.40

SUBTOTAL of Receipts This Page (optional).....▶	192.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEFFREY K. PITTMAN
Full Name (Last, First, Middle Initial)

Mailing Address 2601 Woodley Place NW
Apt. 401

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation SR. STRATEGIC COMM SPECIALIST 3

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 564.56

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SA11AI.52393

Amount of Each Receipt this Period
484.56

B. CLIFFORD T. POEHLER
Full Name (Last, First, Middle Initial)

Mailing Address 565 Glendale Street

City Minneapolis State MN Zip Code 55104

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation LEGAL ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 434.80

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.54083

Amount of Each Receipt this Period
68.30

C. RENEE POFF
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.70

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51468

Amount of Each Receipt this Period
39.10

SUBTOTAL of Receipts This Page (optional).....▶	591.96
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 465 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVE POINTEC
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53839

Amount of Each Receipt this Period 20.00

B. STEVE POINTEC
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53927

Amount of Each Receipt this Period 20.00

C. CHRISTOPHER D. POLICANO
Full Name (Last, First, Middle Initial)

Mailing Address 2480 16th Street NW
Apt. 314

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, COMMUNICATIONS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.32

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51338

Amount of Each Receipt this Period 74.64

SUBTOTAL of Receipts This Page (optional).....▶ 114.64

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 466 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTOPHER D. POLICANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2480 16th Street NW
 Apt. 314
 City Washington State DC Zip Code 20009
 Name of Employer AFSCME INT'L Occupation DIRECTOR, COMMUNICATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1160.32

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52096
 Amount of Each Receipt this Period 60.00

B. CHRISTOPHER D. POLICANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2480 16th Street NW
 Apt. 314
 City Washington State DC Zip Code 20009
 Name of Employer AFSCME INT'L Occupation DIRECTOR, COMMUNICATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1234.96

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51849
 Amount of Each Receipt this Period 74.64

C. NICOLE R. POLLARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9404 Nicklaus Lane
 City Laurel State MD Zip Code 20708
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 804.70

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51339
 Amount of Each Receipt this Period 61.90

SUBTOTAL of Receipts This Page (optional).....▶	196.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 467 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. NICOLE R. POLLARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9404 Nicklaus Lane
 City Laurel State MD Zip Code 20708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 866.60

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51850
 Amount of Each Receipt this Period 61.90

B. CODEY POOLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53928
 Amount of Each Receipt this Period 15.00

C. MARY L. PORTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 9800 Bellefontaine Road
 City St. Louis State MO Zip Code 63137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation INTERNATIONAL UNION REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.70

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51340
 Amount of Each Receipt this Period 35.70

SUBTOTAL of Receipts This Page (optional).....▶ 112.60
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 468 OF 685
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARY L. PORTER
Full Name (Last, First, Middle Initial)

Mailing Address 9800 Bellefontaine Road

City St. Louis State MO Zip Code 63137

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation INTERNATIONAL UNION REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51851

Amount of Each Receipt this Period
35.70

B. EDWARD POTTS
Full Name (Last, First, Middle Initial)

Mailing Address 240 Bentz Mill Road

City Wellsville State PA Zip Code 17365

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation CLERK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51469

Amount of Each Receipt this Period
73.90

C. GREGORY A. POWELL
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Abbey Road

City Round Rock State TX Zip Code 78681

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.63**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51341

Amount of Each Receipt this Period
47.33

SUBTOTAL of Receipts This Page (optional).....▶	156.93
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 469 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. GREGORY A. POWELL			Date of Receipt
Mailing Address 1300 Abbey Road			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52321
Round Rock	TX	78681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="116.00"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="636.63"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. GREGORY A. POWELL			Date of Receipt
Mailing Address 1300 Abbey Road			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52322
Round Rock	TX	78681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="686.63"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. GREGORY A. POWELL			Date of Receipt
Mailing Address 1300 Abbey Road			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51852
Round Rock	TX	78681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="47.33"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="733.96"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="213.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 470 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. REBECCA POWELL
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **07 / 10 / 2014**

Transaction ID : SA11AI.53841

Amount of Each Receipt this Period **30.00**

B. REBECCA POWELL
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53929

Amount of Each Receipt this Period **30.00**

C. STEVE PREBLE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 204

City Colerain State MN Zip Code 55722

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **822.72**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52297

Amount of Each Receipt this Period **47.00**

SUBTOTAL of Receipts This Page (optional)..... **107.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 471 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVE PREBLE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 204

City Colerain State MN Zip Code 55722

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **836.72**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51923

Amount of Each Receipt this Period **14.00**

B. HELEN PRESSLEY
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7606

City Olympia State WA Zip Code 98507

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt **07 / 10 / 2014**

Transaction ID : SA11AI.53842

Amount of Each Receipt this Period **21.00**

C. HELEN PRESSLEY
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7606

City Olympia State WA Zip Code 98507

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53930

Amount of Each Receipt this Period **21.00**

SUBTOTAL of Receipts This Page (optional)..... **56.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 472 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DELBERT G. PRICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 885 Haverhill Drive
 City Hamilton State OH Zip Code 45013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation INTERNATIONAL UNION REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 592.15

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51342
 Amount of Each Receipt this Period 46.39

B. DELBERT G. PRICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 885 Haverhill Drive
 City Hamilton State OH Zip Code 45013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation INTERNATIONAL UNION REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 638.54

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51853
 Amount of Each Receipt this Period 46.39

C. GAIL L. PRICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1613 Wayland Avenue
 City Sacramento State CA Zip Code 95825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3299/UNIV OF CA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.52165
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.78
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 473 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. ROBYN PRICE
 Mailing Address 1034 N. Washington Avenue
 City State Zip Code
 Lansing MI 48906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52234
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. ROBYN PRICE
 Mailing Address 1034 N. Washington Avenue
 City State Zip Code
 Lansing MI 48906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11AI.52263
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. ERWIN D. PRIM
 Mailing Address 729 1/2 Fourth Street
 City State Zip Code
 Marietta OH 45750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4/MARIETTA CSD STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53023
 Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.84
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 474 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ERWIN D. PRIM
Full Name (Last, First, Middle Initial)
Mailing Address 729 1/2 Fourth Street
City Marietta State OH Zip Code 45750
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 4/MARIETTA CSD Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **291.76**

Date of Receipt **07 / 23 / 2014**
Transaction ID : SA11AI.53058
Amount of Each Receipt this Period **20.84**

B. AMANDA M. PRINCE
Full Name (Last, First, Middle Initial)
Mailing Address 4894 Birchview Drive
City Moose Lake State MN Zip Code 55767
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **217.00**

Date of Receipt **07 / 08 / 2014**
Transaction ID : SA11AI.54058
Amount of Each Receipt this Period **31.00**

C. MARCIA PROVOST
Full Name (Last, First, Middle Initial)
Mailing Address 555 Third Street SE
City Milaca State MN Zip Code 56353
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.54059
Amount of Each Receipt this Period **48.00**

SUBTOTAL of Receipts This Page (optional)..... **99.84**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 475 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. EDWARD M. PRUITT
Full Name (Last, First, Middle Initial)

Mailing Address 514 Quail Hollow Avenue NE

City Canton	State OH	Zip Code 44704
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2014

Transaction ID : SA11AI.53427

Amount of Each Receipt this Period
15.00

B. EDWARD M. PRUITT
Full Name (Last, First, Middle Initial)

Mailing Address 514 Quail Hollow Avenue NE

City Canton	State OH	Zip Code 44704
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2014

Transaction ID : SA11AI.53504

Amount of Each Receipt this Period
15.00

C. DEVORRUS PRYOR
Full Name (Last, First, Middle Initial)

Mailing Address 514 Shatto Place
3rd Floor

City Los Angeles	State CA	Zip Code 90020
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/LOCAL 685	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2014

Transaction ID : SA11AI.51646

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 476 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. IRENE L. PUUOHAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 94-1149 Kaloli Loop
 City Waipahu State HI Zip Code 96797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52875
 Amount of Each Receipt this Period
 201.00

B. IRENE L. PUUOHAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 94-1149 Kaloli Loop
 City Waipahu State HI Zip Code 96797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52876
 Amount of Each Receipt this Period
 20.00

C. IRENE L. PUUOHAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 94-1149 Kaloli Loop
 City Waipahu State HI Zip Code 96797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 421.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52877
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 246.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 477 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. IRENE L. PUUOHAU
Full Name (Last, First, Middle Initial)

Mailing Address 94-1149 Kaloli Loop

City Waipahu State HI Zip Code 96797

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52878

Amount of Each Receipt this Period **35.00**

B. IRENE L. PUUOHAU
Full Name (Last, First, Middle Initial)

Mailing Address 94-1149 Kaloli Loop

City Waipahu State HI Zip Code 96797

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **524.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52879

Amount of Each Receipt this Period **68.00**

C. IRENE L. PUUOHAU
Full Name (Last, First, Middle Initial)

Mailing Address 94-1149 Kaloli Loop

City Waipahu State HI Zip Code 96797

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **552.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52880

Amount of Each Receipt this Period **28.00**

SUBTOTAL of Receipts This Page (optional)..... **131.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 478 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CARY R. QUICK JR.
Full Name (Last, First, Middle Initial)

Mailing Address 910 Campground Road

City Anna	State IL	Zip Code 62906
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation MENTAL HEALTH TECH I
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **331.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2014

Transaction ID : SA11AI.51975

Amount of Each Receipt this Period

136.00

B. CARY R. QUICK JR.
Full Name (Last, First, Middle Initial)

Mailing Address 910 Campground Road

City Anna	State IL	Zip Code 62906
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation MENTAL HEALTH TECH I
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **357.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2014

Transaction ID : SA11AI.54355

Amount of Each Receipt this Period

26.00

C. LLOYD L. RAINS
Full Name (Last, First, Middle Initial)

Mailing Address 15829 Narraganset Oval

City Middleburg Hts	State OH	Zip Code 44130
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR
-------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52926

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	202.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 479 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LLOYD L. RAINS
Full Name (Last, First, Middle Initial)

Mailing Address 15829 Narraganset Oval

City Middleburg Hts State OH Zip Code 44130

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.52991

Amount of Each Receipt this Period **40.00**

B. HECTOR RAMOS
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Anclote Drive

City Tarpons Springs State FL Zip Code 34689

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME FL CN 79 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.52193

Amount of Each Receipt this Period **40.00**

C. EDWARD J RAMTHUN
Full Name (Last, First, Middle Initial)

Mailing Address 810 Fleetwood Drive

City Indianapolis State IN Zip Code 46228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZING RESEARCH SPECIALIST III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **542.40**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51343

Amount of Each Receipt this Period **50.20**

SUBTOTAL of Receipts This Page (optional)..... **130.20**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 480 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. EDWARD J RAMTHUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Fleetwood Drive
 City Indianapolis State IN Zip Code 46228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZING RESEARCH SPECIALIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.40

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52097
 Amount of Each Receipt this Period 20.00

B. EDWARD J RAMTHUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Fleetwood Drive
 City Indianapolis State IN Zip Code 46228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZING RESEARCH SPECIALIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 612.60

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51854
 Amount of Each Receipt this Period 50.20

C. SHAWNTAE R. RANA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1353 Talcott Place
 City Decatur State GA Zip Code 30033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51344
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.20
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 481 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHAWNTAE R. RANA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1353 Talcott Place
 City Decatur State GA Zip Code 30033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52098
 Amount of Each Receipt this Period 55.00

B. SHAWNTAE R. RANA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1353 Talcott Place
 City Decatur State GA Zip Code 30033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51855
 Amount of Each Receipt this Period 20.00

C. SUSIE ANN RATHKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53843
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 482 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSIE ANN RATHKE
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53931

Amount of Each Receipt this Period 25.00

B. ZOLLIE RAYNER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 51

City Albion State PA Zip Code 16401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 542.30

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51470

Amount of Each Receipt this Period 73.90

C. ZOLLIE RAYNER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 51

City Albion State PA Zip Code 16401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 662.30

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53745

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.90

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 483 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEVEN C. REEVES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2566 Stillwater Road
 City State Zip Code
 Maplewood Road MN 55119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/RAMSEY COUNTY MAINTENANCE WORKER I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.54060
 Amount of Each Receipt this Period
 40.00

B. MICHAEL J. REICHERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1724 Kalorama Rd. NW
 City State Zip Code
 Washington DC 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME DC CN 20 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 435.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11AI.52190
 Amount of Each Receipt this Period
 60.00

C. LAURA REYES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3440 Joan Court
 City State Zip Code
 Falls Church VA 20042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L SECRETARY TREASURER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1389.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51345
 Amount of Each Receipt this Period
 106.89

SUBTOTAL of Receipts This Page (optional).....▶	206.89
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 484 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LAURA REYES
Full Name (Last, First, Middle Initial)

Mailing Address 3440 Joan Court

City Falls Church State VA Zip Code 20042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation SECRETARY TREASURER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1496.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51856

Amount of Each Receipt this Period
 106.89

B. HARRY RHODES
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51471

Amount of Each Receipt this Period
 64.16

C. LISA E. RICE
Full Name (Last, First, Middle Initial)

Mailing Address 1456 Greenmont Court

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation PROJECTS COORDINATOR, ORGNZG &FLD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 529.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51346

Amount of Each Receipt this Period
 41.21

SUBTOTAL of Receipts This Page (optional).....▶	212.26
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 485 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. LISA E. RICE		Date of Receipt
Mailing Address 1456 Greenmont Court		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Reston	VA	20190
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51857
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	PROJECTS COORDINATOR, ORGNZG &FLD	<input type="text" value="41.21"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="570.34"/>	

Full Name (Last, First, Middle Initial) B. TONYIA M. RICHARDS		Date of Receipt
Mailing Address 3434 Partridge Place Apt. 207		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43231
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53428
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	CLERK III	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) C. TONYIA M. RICHARDS		Date of Receipt
Mailing Address 3434 Partridge Place Apt. 207		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43231
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53505
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	CLERK III	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="71.21"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 486 OF 685
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CINDY S. RICHARDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 808 NW 52nd Street
 City Seattle State WA Zip Code 98107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 2/KINGS COUNTY Occupation LIBRARIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 30 / 2014**
Transaction ID : SA11AI.54268
 Amount of Each Receipt this Period **250.00**

B. SHAWN E. RICHARDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6688 Markwood Street
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRANSPORTATION TECHN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **560.00**

Date of Receipt **07 / 11 / 2014**
Transaction ID : SA11AI.53429
 Amount of Each Receipt this Period **40.00**

C. SHAWN E. RICHARDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6688 Markwood Street
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRANSPORTATION TECHN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.53506
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **330.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 487 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MICHELLE RIDER			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51472
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="128.32"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="963.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MICHELLE RIDER			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53746
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="49.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1012.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MICHELLE RIDER			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53747
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1088.24"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="253.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 488 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MICHELLE RIDER			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53748
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1123.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. CRYSTAL RILEY			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51473
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.90"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="253.03"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. LARRY ANTHONY RINCON			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53316
Des Moines	IA	50313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="85.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 489 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JOY L. RING			Date of Receipt
Mailing Address 1334 Haloa Drive			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52851
Honolulu	HI	96818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="420.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. EVA RIPPETEAU			Date of Receipt
Mailing Address 7208 N Mowawk			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54196
Portland	OR	97203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. RUTH R. RITCHIE			Date of Receipt
Mailing Address 1644 Spaulding Road			<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51980
Dayton	OH	45432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="141.00"/>
Name of Employer	Occupation		
AFSCME OH CN 8	ACCOUNTING CLERK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="274.35"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="241.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 490 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RUTH R. RITCHIE
Full Name (Last, First, Middle Initial)

Mailing Address 1644 Spaulding Road

City Dayton	State OH	Zip Code 45432
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation ACCOUNTING CLERK
------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **279.35**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2014

Transaction ID : SA11AI.53206

Amount of Each Receipt this Period

5.00

B. RUTH R. RITCHIE
Full Name (Last, First, Middle Initial)

Mailing Address 1644 Spaulding Road

City Dayton	State OH	Zip Code 45432
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation ACCOUNTING CLERK
------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **283.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.53208

Amount of Each Receipt this Period

4.17

C. RUTH R. RITCHIE
Full Name (Last, First, Middle Initial)

Mailing Address 1644 Spaulding Road

City Dayton	State OH	Zip Code 45432
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation ACCOUNTING CLERK
------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	30	/	2014

Transaction ID : SA11AI.53207

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional).....	14.17
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 491 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS J. RITCHIE Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1644 Spaulding Road
 City State Zip Code
 Dayton OH 45432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 REGIONAL DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 705.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.53159
 Amount of Each Receipt this Period
 101.24

B. THOMAS J. RITCHIE Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1644 Spaulding Road
 City State Zip Code
 Dayton OH 45432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 REGIONAL DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 777.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53195
 Amount of Each Receipt this Period
 72.00

C. THOMAS J. RITCHIE Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1644 Spaulding Road
 City State Zip Code
 Dayton OH 45432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 REGIONAL DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 827.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53196
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 223.24
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 492 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JUDITH E. RIVLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 Westport Road
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DEPUTY GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 669.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51347
 Amount of Each Receipt this Period
 66.99

B. JUDITH E. RIVLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 Westport Road
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DEPUTY GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 694.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52099
 Amount of Each Receipt this Period
 25.00

C. JUDITH E. RIVLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5203 Westport Road
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DEPUTY GENERAL COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 761.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51858
 Amount of Each Receipt this Period
 66.99

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.98
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 493 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DALE C. ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 338

City Medical Lake State WA Zip Code 99022

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.53932

Amount of Each Receipt this Period **50.00**

B. DEANNA L. ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **07 / 14 / 2014**

Transaction ID : SA11AI.53273

Amount of Each Receipt this Period **20.00**

C. DEANNA L. ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 28 / 2014**

Transaction ID : SA11AI.53317

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **90.00**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 494 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHEN M. ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5661 Windsor Woods Drive
 City Columbus State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53160
 Amount of Each Receipt this Period 20.84

B. TIMOTHY W. ROBERTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5033 Ridgewood Road E.
 City Springfield State OH Zip Code 45503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation PROJECT DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.53342
 Amount of Each Receipt this Period 120.00

C. JESSICA R. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7901 Chicago Avenue
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1532.70

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51348
 Amount of Each Receipt this Period 117.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 258.74
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 495 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JESSICA R. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7901 Chicago Avenue
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1552.70

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52100
 Amount of Each Receipt this Period 20.00

B. JESSICA R. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7901 Chicago Avenue
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1670.60

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51859
 Amount of Each Receipt this Period 117.90

C. RUBY J. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 N. Trask Road
 City Aurora State IL Zip Code 60505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/LOCAL 2833 Occupation SPECIALIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.54357
 Amount of Each Receipt this Period 130.00

SUBTOTAL of Receipts This Page (optional).....▶ 267.90
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RUBY J. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 N. Trask Road
 City Aurora State IL Zip Code 60505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/LOCAL 2833 Occupation SPECIALIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.54358
 Amount of Each Receipt this Period 60.00

B. RUBY J. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 N. Trask Road
 City Aurora State IL Zip Code 60505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/LOCAL 2833 Occupation SPECIALIST III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 347.00

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.54359
 Amount of Each Receipt this Period 37.00

C. CHRISTINA D. RODMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1011 Piedmont Road
 City Columbus State OH Zip Code 43224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UTILITIES TECHNICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53430
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 497 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CHRISTINA D. RODMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Piedmont Road

City Columbus State OH Zip Code 43224

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UTILITIES TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53507

Amount of Each Receipt this Period **21.00**

B. LAWRENCE ROEHRIG
Full Name (Last, First, Middle Initial)

Mailing Address 13084 Lia Court

City Lindon State MI Zip Code 48451

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1702.56**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.52235

Amount of Each Receipt this Period **106.88**

C. LAWRENCE ROEHRIG
Full Name (Last, First, Middle Initial)

Mailing Address 13084 Lia Court

City Lindon State MI Zip Code 48451

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1774.56**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52275

Amount of Each Receipt this Period **72.00**

SUBTOTAL of Receipts This Page (optional)..... **199.88**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 498 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LAWRENCE ROEHRIG
Full Name (Last, First, Middle Initial)
Mailing Address 13084 Lia Court

City Lindon	State MI	Zip Code 48451
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1881.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11AI.52264

Amount of Each Receipt this Period
106.88

B. LAWRENCE ROEHRIG
Full Name (Last, First, Middle Initial)
Mailing Address 13084 Lia Court

City Lindon	State MI	Zip Code 48451
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1951.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51925

Amount of Each Receipt this Period
70.00

C. ALICE M ROGERS
Full Name (Last, First, Middle Initial)
Mailing Address 1111 Sturm Avenue

City Walla Walla	State WA	Zip Code 99362
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.53844

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional).....▶	197.88
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 499 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ALICE M ROGERS
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Sturm Avenue

City Walla Walla	State WA	Zip Code 99362
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53997

Amount of Each Receipt this Period

89.00

B. ALICE M ROGERS
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Sturm Avenue

City Walla Walla	State WA	Zip Code 99362
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53933

Amount of Each Receipt this Period

21.00

C. KATHRYN ROGERS
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia	State WA	Zip Code 98501
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2014

Transaction ID : SA11AI.53845

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	89.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 500 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KATHRYN ROGERS		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53934
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="280.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. JUAN ROSALES III		Date of Receipt
Mailing Address 5301 Apple Orchard Lane		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Austin	State TX	Zip Code 78744
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.51349
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ORGANIZER		<input type="text" value="24.64"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="311.38"/>	

Full Name (Last, First, Middle Initial) C. JUAN ROSALES III		Date of Receipt
Mailing Address 5301 Apple Orchard Lane		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Austin	State TX	Zip Code 78744
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.51860
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ORGANIZER		<input type="text" value="24.64"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="336.02"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="69.28"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 501 OF 685
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANDREW ROSENBERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 6th Street
 City Monessen State PA Zip Code 15062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.53667
 Amount of Each Receipt this Period 40.00

B. STEVEN ROTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 N. High Street
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.74

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53162
 Amount of Each Receipt this Period 87.58

C. STEVEN ROTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 N. High Street
 City Worthington State OH Zip Code 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.74

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53197
 Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.58
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 502 OF 685
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSEPH K. ROWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Lakeside Drive
 City Honesdale State PA Zip Code 18431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.00

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51475
 Amount of Each Receipt this Period 37.00

B. SUSAN L. ROWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 9th Avenue
 City Slater State IA Zip Code 50244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.53274
 Amount of Each Receipt this Period 50.00

C. SUSAN L. ROWE
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 9th Avenue
 City Slater State IA Zip Code 50244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53290
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 503 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN L. ROWE
Full Name (Last, First, Middle Initial)

Mailing Address 207 9th Avenue

City Slater State IA Zip Code 50244

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53291

Amount of Each Receipt this Period **35.00**

B. SUSAN L. ROWE
Full Name (Last, First, Middle Initial)

Mailing Address 207 9th Avenue

City Slater State IA Zip Code 50244

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt **07 / 28 / 2014**

Transaction ID : SA11AI.53318

Amount of Each Receipt this Period **50.00**

C. JOSEPH P. RUGOLA
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1624.00**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52928

Amount of Each Receipt this Period **110.00**

SUBTOTAL of Receipts This Page (optional)..... **195.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 504 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSEPH P. RUGOLA
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1739.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52947

Amount of Each Receipt this Period 115.00

B. JOSEPH P. RUGOLA
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1849.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52993

Amount of Each Receipt this Period 110.00

C. JOSEPH P. RUGOLA
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1863.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51926

Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 239.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 505 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BLAINE J. RUMMEL
Full Name (Last, First, Middle Initial)

Mailing Address 5 E. Glebe Road
Apt. D

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **755.23**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51350

Amount of Each Receipt this Period
59.05

B. BLAINE J. RUMMEL
Full Name (Last, First, Middle Initial)

Mailing Address 5 E. Glebe Road
Apt. D

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **814.28**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51861

Amount of Each Receipt this Period
59.05

C. VICKY S. RUPPERT
Full Name (Last, First, Middle Initial)

Mailing Address 1016 W Main Street

City Watertown State WI Zip Code 53098

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.54126

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	138.10
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 506 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VICKY S. RUPPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1016 W Main Street
 City Watertown State WI Zip Code 53098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.54139
 Amount of Each Receipt this Period
 200.00

B. DAVIDA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3691 Fenley Road
 City Cleveland Hts. State OH Zip Code 44121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.53077
 Amount of Each Receipt this Period
 250.00

C. DAVIDA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3691 Fenley Road
 City Cleveland Hts. State OH Zip Code 44121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53078
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 507 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DAVIDA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3691 Fenley Road
 City Cleveland Hts. State OH Zip Code 44121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53079
 Amount of Each Receipt this Period
 100.00

B. DAVIDA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3691 Fenley Road
 City Cleveland Hts. State OH Zip Code 44121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53080
 Amount of Each Receipt this Period
 100.00

C. DAVIDA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3691 Fenley Road
 City Cleveland Hts. State OH Zip Code 44121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 779.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53081
 Amount of Each Receipt this Period
 159.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 359.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 508 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RHASHIDA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1283 Dewolf Street
 City Des Moines State IA Zip Code 50316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/LOCAL 1212 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53556
 Amount of Each Receipt this Period
 35.00

B. ADAMS L. RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 949 Fairview Avenue
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.53343
 Amount of Each Receipt this Period
 30.00

C. VERA SAADE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Vine Street
 City Lansing State MI Zip Code 48912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation ASSISTANT DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.52236
 Amount of Each Receipt this Period
 24.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.75
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 509 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. VERA SAADE			Date of Receipt
Mailing Address 1309 Vine Street			<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.52265
Lansing	MI	48912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="24.75"/>
Name of Employer	Occupation		
AFSCME MI CN 25	ASSISTANT DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="321.75"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JEFFREY C. SABIN			Date of Receipt
Mailing Address 624 Celeveland Street			<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54061
Eveleth	MN	55734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="49.94"/>
Name of Employer	Occupation		
AFSCME MN CN 5/CN14	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="349.58"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JEFFREY C. SABIN			Date of Receipt
Mailing Address 624 Celeveland Street			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54117
Eveleth	MN	55734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/CN14	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="369.58"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="94.69"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 510 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GEORGE SACHARIAN
Full Name (Last, First, Middle Initial)

Mailing Address 126 S. Lynn Blvd.

City Upper Darby State PA Zip Code 19082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51476

Amount of Each Receipt this Period **73.90**

B. CARRIE B. SACHSE
Full Name (Last, First, Middle Initial)

Mailing Address 3506 Hershey Road

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.56**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51351

Amount of Each Receipt this Period **19.10**

C. CURTIS C. SALOW
Full Name (Last, First, Middle Initial)

Mailing Address 317 4th Avenue S E

City Independence State IA Zip Code 50644

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **07 / 14 / 2014**

Transaction ID : SA11AI.53275

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **123.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 511 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CURTIS C. SALOW
Full Name (Last, First, Middle Initial)
Mailing Address 317 4th Avenue S E
City Independence State IA Zip Code 50644
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **420.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : SA11AI.53319
Amount of Each Receipt this Period **30.00**

B. KYM S. SALOW
Full Name (Last, First, Middle Initial)
Mailing Address 317 4th Avenue S E
City Independence State IA Zip Code 50644
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **325.00**

Date of Receipt **07 / 14 / 2014**
Transaction ID : SA11AI.53276
Amount of Each Receipt this Period **25.00**

C. KYM S. SALOW
Full Name (Last, First, Middle Initial)
Mailing Address 317 4th Avenue S E
City Independence State IA Zip Code 50644
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : SA11AI.53320
Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **80.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 512 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BARB SAMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 22268 110TH Street

City Fergus Falls State MN Zip Code 56537

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.54062

Amount of Each Receipt this Period 32.00

B. PATRIA L. SAMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Maple Street Unit C121

City Bremerton State WA Zip Code 98310

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53846

Amount of Each Receipt this Period 20.00

C. PATRIA L. SAMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Maple Street Unit C121

City Bremerton State WA Zip Code 98310

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53935

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 513 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MATTHEW SANDERS
Full Name (Last, First, Middle Initial)

Mailing Address 151 Stoney Brook Road

City Orangeville State PA Zip Code 17859

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51477

Amount of Each Receipt this Period
 36.86

B. JUNE E. SANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 4304 Independence Road

City Sunnyside State WA Zip Code 98944

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53936

Amount of Each Receipt this Period
 15.00

C. HAIG SARAFIAN
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53848

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	76.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 514 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HAIG SARAFIAN
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53937

Amount of Each Receipt this Period

25.00

B. WILBERT R. SATTLER
Full Name (Last, First, Middle Initial)

Mailing Address 73981 Morgan Hill Road

City Adena	State OH	Zip Code 43901
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53431

Amount of Each Receipt this Period

20.00

C. WILBERT R. SATTLER
Full Name (Last, First, Middle Initial)

Mailing Address 73981 Morgan Hill Road

City Adena	State OH	Zip Code 43901
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53508

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 515 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. LEE A. SAUNDERS

Mailing Address 7510 Alaska Avenue NW

City Washington State DC Zip Code 20012

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1634.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.51352

Amount of Each Receipt this Period
 125.75

Full Name (Last, First, Middle Initial)
B. LEE A. SAUNDERS

Mailing Address 7510 Alaska Avenue NW

City Washington State DC Zip Code 20012

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1760.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.51862

Amount of Each Receipt this Period
 125.75

Full Name (Last, First, Middle Initial)
C. MARIANNE SAUNDERS

Mailing Address 48 Mullen Street

City Uniontown State PA Zip Code 15401-4060

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 517.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.51478

Amount of Each Receipt this Period
 73.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHELLIE A. SAVAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11540 Waddell Creek Rd. SW
 City Olympia State WA Zip Code 98512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53849
 Amount of Each Receipt this Period 30.00

B. SHELLIE A. SAVAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 11540 Waddell Creek Rd. SW
 City Olympia State WA Zip Code 98512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53938
 Amount of Each Receipt this Period 30.00

C. RICHARD SAWRANSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Innes Avenue #8
 City San Francisco State CA Zip Code 94124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3299/UNIV OF CA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.52167
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 517 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARY ANN SAYTAR
Full Name (Last, First, Middle Initial)

Mailing Address 609 Penn Street

City Steelton State PA Zip Code 17113

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **358.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51479

Amount of Each Receipt this Period
61.75

B. LAWRENCE SCANLON
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Duke Street

City Alexandria State VA Zip Code 22314-3514

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **341.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.51949

Amount of Each Receipt this Period
48.98

C. MARC T. SCHEIDECKER
Full Name (Last, First, Middle Initial)

Mailing Address 10463 SE 47th Avenue #1

City Milwaukie State OR Zip Code 97222

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation MRI TECHNOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.54197

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	140.73
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 518 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JENNIFER SCHEIDLER
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.08**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51480

Amount of Each Receipt this Period **41.06**

B. JAMES SCHMITZ
Full Name (Last, First, Middle Initial)

Mailing Address 6437 Rock Forest Drive #305

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **444.69**

Date of Receipt **07 / 01 / 2014**

Transaction ID : SA11AI.51950

Amount of Each Receipt this Period **63.96**

C. TAMMY SCHOLL
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.80**

Date of Receipt **07 / 16 / 2014**

Transaction ID : SA11AI.51481

Amount of Each Receipt this Period **49.40**

SUBTOTAL of Receipts This Page (optional).....▶	154.42
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 519 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. DARL D. SCHOSSOW		Date of Receipt
Mailing Address 1910 2nd Avenue P.O. Box 189		M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
City Newport	State MN	Zip Code 55055
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.54063
Name of Employer AFSCME MN CN 5/STATE OF MN		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. DAWN M. SCHOTT		Date of Receipt
Mailing Address 405 E Holum Street		M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
City De Forest	State WI	Zip Code 53532
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.54127
Name of Employer AFSCME WI CN 24/STATE OF WI		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name (Last, First, Middle Initial) C. DAWN M. SCHOTT		Date of Receipt
Mailing Address 405 E Holum Street		M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
City De Forest	State WI	Zip Code 53532
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.54140
Name of Employer AFSCME WI CN 24/STATE OF WI		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICIA SCHRADER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53850
 Amount of Each Receipt this Period 20.00

B. PATRICIA SCHRADER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53939
 Amount of Each Receipt this Period 20.00

C. PAUL SCHROEDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Gaskill Avenue
 City Trenton State NJ Zip Code 08610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 73 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 29 / 2014
Transaction ID : SA11AI.52319
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 521 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ERIC SCHUBERT
Full Name (Last, First, Middle Initial)

Mailing Address 132 College Avenue

City Elmhurst State PA Zip Code 18416

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51482

Amount of Each Receipt this Period
73.90

B. JULIE SCHULTZ
Full Name (Last, First, Middle Initial)

Mailing Address 1325 Meadowview Apt. #1

City Marioun State IA Zip Code 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.53557

Amount of Each Receipt this Period
17.00

C. JULIE SCHULTZ
Full Name (Last, First, Middle Initial)

Mailing Address 1325 Meadowview Apt. #1

City Marioun State IA Zip Code 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **223.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53558

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional)..... **107.90**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. JULIE SCHULTZ

Mailing Address 1325 Meadowiew
 Apt. #1

City Marioun State IA Zip Code 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.90

Date of Receipt
 07 / 29 / 2014
Transaction ID : SA11AI.53559

Amount of Each Receipt this Period
 17.00

Full Name (Last, First, Middle Initial)
B. MARY SCHWANGER

Mailing Address 419 Valley Street

City Marysville State PA Zip Code 17053

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 891.94

Date of Receipt
 07 / 16 / 2014
Transaction ID : SA11AI.51483

Amount of Each Receipt this Period
 117.42

Full Name (Last, First, Middle Initial)
C. MARY SCHWANGER

Mailing Address 419 Valley Street

City Marysville State PA Zip Code 17053

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 999.94

Date of Receipt
 07 / 17 / 2014
Transaction ID : SA11AI.53749

Amount of Each Receipt this Period
 108.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.42

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. FRAN SCHWEIGERT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5356
 City Helena State MT Zip Code 59604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MT CN 9 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.52299
 Amount of Each Receipt this Period 40.00

B. FRAN SCHWEIGERT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 5356
 City Helena State MT Zip Code 59604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MT CN 9 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 326.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52300
 Amount of Each Receipt this Period 46.00

C. GAIL M. SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 751 Bulen Avenue
 City Columbus State OH Zip Code 43205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.92

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53163
 Amount of Each Receipt this Period 38.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.49
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JESSIE M. SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13886
 City Columbus State OH Zip Code 43213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53432
 Amount of Each Receipt this Period
 40.00

B. JESSIE M. SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 13886
 City Columbus State OH Zip Code 43213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 568.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53509
 Amount of Each Receipt this Period
 40.00

C. VIRGINIA L. SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 513 Navaho Drive
 City Loveland State OH Zip Code 45140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/SYCAMORE CCSD Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53024
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.24
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 525 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VIRGINIA L. SCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 513 Navaho Drive

City Loveland State OH Zip Code 45140

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYCAMORE CCSD Occupation BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **368.60**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.53059

Amount of Each Receipt this Period **19.24**

B. SHARON ANN SCROGGINS
Full Name (Last, First, Middle Initial)

Mailing Address 3900 E. Sunset Road #1134

City Las Vegas State NV Zip Code 89120

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **427.07**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51353

Amount of Each Receipt this Period **33.19**

C. SHARON ANN SCROGGINS
Full Name (Last, First, Middle Initial)

Mailing Address 3900 E. Sunset Road #1134

City Las Vegas State NV Zip Code 89120

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **460.26**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51863

Amount of Each Receipt this Period **33.19**

SUBTOTAL of Receipts This Page (optional)..... **85.62**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 527 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SHELLEY K. SEEBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 7529 Florine Avenue
 City Las Vegas State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 952.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51864
 Amount of Each Receipt this Period
 66.99

B. ELIOT A. SEIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City South St. Paul State MN Zip Code 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN14 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54064
 Amount of Each Receipt this Period
 97.54

C. ELIOT A. SEIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City South St. Paul State MN Zip Code 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN14 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 815.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54118
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	214.53
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 528 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELIOT A. SEIDE
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **829.82**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51927

Amount of Each Receipt this Period **14.00**

B. NICHOLAS A. SERRANO
Full Name (Last, First, Middle Initial)

Mailing Address 3003 Van Ness Street NW Apt. S217

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **481.16**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51355

Amount of Each Receipt this Period **38.00**

C. NICHOLAS A. SERRANO
Full Name (Last, First, Middle Initial)

Mailing Address 3003 Van Ness Street NW Apt. S217

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **519.16**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51865

Amount of Each Receipt this Period **38.00**

SUBTOTAL of Receipts This Page (optional)..... **90.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 529 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOMINIC SGRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Stormer Road
 City Indiana State PA Zip Code 15701-0144
 Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51484
 Amount of Each Receipt this Period 146.78
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 851.30

B. TIMOTHY P. SHAFER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 322
 City Waverly State OH Zip Code 45690
 Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.53344
 Amount of Each Receipt this Period 70.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

C. JOE E. SHANNON III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1614 Omar Drive
 City Columbus State OH Zip Code 43207
 Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53433
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.78
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 530 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOE E. SHANNON III
Full Name (Last, First, Middle Initial)

Mailing Address 1614 Omar Drive

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICE REP
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53510

Amount of Each Receipt this Period

55.00	55.00	55.00	55.00	55.00
-------	-------	-------	-------	-------

25.00

B. LISA A. SHILLING
Full Name (Last, First, Middle Initial)

Mailing Address 521 E Church Street

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER REP
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53434

Amount of Each Receipt this Period

55.00	55.00	55.00	55.00	55.00
-------	-------	-------	-------	-------

15.00

C. LISA A. SHILLING
Full Name (Last, First, Middle Initial)

Mailing Address 521 E Church Street

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER REP
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53511

Amount of Each Receipt this Period

55.00	55.00	55.00	55.00	55.00
-------	-------	-------	-------	-------

15.00

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 531 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. GARY SHIMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5421 Marcy Street
 City Warren State MI Zip Code 48091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **349.44**

Date of Receipt **07 / 01 / 2014**
Transaction ID : SA11AI.52237
 Amount of Each Receipt this Period **29.12**

B. GARY SHIMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5421 Marcy Street
 City Warren State MI Zip Code 48091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **378.56**

Date of Receipt **07 / 22 / 2014**
Transaction ID : SA11AI.52266
 Amount of Each Receipt this Period **29.12**

C. JAMES R. SHONBORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18286 Hunter Road
 City Glouster State OH Zip Code 45732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/OHIO UNIVERSITY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **209.68**

Date of Receipt **07 / 14 / 2014**
Transaction ID : SA11AI.51981
 Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **133.24**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 532 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES R. SHONBORN
Full Name (Last, First, Middle Initial)

Mailing Address 18286 Hunter Road

City Glouster State OH Zip Code 45732

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/OHIO UNIVERSITY Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.30

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.53574

Amount of Each Receipt this Period 9.62

B. SANDRA S. SHONBORN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 123

City Jacksonville State OH Zip Code 45740

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 614.68

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53165

Amount of Each Receipt this Period 87.98

C. JASON T. SIDENER
Full Name (Last, First, Middle Initial)

Mailing Address 5583 Bantry Lane Apt. 1

City Fitchburg State WI Zip Code 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.54151

Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional).....▶ 167.60

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 533 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JASON T. SIDENER		Date of Receipt
Mailing Address 5583 Bantry Lane Apt. 1		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fitchburg	WI	53711
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.54152
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="70.00"/>
Name of Employer	Occupation	
AFSCME WI CN 40	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="560.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BETTY J. SIMMONS-TALLEY		Date of Receipt
Mailing Address 2189 Lexington Avenue		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43211
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.53095
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12.50"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="402.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. BETTY J. SIMMONS-TALLEY		Date of Receipt
Mailing Address 2189 Lexington Avenue		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	OH	43211
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.53098
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="442.50"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="122.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 534 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BETTY J. SIMMONS-TALLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2189 Lexington Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11AI.53104

Amount of Each Receipt this Period 12.50

B. ISSA J. SIMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 1139 S.E. 16th Avenue

City Portland State OR Zip Code 97214-3705

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation OFFICE SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.54198

Amount of Each Receipt this Period 60.00

C. APRIL SIMS
Full Name (Last, First, Middle Initial)

Mailing Address 631 110th Street S

City Tacoma State WA Zip Code 98444

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation LPA FIELD COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.53940

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 122.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 535 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. TODD L. SINGER		Date of Receipt
Mailing Address 1030 6th Avenue		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Steelton	PA	17113
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53676
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13/STATE OF PA	ADMINISTRATIVE/CLERICAL	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) B. ROBERT M. SKEES		Date of Receipt
Mailing Address 643 Grandview Avenue		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pittsburgh	PA	15202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53677
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) C. ROBERTA J. SKOK		Date of Receipt
Mailing Address 775 Township Road #2204		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Perrysville	OH	44864
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53166
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH CN 8	STAFF REPRESENTATIVE	<input type="text" value="87.58"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="610.88"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="167.58"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 536 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. TERRY SKULTETY

Mailing Address 222 Meade Street

City State Zip Code
Homer City PA 15748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.78

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014
Transaction ID : SA11AI.51485

Amount of Each Receipt this Period
92.38

Full Name (Last, First, Middle Initial)
B. SUSAN J. SLABAUGH

Mailing Address 2135 Michelle Drive

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 ACCOUNTING CLERK

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014
Transaction ID : SA11AI.52929

Amount of Each Receipt this Period
17.25

Full Name (Last, First, Middle Initial)
C. SUSAN J. SLABAUGH

Mailing Address 2135 Michelle Drive

City State Zip Code
Grove City OH 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 ACCOUNTING CLERK

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014
Transaction ID : SA11AI.52994

Amount of Each Receipt this Period
17.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.88

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 537 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CINDY SMALLS
Full Name (Last, First, Middle Initial)

Mailing Address 335 Assembly Point Court

City Odenton	State MD	Zip Code 21113
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52122

Amount of Each Receipt this Period

65.00

B. BETTY SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 19292 Archer

City Detroit	State MI	Zip Code 48219
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation ASSISTANT TO THE PRESIDENT
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.52238

Amount of Each Receipt this Period

33.26

C. BETTY SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 19292 Archer

City Detroit	State MI	Zip Code 48219
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation ASSISTANT TO THE PRESIDENT
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **432.38**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11AI.52267

Amount of Each Receipt this Period

33.26

SUBTOTAL of Receipts This Page (optional).....▶	131.52
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 538 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CLARK SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 222 Meade Street

City Homer City State PA Zip Code 15748

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51486

Amount of Each Receipt this Period
 36.86

B. CONNIE SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1739 E 24th Street

City Capitol Heights State IA Zip Code 50317

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.53232

Amount of Each Receipt this Period
 58.66

C. DAVID SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1 Riverside Dr

City Athens State OH Zip Code 45701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11AI.53580

Amount of Each Receipt this Period
 13.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.99

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 539 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DEREK L. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 4306 Broken Arrow Court

City Clinton	State MD	Zip Code 20735
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, GENERAL SERVICE
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.23**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51357

Amount of Each Receipt this Period

47.71

B. DEREK L. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 4306 Broken Arrow Court

City Clinton	State MD	Zip Code 20735
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, GENERAL SERVICE
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **715.23**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52027

Amount of Each Receipt this Period

95.00

C. DEREK L. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 4306 Broken Arrow Court

City Clinton	State MD	Zip Code 20735
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, GENERAL SERVICE
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **762.94**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51868

Amount of Each Receipt this Period

47.71

SUBTOTAL of Receipts This Page (optional).....▶	190.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 540 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. KRISTIN SMITH

Mailing Address 4031 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51487

Amount of Each Receipt this Period
 94.40

Full Name (Last, First, Middle Initial)
B. MICHELLE L SMITH

Mailing Address 2100 Stonepath St

City State Zip Code
Lorain OH 44052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11 ODJFS CUSTOMER SERVI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53435

Amount of Each Receipt this Period
 22.50

Full Name (Last, First, Middle Initial)
C. MICHELLE L SMITH

Mailing Address 2100 Stonepath St

City State Zip Code
Lorain OH 44052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11 ODJFS CUSTOMER SERVI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53512

Amount of Each Receipt this Period
 22.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 541 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BESSIE SNIDER
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : SA11AI.52239

Amount of Each Receipt this Period
 21.00

B. BESSIE SNIDER
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : SA11AI.52268

Amount of Each Receipt this Period
 21.00

C. NORMAN L. SNYDER
Full Name (Last, First, Middle Initial)

Mailing Address 139 Sycamore Street East #4

City St. Paul State MN Zip Code 55117

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation COUNSELOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : SA11AI.54065

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 542 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOUGLAS SOLLITTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Robins Avenue
 City State Zip Code
 Niles OH 44446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11 CORRECTIONAL LAUNDRY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : SA11AI.53345
 Amount of Each Receipt this Period
 40.00

B. DARRIN SPANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6130 Springford Drive #C6
 City State Zip Code
 Harrisburg PA 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 647.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51488
 Amount of Each Receipt this Period
 147.27

C. DARRIN SPANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6130 Springford Drive #C6
 City State Zip Code
 Harrisburg PA 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 673.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53750
 Amount of Each Receipt this Period
 26.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 213.27
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 543 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DARRIN SPANN
Full Name (Last, First, Middle Initial)

Mailing Address 6130 Springford Drive #C6

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **693.41**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.53751

Amount of Each Receipt this Period **20.00**

B. ELIZABETH M. SPARKS
Full Name (Last, First, Middle Initial)

Mailing Address 817 220th St.

City Baldwin State WI Zip Code 54002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.13**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51358

Amount of Each Receipt this Period **22.72**

C. ELIZABETH M. SPARKS
Full Name (Last, First, Middle Initial)

Mailing Address 817 220th St.

City Baldwin State WI Zip Code 54002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **296.13**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52102

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **62.72**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 544 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ELIZABETH M. SPARKS
Full Name (Last, First, Middle Initial)

Mailing Address 817 220th St.

City Baldwin State WI Zip Code 54002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **318.85**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51869

Amount of Each Receipt this Period
22.72

B. EDITHIA M. SPEARS
Full Name (Last, First, Middle Initial)

Mailing Address 4690 Ascot Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **422.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11AI.53167

Amount of Each Receipt this Period
60.48

C. EDITHIA M. SPEARS
Full Name (Last, First, Middle Initial)

Mailing Address 4690 Ascot Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.04**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53200

Amount of Each Receipt this Period
32.00

SUBTOTAL of Receipts This Page (optional).....▶	115.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 545 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. EDITHIA M. SPEARS

Mailing Address 4690 Ascot Drive

City Columbus	State OH	Zip Code 43229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53201

Amount of Each Receipt this Period
51.00

Full Name (Last, First, Middle Initial)
B. JAMES L. SPEARS JR.

Mailing Address 6402 Tunston Lane

City Charlotte	State NC	Zip Code 28269
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51359

Amount of Each Receipt this Period
36.00

Full Name (Last, First, Middle Initial)
C. JAMES L. SPEARS JR.

Mailing Address 6402 Tunston Lane

City Charlotte	State NC	Zip Code 28269
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
493.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52103

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	112.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 546 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES L. SPEARS JR.
Full Name (Last, First, Middle Initial)

Mailing Address 6402 Tunston Lane

City Charlotte State NC Zip Code 28269

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **529.99**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51870

Amount of Each Receipt this Period **36.99**

B. MARY SPELTZ
Full Name (Last, First, Middle Initial)

Mailing Address W364 Palubicki Road

City Fountain City State WI Zip Code 54629

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/LOCAL 2484 Occupation SOCIAL WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **259.00**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.54161

Amount of Each Receipt this Period **37.00**

C. TAMMI SPENCE
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **322.70**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52395

Amount of Each Receipt this Period **277.70**

SUBTOTAL of Receipts This Page (optional)..... **351.69**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 547 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. HARRIETT SPENCER
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Fulliam Circle
 City Allenstown State NH Zip Code 03275-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54289
 Amount of Each Receipt this Period
 30.00

B. BEVERLY J. SPETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Elmwood Street
 City Delta State OH Zip Code 43515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 684.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52931
 Amount of Each Receipt this Period
 48.86

C. BEVERLY J. SPETZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Elmwood Street
 City Delta State OH Zip Code 43515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 732.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.52996
 Amount of Each Receipt this Period
 48.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.72
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 548 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES SPRAGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE
 Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **07 / 10 / 2014**
Transaction ID : SA11AI.53851
 Amount of Each Receipt this Period **25.00**

B. JAMES SPRAGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE
 Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : SA11AI.53941
 Amount of Each Receipt this Period **25.00**

C. KAMALA B. SRIKAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9908 Colebrook Avenue
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOC. DIRECTOR, CONF & TRAVEL SVCS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **717.47**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.51360
 Amount of Each Receipt this Period **55.19**

SUBTOTAL of Receipts This Page (optional)..... **105.19**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 549 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAMALA B. SRIKAR
Full Name (Last, First, Middle Initial)

Mailing Address 9908 Colebrook Avenue

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOC. DIRECTOR, CONF & TRAVEL SVCS
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **787.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52104

Amount of Each Receipt this Period

787.47

B. KAMALA B. SRIKAR
Full Name (Last, First, Middle Initial)

Mailing Address 9908 Colebrook Avenue

City Potomac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOC. DIRECTOR, CONF & TRAVEL SVCS
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **842.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51871

Amount of Each Receipt this Period

55.19

C. THERESA A. ST. AORO
Full Name (Last, First, Middle Initial)

Mailing Address 1545 Hamline Avenue N
West Unit

City St. Paul	State MN	Zip Code 55108
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.54066

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	175.19
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 550 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES A STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2939 Graham Rd

City Falls Church	State VA	Zip Code 22842
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE
----------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51361

Amount of Each Receipt this Period
34.87

B. JAMES A STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2939 Graham Rd

City Falls Church	State VA	Zip Code 22842
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE
----------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52105

Amount of Each Receipt this Period
22.00

C. JAMES A STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 2939 Graham Rd

City Falls Church	State VA	Zip Code 22842
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE
----------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
497.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51872

Amount of Each Receipt this Period
34.87

SUBTOTAL of Receipts This Page (optional).....▶	91.74
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 551 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. DENISE L. STARK		Date of Receipt
Mailing Address 4241 Berkshire Drive SE #4		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Warren	State OH	Zip Code 44484
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53597
Name of Employer AFSCME OH CN 8		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="79.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="227.10"/>	

Full Name (Last, First, Middle Initial) B. DENISE L. STARK		Date of Receipt
Mailing Address 4241 Berkshire Drive SE #4		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Warren	State OH	Zip Code 44484
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53598
Name of Employer AFSCME OH CN 8		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="41.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="268.10"/>	

Full Name (Last, First, Middle Initial) C. DENISE L. STARK		Date of Receipt
Mailing Address 4241 Berkshire Drive SE #4		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Warren	State OH	Zip Code 44484
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53599
Name of Employer AFSCME OH CN 8		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="9.65"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="277.75"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="129.65"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 552 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. DENISE L. STARK

Mailing Address 4241 Berkshire Drive SE
 #4

City Warren State OH Zip Code 44484

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 287.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11AI.53600

Amount of Each Receipt this Period
 9.65

Full Name (Last, First, Middle Initial)
B. KARL U. STARK

Mailing Address 524 Park Road NW

City Washington State DC Zip Code 20010

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASST LEGISLATIVE ADVOCACY & COMM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 259.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.51362

Amount of Each Receipt this Period
 23.98

Full Name (Last, First, Middle Initial)
C. KARL U. STARK

Mailing Address 524 Park Road NW

City Washington State DC Zip Code 20010

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASST LEGISLATIVE ADVOCACY & COMM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 302.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52106

Amount of Each Receipt this Period
 43.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.63

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 553 OF 685	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. KARL U. STARK			Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51873	
Mailing Address 524 Park Road NW			Amount of Each Receipt this Period 23.98	
City Washington	State DC	Zip Code 20010		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation ASST LEGISLATIVE ADVOCACY & COMM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 326.06		

Full Name (Last, First, Middle Initial) B. RUTH M STEINMETZ			Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2014 Transaction ID : SA11AI.51363	
Mailing Address 6 Tegner Court			Amount of Each Receipt this Period 43.27	
City Rockville	State MD	Zip Code 20850		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation ASSIST. DIRECTOR, CONF. & TRVL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.91		

Full Name (Last, First, Middle Initial) C. RUTH M STEINMETZ			Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52028	
Mailing Address 6 Tegner Court			Amount of Each Receipt this Period 75.00	
City Rockville	State MD	Zip Code 20850		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation ASSIST. DIRECTOR, CONF. & TRVL SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.91		

SUBTOTAL of Receipts This Page (optional).....▶	142.25
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 554 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RUTH M STEINMETZ
Full Name (Last, First, Middle Initial)

Mailing Address 6 Tegner Court

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, CONF. & TRVL SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **669.18**

Date of Receipt **07 / 31 / 2014**

Transaction ID : SA11AI.51874

Amount of Each Receipt this Period **43.27**

B. MICHELE STELOVICH
Full Name (Last, First, Middle Initial)

Mailing Address 21114 77th Place West Apt. #102

City Edmonds State WA Zip Code 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.00**

Date of Receipt **07 / 10 / 2014**

Transaction ID : SA11AI.53852

Amount of Each Receipt this Period **22.00**

C. MICHELE STELOVICH
Full Name (Last, First, Middle Initial)

Mailing Address 21114 77th Place West Apt. #102

City Edmonds State WA Zip Code 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **308.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53942

Amount of Each Receipt this Period **22.00**

SUBTOTAL of Receipts This Page (optional)..... **87.27**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 555 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CAROL STEMLER
Full Name (Last, First, Middle Initial)

Mailing Address 891 Park Street
#201

City Oregon State WI Zip Code 53575

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/DANE COUNTY Occupation LPN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 08 / 2014
Transaction ID : SA11AI.54163

Amount of Each Receipt this Period 15.00

B. VICKIE R. STEPHENS
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.53277

Amount of Each Receipt this Period 16.00

C. VICKIE R. STEPHENS
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt 07 / 28 / 2014
Transaction ID : SA11AI.53321

Amount of Each Receipt this Period 16.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 47.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 556 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. FAY D STEWART
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1228

City Rochester	State WA	Zip Code 98579-1228
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT II
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51364

Amount of Each Receipt this Period
20.00

B. FAY D STEWART
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1228

City Rochester	State WA	Zip Code 98579-1228
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT II
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51875

Amount of Each Receipt this Period
20.00

C. KATHLEEN M. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 7326 State Route 19

City Mount Gilead	State OH	Zip Code 43338
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53436

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 557 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHLEEN M. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 7326 State Route 19

City	State	Zip Code
Mount Gilead	OH	43338

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ACCOUNTANT/EXAMINER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53456

Amount of Each Receipt this Period
20.00

B. KATHLEEN M. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 7326 State Route 19

City	State	Zip Code
Mount Gilead	OH	43338

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ACCOUNTANT/EXAMINER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.53513

Amount of Each Receipt this Period
20.00

C. GREGORY S. STIGER
Full Name (Last, First, Middle Initial)

Mailing Address 3320 Plank Road

City	State	Zip Code
New Castle	PA	16105

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51489

Amount of Each Receipt this Period
62.20

SUBTOTAL of Receipts This Page (optional).....▶	102.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 558 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. THOMAS R. STOUGH
Full Name (Last, First, Middle Initial)

Mailing Address 691 North Main Street

City Manchester State CT Zip Code 06042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/MANCHESTER Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52182

Amount of Each Receipt this Period 64.00

B. THOMAS R. STOUGH
Full Name (Last, First, Middle Initial)

Mailing Address 691 North Main Street

City Manchester State CT Zip Code 06042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/MANCHESTER Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.52183

Amount of Each Receipt this Period 10.00

C. ANDREA STRADER
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Massachusetts Avenue NW #524

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 665.83

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51365

Amount of Each Receipt this Period 51.71

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.71

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 559 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. ANDREA STRADER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51876
Mailing Address 1234 Massachusetts Avenue NW #524		Amount of Each Receipt this Period 51.71
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 717.54	

Full Name (Last, First, Middle Initial) B. TRACY STRAUSSER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 15 / 2014 Transaction ID : SA11AI.51366
Mailing Address 217 Driftwood Drive		Amount of Each Receipt this Period 29.56
City Canonsburg	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation FIELD ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.28	

Full Name (Last, First, Middle Initial) C. TRACY STRAUSSER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52107
Mailing Address 217 Driftwood Drive		Amount of Each Receipt this Period 20.00
City Canonsburg	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation FIELD ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.28	

SUBTOTAL of Receipts This Page (optional).....▶	101.27
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 560 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. TRACY STRAUSSER		Date of Receipt
Mailing Address 217 Driftwood Drive		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Canonsburg	PA	15317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51877
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	FIELD ADMINISTRATIVE ASSISTANT	<input type="text" value="29.56"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="433.84"/>	

Full Name (Last, First, Middle Initial) B. TIMOTHY J. STRECKER		Date of Receipt
Mailing Address 70 I Street SE Apt. 736		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51367
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSOCIATE DIRECTOR, INFORMATION SYS	<input type="text" value="58.25"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="757.25"/>	

Full Name (Last, First, Middle Initial) C. TIMOTHY J. STRECKER		Date of Receipt
Mailing Address 70 I Street SE Apt. 736		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52029
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSOCIATE DIRECTOR, INFORMATION SYS	<input type="text" value="95.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="852.25"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="182.81"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 561 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. TIMOTHY J. STRECKER		Date of Receipt
Mailing Address 70 I Street SE Apt. 736		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51878
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, INFORMATION SYS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="58.25"/>
	<input type="text" value="910.50"/>	

Full Name (Last, First, Middle Initial) B. MARVA J. STROUD		Date of Receipt
Mailing Address 1055 5th Street		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Aurora	State IL	Zip Code 60505
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.54362
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SPECIAL THERAPY AIDE I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="56.00"/>
	<input type="text" value="242.91"/>	

Full Name (Last, First, Middle Initial) C. MARY J. STUCKERT		Date of Receipt
Mailing Address 814 S. Spring Street		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Bucyrus	State OH	Zip Code 44820
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53437
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICE REP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
	<input type="text" value="294.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="135.25"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 562 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARY J. STUCKERT
Full Name (Last, First, Middle Initial)

Mailing Address 814 S. Spring Street

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER SERVICE REP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53514

Amount of Each Receipt this Period

68.00

B. ARLENE STURDIVANT
Full Name (Last, First, Middle Initial)

Mailing Address 6113 Kolb Street

City	State	Zip Code
Fairmont Heights	MD	20743

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51368

Amount of Each Receipt this Period

25.00

C. ARLENE STURDIVANT
Full Name (Last, First, Middle Initial)

Mailing Address 6113 Kolb Street

City	State	Zip Code
Fairmont Heights	MD	20743

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52108

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional).....▶	68.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 563 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ARLENE STURDIVANT
Full Name (Last, First, Middle Initial)
Mailing Address 6113 Kolb Street

City Fairmont Heights	State MD	Zip Code 20743
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **367.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.51879

Amount of Each Receipt this Period

25.00

B. RENATA L. STURTEVANT
Full Name (Last, First, Middle Initial)
Mailing Address W9695 Lake Drive

City Edgerton	State WI	Zip Code 53534
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.54128

Amount of Each Receipt this Period

20.00

C. RENATA L. STURTEVANT
Full Name (Last, First, Middle Initial)
Mailing Address W9695 Lake Drive

City Edgerton	State WI	Zip Code 53534
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.54129

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 564 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. RENATA L. STURTEVANT
 Full Name (Last, First, Middle Initial)
 Mailing Address W9695 Lake Drive
 City Edgerton State WI Zip Code 53534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 29 / 2014
Transaction ID : SA11AI.54141
 Amount of Each Receipt this Period 20.00

B. WANDA M. SUBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Broderick Drive
 City Oxon Hill State MD Zip Code 20745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation STAFF ACCOUNTANT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51369
 Amount of Each Receipt this Period 37.00

C. WANDA M. SUBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Broderick Drive
 City Oxon Hill State MD Zip Code 20745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation STAFF ACCOUNTANT III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 518.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51880
 Amount of Each Receipt this Period 37.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 565 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL E. SUKAL
Full Name (Last, First, Middle Initial)

Mailing Address 18033 Mill Creek Drive

City Derwood State MD Zip Code 20855

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1034.93

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51370

Amount of Each Receipt this Period 79.61

B. MICHAEL E. SUKAL
Full Name (Last, First, Middle Initial)

Mailing Address 18033 Mill Creek Drive

City Derwood State MD Zip Code 20855

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1114.54

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51881

Amount of Each Receipt this Period 79.61

C. MARY E. SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1880 9th Avenue

City Watervliet State NY Zip Code 12189

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.54215

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.22

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 566 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. MARY E. SULLIVAN			Date of Receipt
Mailing Address 1880 9th Avenue			<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54233
Watervliet	NY	12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	EXECUTIVE VICE PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="980.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MARY E. SULLIVAN			Date of Receipt
Mailing Address 1880 9th Avenue			<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54234
Watervliet	NY	12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="148.00"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	EXECUTIVE VICE PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1128.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. MARY E. SULLIVAN			Date of Receipt
Mailing Address 1880 9th Avenue			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.54220
Watervliet	NY	12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	EXECUTIVE VICE PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1153.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="203.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 567 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARY E. SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1880 9th Avenue
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NY LOC 1000 EXECUTIVE VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1178.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2014
Transaction ID : SA11AI.54229
 Amount of Each Receipt this Period
 25.00

B. MARY E. SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1880 9th Avenue
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NY LOC 1000 EXECUTIVE VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1278.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51928
 Amount of Each Receipt this Period
 100.00

C. SHIRLEY SUNDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 Executive Park Drive
 City State Zip Code
 Harrisburg PA 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 283.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51490
 Amount of Each Receipt this Period
 48.88

SUBTOTAL of Receipts This Page (optional).....▶	173.88
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 568 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. MICHAEL SVEDA

Mailing Address 439 Willow Circle

City Allentown State PA Zip Code 18102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **449.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2014

Transaction ID : SA11AI.51491

Amount of Each Receipt this Period
64.16

Full Name (Last, First, Middle Initial)
B. ADAM SWIHART

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.53233

Amount of Each Receipt this Period
30.82

Full Name (Last, First, Middle Initial)
C. JAMES R. TACKETT

Mailing Address 517 S. High Street

City Yellow Springs State OH Zip Code 45387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **484.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52932

Amount of Each Receipt this Period
34.62

SUBTOTAL of Receipts This Page (optional)..... ▶ **129.60**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 569 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES R. TACKETT
Full Name (Last, First, Middle Initial)

Mailing Address 517 S. High Street

City Yellow Springs State OH Zip Code 45387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 519.30

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.52997

Amount of Each Receipt this Period 34.62

B. JEFFREY M. TAGGART
Full Name (Last, First, Middle Initial)

Mailing Address 12001 Market Street Unit 450

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCTNG & AUDITIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1620.58

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51371

Amount of Each Receipt this Period 124.66

C. JEFFREY M. TAGGART
Full Name (Last, First, Middle Initial)

Mailing Address 12001 Market Street Unit 450

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCTNG & AUDITIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1645.58

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52109

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.28

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 570 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JEFFREY M. TAGGART		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51882
Mailing Address 12001 Market Street Unit 450		Amount of Each Receipt this Period 124.66
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, ACCTNG & AUDITIN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1770.24	

Full Name (Last, First, Middle Initial) B. IAN K. TAKASHIBA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014 Transaction ID : SA11AI.52856
Mailing Address 4891 Nunu Road		Amount of Each Receipt this Period 33.40
City Kappa	State HI	Zip Code 96746
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.80	

Full Name (Last, First, Middle Initial) C. IAN K. TAKASHIBA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52881
Mailing Address 4891 Nunu Road		Amount of Each Receipt this Period 44.00
City Kappa	State HI	Zip Code 96746
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.80	

SUBTOTAL of Receipts This Page (optional).....▶	202.06
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 571 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MIGUEL TAMAYO
Full Name (Last, First, Middle Initial)

Mailing Address 2201 Broadway
Suite 715

City Oakland State CA Zip Code 94612

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME LOC 3299, HED Occupation REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.52166

Amount of Each Receipt this Period
65.00

B. ANN M. TANNER
Full Name (Last, First, Middle Initial)

Mailing Address 816 Wilder Avenue

City Elyria State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.80

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.52934

Amount of Each Receipt this Period
29.20

C. ANN M. TANNER
Full Name (Last, First, Middle Initial)

Mailing Address 816 Wilder Avenue

City Elyria State OH Zip Code 44035

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
528.00

Date of Receipt
07 / 23 / 2014
Transaction ID : SA11AI.52999

Amount of Each Receipt this Period
29.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.40

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 572 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PATRICIA TARDY
Full Name (Last, First, Middle Initial)

Mailing Address 154 Conantville Road

City Mansfield Ctr State CT Zip Code 06250-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/LOCAL 1565 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 22 / 2014**

Transaction ID : SA11AI.52188

Amount of Each Receipt this Period **100.00**

B. JANEEN D. TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 1428 Hartford Avenue

City Akron State OH Zip Code 44320

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **224.67**

Date of Receipt **07 / 02 / 2014**

Transaction ID : SA11AI.53168

Amount of Each Receipt this Period **31.45**

C. SAKIA TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 190 West Ostend Street

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **237.77**

Date of Receipt **07 / 09 / 2014**

Transaction ID : SA11AI.52396

Amount of Each Receipt this Period **200.27**

SUBTOTAL of Receipts This Page (optional)..... **331.72**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 573 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TODD TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 9457
 City Cedar Rapids State IA Zip Code 52409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 08 / 2014**
Transaction ID : SA11AI.53234
 Amount of Each Receipt this Period **40.00**

B. MOHAMMED TEHRANI
 Full Name (Last, First, Middle Initial)
 Mailing Address 22110 Castleton Court
 City Boyds State MD Zip Code 20841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, NETWORK OPERA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **675.47**

Date of Receipt **07 / 15 / 2014**
Transaction ID : SA11AI.51372
 Amount of Each Receipt this Period **52.28**

C. MOHAMMED TEHRANI
 Full Name (Last, First, Middle Initial)
 Mailing Address 22110 Castleton Court
 City Boyds State MD Zip Code 20841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, NETWORK OPERA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **727.75**

Date of Receipt **07 / 31 / 2014**
Transaction ID : SA11AI.51883
 Amount of Each Receipt this Period **52.28**

SUBTOTAL of Receipts This Page (optional).....	144.56
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 574 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MICHAEL S. TENNEY
Full Name (Last, First, Middle Initial)

Mailing Address 1963 Flemings Falls Road

City Mansfield State OH Zip Code 44903

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.53346

Amount of Each Receipt this Period 24.00

B. MARTHA W. THAMES
Full Name (Last, First, Middle Initial)

Mailing Address 1981 Wiler Lane

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.72

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51373

Amount of Each Receipt this Period 26.47

C. MARTHA W. THAMES
Full Name (Last, First, Middle Initial)

Mailing Address 1981 Wiler Lane

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.19

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51884

Amount of Each Receipt this Period 26.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.94

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 575 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PHYLLIS THEDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2343 Hawthorne Court
 City Bettendorf State IA Zip Code 52722
 Date of Receipt: 07 / 01 / 2014
 Transaction ID : SA11AI.53560
 Amount of Each Receipt this Period: 10.42
 FEC ID number of contributing federal political committee: C
 Name of Employer: AFSCME IA CN 61/DAVENPORT CSD Occupation: STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 287.44

B. PHYLLIS THEDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2343 Hawthorne Court
 City Bettendorf State IA Zip Code 52722
 Date of Receipt: 07 / 15 / 2014
 Transaction ID : SA11AI.53561
 Amount of Each Receipt this Period: 20.82
 FEC ID number of contributing federal political committee: C
 Name of Employer: AFSCME IA CN 61/DAVENPORT CSD Occupation: STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 308.26

C. BARBARA A. THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3185 Elmreeb Drive
 City Columbus State OH Zip Code 43219
 Date of Receipt: 07 / 11 / 2014
 Transaction ID : SA11AI.53438
 Amount of Each Receipt this Period: 16.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: COMPUTER OPERATOR III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 228.00

SUBTOTAL of Receipts This Page (optional).....▶ 47.24
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 576 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BARBARA A. THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3185 Elmreeb Drive
 City Columbus State OH Zip Code 43219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMPUTER OPERATOR III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53515
 Amount of Each Receipt this Period 16.00

B. BETTY A. THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 Faycrest Drive
 City Cincinnati State OH Zip Code 45238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 318.76

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53170
 Amount of Each Receipt this Period 45.70

C. JOHN THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1034 N Washington Avenue
 City Lansing State MI Zip Code 48906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.44

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52240
 Amount of Each Receipt this Period 29.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.82
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 577 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1034 N Washington Avenue
 City State Zip Code
 Lansing MI 48906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2014
Transaction ID : SA11AI.52269
 Amount of Each Receipt this Period
 29.12

B. PAIGNE N. THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 SE 133rd Avenue
 City State Zip Code
 Portland OR 97233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OR CN 75/STATE OF OR OFFICE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.54199
 Amount of Each Receipt this Period
 20.00

C. PATRICK S. THOMASSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1347 Marot Drive
 City State Zip Code
 Trotwood OH 45427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 LEAD STAFF ORGANIZER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 449.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.53171
 Amount of Each Receipt this Period
 64.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 113.52
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 578 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. EUNICE C. THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 267

City Malvern	State OH	Zip Code 44644
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK II
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53439

Amount of Each Receipt this Period

15.00

B. EUNICE C. THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 267

City Malvern	State OH	Zip Code 44644
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK II
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53516

Amount of Each Receipt this Period

15.00

C. LAWRENCE W. THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 3662 Bridgeport Way W.
Apt. D1

City University Place	State WA	Zip Code 98466
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53943

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 579 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PAULETTE E. THOMPSON			Date of Receipt
Mailing Address 3902 154th Street E.			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53854
Tacoma	WA	98446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="319.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PAULETTE E. THOMPSON			Date of Receipt
Mailing Address 3902 154th Street E.			<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53944
Tacoma	WA	98446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="344.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ROBERT L. THOMPSON			Date of Receipt
Mailing Address 927 Gibbs Avenue, NE			<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53172
Canton	OH	44705-1074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="87.58"/>
Name of Employer	Occupation		
AFSCME OH CN 8	REGIONAL DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="610.88"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="137.58"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 580 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. ROBERT L. THOMPSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014
Mailing Address 927 Gibbs Avenue, NE		Transaction ID : SA11AI.53204
City Canton	State OH	Zip Code 44705-1074
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer AFSCME OH CN 8	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.88	

Full Name (Last, First, Middle Initial) B. PETER THOR		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014
Mailing Address 4 Betts Place		Transaction ID : SA11AI.52189
City East Norwalk	State CT	Zip Code 06855-0000
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00	
Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50	

Full Name (Last, First, Middle Initial) C. FRANK THORNTON JR.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Mailing Address 190 W. Ostend Street Suite 101		Transaction ID : SA11AI.52397
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 324.61	
Name of Employer AFSCME MD CN 3	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.95	

SUBTOTAL of Receipts This Page (optional).....▶	409.61
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 581 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TAMARA L. TOCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 SE 19th Street
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.29

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51375
 Amount of Each Receipt this Period 47.33

B. TAMARA L. TOCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 SE 19th Street
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 721.29

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52110
 Amount of Each Receipt this Period 106.00

C. TAMARA L. TOCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 SE 19th Street
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.62

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51886
 Amount of Each Receipt this Period 47.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.66
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 582 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. JONATHAN TOLAR

Mailing Address 4031 Executive Park Drive

City State Zip Code
 Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 218.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51492

Amount of Each Receipt this Period
 31.26

Full Name (Last, First, Middle Initial)
B. CARRIE R. TOLLER

Mailing Address 513 Wood Street

City State Zip Code
 Maysville KY 41056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HOSPITAL AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53440

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. CARRIE R. TOLLER

Mailing Address 513 Wood Street

City State Zip Code
 Maysville KY 41056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HOSPITAL AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53517

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.26

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 583 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LEIGH TOMLINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 Stag Thicket Lane
 City Mason State MI Zip Code 48854-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation ACCTG. /HUMAN RESOURCE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 459.12

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52241
 Amount of Each Receipt this Period 38.26

B. LEIGH TOMLINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 Stag Thicket Lane
 City Mason State MI Zip Code 48854-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MI CN 25 Occupation ACCTG. /HUMAN RESOURCE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 497.38

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.52270
 Amount of Each Receipt this Period 38.26

C. ROSELLA P. TOPE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9839 Oaklane Drive SE
 City Waynesburg State OH Zip Code 44688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/SANDY VALLEY Occupation TEACHER AIDE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.99

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53035
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.52
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 584 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROSELLA P. TOPE
Full Name (Last, First, Middle Initial)

Mailing Address 9839 Oaklane Drive SE

City Waynesburg State OH Zip Code 44688

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SANDY VALLEY Occupation TEACHER AIDE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 309.45

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53060

Amount of Each Receipt this Period 38.46

B. TOM TOSTI
Full Name (Last, First, Middle Initial)

Mailing Address 327 Lincoln Avenue

City Bristol State PA Zip Code 19007

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 821.94

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51493

Amount of Each Receipt this Period 117.42

C. DOROTHY L. TOWNSEND
Full Name (Last, First, Middle Initial)

Mailing Address 849 Cormac Drive

City Riverdale State GA Zip Code 30296

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 903.16

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51376

Amount of Each Receipt this Period 70.71

SUBTOTAL of Receipts This Page (optional)..... ▶ 226.59

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 585 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DOROTHY L. TOWNSEND
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 Cormac Drive
 City Riverdale State GA Zip Code 30296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 956.16

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52111
 Amount of Each Receipt this Period 53.00

B. DOROTHY L. TOWNSEND
 Full Name (Last, First, Middle Initial)
 Mailing Address 849 Cormac Drive
 City Riverdale State GA Zip Code 30296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1026.87

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.51887
 Amount of Each Receipt this Period 70.71

C. ROYCE TREADAWAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Shipway
 City Baltimore State MD Zip Code 21222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 341.64

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.52398
 Amount of Each Receipt this Period 293.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 417.01
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 586 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. VON TREAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.51494
 Amount of Each Receipt this Period
 80.20

B. VON TREAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53752
 Amount of Each Receipt this Period
 1.00

C. VON TREAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53753
 Amount of Each Receipt this Period
 97.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.20
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 587 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BONITA J. TUCKER-MERCADO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12106 Leeila Avenue
 City Cleveland State OH Zip Code 44135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CUYAHOGA COUNTY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53025
 Amount of Each Receipt this Period
 19.24

B. BONITA J. TUCKER-MERCADO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12106 Leeila Avenue
 City Cleveland State OH Zip Code 44135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/CUYAHOGA COUNTY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.53061
 Amount of Each Receipt this Period
 19.24

C. ELIZABETH A. TURNBOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 4443 Libby Road NE
 City Olympia State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation LEAD ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53945
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....▶	80.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 588 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. AMY S. TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1268 Stratford Road
 City Delaware State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53458
 Amount of Each Receipt this Period
 11.00

B. AMY S. TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1268 Stratford Road
 City Delaware State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53459
 Amount of Each Receipt this Period
 40.00

C. AMY S. TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1268 Stratford Road
 City Delaware State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53460
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 589 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. AMY S. TURNER
Full Name (Last, First, Middle Initial)

Mailing Address 1268 Stratford Road

City Delaware State OH Zip Code 43015

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 298.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53518

Amount of Each Receipt this Period 7.00

B. JENNIFER D. TURNER
Full Name (Last, First, Middle Initial)

Mailing Address 1339 S Pickaway Street

City Circleville State OH Zip Code 43113

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/FRANKLIN CNTY Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53062

Amount of Each Receipt this Period 41.68

C. TINA R. TURNERMORFITT
Full Name (Last, First, Middle Initial)

Mailing Address 748 Meadowlawn Drive NE

City Salem State OR Zip Code 97301

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.54200

Amount of Each Receipt this Period 19.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.18

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 590 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TIMM TWARDOSKI
Full Name (Last, First, Middle Initial)

Mailing Address 1897 Wooten Road

City Helena	State MT	Zip Code 59602
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MT CN 9	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **474.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52002

Amount of Each Receipt this Period

174.00

B. TIMM TWARDOSKI
Full Name (Last, First, Middle Initial)

Mailing Address 1897 Wooten Road

City Helena	State MT	Zip Code 59602
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MT CN 9	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **524.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52298

Amount of Each Receipt this Period

50.00

C. JOHN TWIFORD
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51495

Amount of Each Receipt this Period

64.92

SUBTOTAL of Receipts This Page (optional).....▶	288.92
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 591 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOHN TWIFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 486.62

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53754
 Amount of Each Receipt this Period 20.00

B. KAREN J. TYLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Milmarson Place NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, AUDITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 696.68

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51377
 Amount of Each Receipt this Period 53.71

C. KAREN J. TYLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Milmarson Place NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, AUDITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 751.68

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52112
 Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.71
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 592 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KAREN J. TYLER
Full Name (Last, First, Middle Initial)

Mailing Address 15 Milmarson Place NW

City Washington State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, AUDITING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **805.39**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51888

Amount of Each Receipt this Period
53.71

B. JOSE URIBE
Full Name (Last, First, Middle Initial)

Mailing Address 1707 Lindig Street Apt. 7

City St. Paul State MN Zip Code 55113

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.51378

Amount of Each Receipt this Period
22.72

C. JOSE URIBE
Full Name (Last, First, Middle Initial)

Mailing Address 1707 Lindig Street Apt. 7

City St. Paul State MN Zip Code 55113

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51889

Amount of Each Receipt this Period
22.72

SUBTOTAL of Receipts This Page (optional).....▶	99.15
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 594 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. DONALD L. VAUGHAN			Date of Receipt
Mailing Address 7614 187th Avenue SW			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53855
Rochester	WA	98579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	WORKERS COMPENSATION TECH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="286.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. DONALD L. VAUGHAN			Date of Receipt
Mailing Address 7614 187th Avenue SW			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53998
Rochester	WA	98579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="24.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	WORKERS COMPENSATION TECH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="310.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DONALD L. VAUGHAN			Date of Receipt
Mailing Address 7614 187th Avenue SW			<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53946
Rochester	WA	98579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	WORKERS COMPENSATION TECH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="332.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="68.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 595 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANTHONY VERNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Meadow Lane
 City Athens State OH Zip Code 45701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52935
 Amount of Each Receipt this Period 30.00

B. ANTHONY VERNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Meadow Lane
 City Athens State OH Zip Code 45701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.53000
 Amount of Each Receipt this Period 30.00

C. SUSAN VOGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City Des Moines State IA Zip Code 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.66

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53292
 Amount of Each Receipt this Period 74.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 596 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN VOGEL
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
281.48

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53322

Amount of Each Receipt this Period
 14.82

B. ANNIE WACKER
Full Name (Last, First, Middle Initial)

Mailing Address 326 S. 82nd Street

City Milwaukee	State WI	Zip Code 53214
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 48/LOCAL 1954	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.54273

Amount of Each Receipt this Period
 50.00

C. ANNIE WACKER
Full Name (Last, First, Middle Initial)

Mailing Address 326 S. 82nd Street

City Milwaukee	State WI	Zip Code 53214
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 48/LOCAL 1954	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
331.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : SA11AI.54274

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional).....▶	85.82
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 597 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANNIE WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 S. 82nd Street
 City Milwaukee State WI Zip Code 53214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 48/LOCAL 1954 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.00

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11AI.54275
 Amount of Each Receipt this Period 28.00

B. SUSAN L. WAGONER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5434 Briardale Lane Apt. E
 City Dublin State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 526.54

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53173
 Amount of Each Receipt this Period 75.48

C. JUDITH VIOLA WAHLBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5069 County Road
 City Mountain Iron State MN Zip Code 55768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY Occupation CHILDCARE PROVIDER REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 14 / 2014
Transaction ID : SA11AI.51977
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶ 123.48
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 598 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JUDITH VIOLA WAHLBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5069 County Road
 City Mountain Iron State MN Zip Code 55768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY Occupation CHILDCARE PROVIDER REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.54119
 Amount of Each Receipt this Period 20.00

B. JUDITH VIOLA WAHLBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 5069 County Road
 City Mountain Iron State MN Zip Code 55768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY Occupation CHILDCARE PROVIDER REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2014
Transaction ID : SA11AI.54084
 Amount of Each Receipt this Period 15.00

C. MARGARET WALCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Martin Luther King Jr. Blvd.
 City Columbus State OH Zip Code 43203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 362.50

Date of Receipt 07 / 07 / 2014
Transaction ID : SA11AI.53096
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 47.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 599 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MARGARET WALCOTT
Full Name (Last, First, Middle Initial)

Mailing Address 200 Martin Luther King Jr. Blvd.

City	State	Zip Code
Columbus	OH	43203

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4/COLUMBUS CITY	CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		21		2014

Transaction ID : SA11AI.53105

Amount of Each Receipt this Period

12.50

B. KIRK A. WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 56 Orel Avenue

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ACCOUNTANT/EXAMINER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		25		2014

Transaction ID : SA11AI.53519

Amount of Each Receipt this Period

14.00

C. NAOMI A. WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 2229 First Street NW

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	ASSISTANT TO THE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.78**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2014

Transaction ID : SA11AI.51379

Amount of Each Receipt this Period

96.06

SUBTOTAL of Receipts This Page (optional).....▶	122.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 600 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. NAOMI A. WALKER

Mailing Address 2229 First Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO THE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1344.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51890

Amount of Each Receipt this Period
 96.06

Full Name (Last, First, Middle Initial)
B. KATHLEEN M. WALPOLE

Mailing Address 139 East Cayuga Street

City Oswego State NY Zip Code 13126

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2014
Transaction ID : SA11AI.54216

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
C. KATHLEEN M. WALPOLE

Mailing Address 139 East Cayuga Street

City Oswego State NY Zip Code 13126

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2014
Transaction ID : SA11AI.54221

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.54

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 601 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. KATHLEEN M. WALPOLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 East Cayuga Street
 City Oswego State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt 07 / 30 / 2014
Transaction ID : SA11AI.54230
 Amount of Each Receipt this Period 19.24

B. BARBARA J. WARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13975 State Route 7
 City Proctorville State OH Zip Code 45669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/FAIRLAND LSD Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.08

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53036
 Amount of Each Receipt this Period 46.00

C. BARBARA J. WARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13975 State Route 7
 City Proctorville State OH Zip Code 45669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/FAIRLAND LSD Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 356.92

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53063
 Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.08
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 602 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES A. WARD
Full Name (Last, First, Middle Initial)

Mailing Address 5692 Northpointe Parkway

City Lorain State OH Zip Code 44053

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/LORAIN COUNTY Occupation SOCIAL SERVICE AIDE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **374.00**

Date of Receipt **07 / 23 / 2014**

Transaction ID : SA11AI.53064

Amount of Each Receipt this Period **42.00**

B. DAVID WARRICK
Full Name (Last, First, Middle Initial)

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD CORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **596.83**

Date of Receipt **07 / 15 / 2014**

Transaction ID : SA11AI.51380

Amount of Each Receipt this Period **45.91**

C. DAVID WARRICK
Full Name (Last, First, Middle Initial)

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD CORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **619.83**

Date of Receipt **07 / 17 / 2014**

Transaction ID : SA11AI.52113

Amount of Each Receipt this Period **23.00**

SUBTOTAL of Receipts This Page (optional)..... **110.91**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 603 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. DAVID WARRICK

Mailing Address 2638 Jay Court

City State Zip Code
 Indianapolis IN 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME INT'L FIELD CORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 665.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51891

Amount of Each Receipt this Period
 45.91

Full Name (Last, First, Middle Initial)
B. ANDRE' J. WASHINGTON

Mailing Address 45 Knollwood Drive

City State Zip Code
 Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 523.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52936

Amount of Each Receipt this Period
 37.37

Full Name (Last, First, Middle Initial)
C. ANDRE' J. WASHINGTON

Mailing Address 45 Knollwood Drive

City State Zip Code
 Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 562.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.52948

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **122.28**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 604 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANDRE' J. WASHINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Knollwood Drive
 City Perrysburg State OH Zip Code 43551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 613.18

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52949
 Amount of Each Receipt this Period 51.00

B. ANDRE' J. WASHINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Knollwood Drive
 City Perrysburg State OH Zip Code 43551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.55

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.53001
 Amount of Each Receipt this Period 37.37

C. TIMOTHY WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10723 KILBURN LN
 City CAMBRIDGE State OH Zip Code 43725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11 Occupation THERAPUTIC PROGRAM W
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.53347
 Amount of Each Receipt this Period 34.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.37
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 605 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JO ANN WAUGH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014 Transaction ID : SA11AI.51497
Mailing Address 4031 Executive Park Drive		Amount of Each Receipt this Period 68.40
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.80	

Full Name (Last, First, Middle Initial) B. JO ANN WAUGH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.52007
Mailing Address 4031 Executive Park Drive		Amount of Each Receipt this Period 219.00
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 697.80	

Full Name (Last, First, Middle Initial) C. JO ANN WAUGH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.53755
Mailing Address 4031 Executive Park Drive		Amount of Each Receipt this Period 149.00
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.80	

SUBTOTAL of Receipts This Page (optional).....▶	436.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 606 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JO ANN WAUGH		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 Transaction ID : SA11AI.53756
Mailing Address 4031 Executive Park Drive		Amount of Each Receipt this Period 70.00
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.80	

Full Name (Last, First, Middle Initial) B. LONITA M. WAYBRIGHT		Date of Receipt MM / DD / YYYY 07 / 15 / 2014 Transaction ID : SA11AI.51382
Mailing Address 3929 Whitemarsh Lane		Amount of Each Receipt this Period 58.25
City Edgewater	State MD	Zip Code 21037
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, BENEFITS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 757.25	

Full Name (Last, First, Middle Initial) C. LONITA M. WAYBRIGHT		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : SA11AI.51893
Mailing Address 3929 Whitemarsh Lane		Amount of Each Receipt this Period 58.25
City Edgewater	State MD	Zip Code 21037
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, BENEFITS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 815.50	

SUBTOTAL of Receipts This Page (optional).....▶	186.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 607 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRENDA S. WEAVER
Full Name (Last, First, Middle Initial)

Mailing Address 114 West Drive

City Gallipolis	State OH	Zip Code 45631
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GALLIPOLIS CITY	Occupation SECRETARY
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **459.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.53026

Amount of Each Receipt this Period

19.24

B. BRENDA S. WEAVER
Full Name (Last, First, Middle Initial)

Mailing Address 114 West Drive

City Gallipolis	State OH	Zip Code 45631
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GALLIPOLIS CITY	Occupation SECRETARY
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **478.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SA11AI.53065

Amount of Each Receipt this Period

19.24

C. JANA WEAVER
Full Name (Last, First, Middle Initial)

Mailing Address 451 London Road

City Deerfield	State WI	Zip Code 53531
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24	Occupation ASSISTANT DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **552.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

Transaction ID : SA11AI.54142

Amount of Each Receipt this Period

73.68

SUBTOTAL of Receipts This Page (optional).....▶	112.16
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 608 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JANA WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 451 London Road
 City State Zip Code
 Deerfield WI 53531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WI CN 24 ASSISTANT DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 592.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54144
 Amount of Each Receipt this Period
 40.00

B. KIMBERLY A. WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 6th Avenue
 City State Zip Code
 Sheldon IA 51201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.53279
 Amount of Each Receipt this Period
 22.00

C. KIMBERLY A. WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 6th Avenue
 City State Zip Code
 Sheldon IA 51201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 296.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : SA11AI.53323
 Amount of Each Receipt this Period
 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 609 OF 685
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRENDA WEBB
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.51498

Amount of Each Receipt this Period

47.82

B. BRIAN V. WEEKS
Full Name (Last, First, Middle Initial)

Mailing Address 1522 A Street NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	DIRECTOR, POLITICAL ACTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **870.87**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : SA11AI.51383

Amount of Each Receipt this Period

66.99

C. BRIAN V. WEEKS
Full Name (Last, First, Middle Initial)

Mailing Address 1522 A Street NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	DIRECTOR, POLITICAL ACTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **915.87**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2014

Transaction ID : SA11AI.52114

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional).....▶	159.81
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 610 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. BRIAN V. WEEKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1522 A Street NE
 City Washington State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 982.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA11AI.51894
 Amount of Each Receipt this Period
 66.99

B. CINDY L. WEIBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5849 Rambo Lane
 City Toledo State OH Zip Code 43623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.53027
 Amount of Each Receipt this Period
 19.24

C. CINDY L. WEIBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5849 Rambo Lane
 City Toledo State OH Zip Code 43623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : SA11AI.53066
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.47
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 611 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JOSEPH W. WEIDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 Binns Boulevard
 City Columbus State OH Zip Code 43204-2515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation EDITOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.14

Date of Receipt 07 / 02 / 2014
Transaction ID : SA11AI.53174
 Amount of Each Receipt this Period 65.66

B. MAXIMUS J. WEIKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Smithtown Road
 City Pipersville State PA Zip Code 18947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.52

Date of Receipt 07 / 15 / 2014
Transaction ID : SA11AI.51384
 Amount of Each Receipt this Period 22.72

C. MAXIMUS J. WEIKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Smithtown Road
 City Pipersville State PA Zip Code 18947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 717.52

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52030
 Amount of Each Receipt this Period 472.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 560.38
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 612 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. MAXIMUS J. WEIKEL
Full Name (Last, First, Middle Initial)

Mailing Address 234 Smithtown Road

City Pipersville State PA Zip Code 18947

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **718.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52115

Amount of Each Receipt this Period
1.00

B. MAXIMUS J. WEIKEL
Full Name (Last, First, Middle Initial)

Mailing Address 234 Smithtown Road

City Pipersville State PA Zip Code 18947

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **741.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.51895

Amount of Each Receipt this Period
22.72

C. CHRISTINE WEINARD
Full Name (Last, First, Middle Initial)

Mailing Address 175 S Westminster Street

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.54381

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **53.72**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 613 OF 685
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. JESSICA WEINSTEIN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014 Transaction ID : SA11AI.51385
Mailing Address 2662 Wild Turkey Lane		Amount of Each Receipt this Period 77.71
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation ASSISTANT TO THE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1010.23	

Full Name (Last, First, Middle Initial) B. JESSICA WEINSTEIN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014 Transaction ID : SA11AI.53700
Mailing Address 2662 Wild Turkey Lane		Amount of Each Receipt this Period 201.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation ASSISTANT TO THE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1211.23	

Full Name (Last, First, Middle Initial) C. JESSICA WEINSTEIN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014 Transaction ID : SA11AI.51896
Mailing Address 2662 Wild Turkey Lane		Amount of Each Receipt this Period 77.71
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation ASSISTANT TO THE PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1288.94	

SUBTOTAL of Receipts This Page (optional).....▶	356.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 614 OF 685
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LINDA K. WELCH
Full Name (Last, First, Middle Initial)
Mailing Address 1446 E. Gates Street

City Columbus	State OH	Zip Code 43206
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CRIMINAL JUSTICE CLERK
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53443

Amount of Each Receipt this Period
15.00

B. LINDA K. WELCH
Full Name (Last, First, Middle Initial)
Mailing Address 1446 E. Gates Street

City Columbus	State OH	Zip Code 43206
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CRIMINAL JUSTICE CLERK
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2014

Transaction ID : SA11AI.53520

Amount of Each Receipt this Period
15.00

C. SUSAN WELDON
Full Name (Last, First, Middle Initial)
Mailing Address 16 Fairfield Street

City Harrisburg	State PA	Zip Code 17109
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP/LOCAL 521	Occupation CONTROL ROOM OPERATOR II
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2014

Transaction ID : SA11AI.53773

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 615 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SUSAN WELDON
Full Name (Last, First, Middle Initial)

Mailing Address 16 Fairfield Street

City Harrisburg State PA Zip Code 17109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP/LOCAL 521 Occupation CONTROL ROOM OPERATOR II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53757

Amount of Each Receipt this Period
28.00

B. CHRISTOPHER RYAN WELLES
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **382.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.54068

Amount of Each Receipt this Period
56.08

C. KELLY WELLS
Full Name (Last, First, Middle Initial)

Mailing Address 4650 Beard Road

City Sunbury State OH Zip Code 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.52937

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **109.08**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. KELLY WELLS

Mailing Address 4650 Beard Road

City Sunbury State OH Zip Code 43074

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.53002

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. MICHAEL J. WELLS

Mailing Address 20 Indian Wood Drive

City Thornville State OH Zip Code 43076

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.53521

Amount of Each Receipt this Period
14.00

Full Name (Last, First, Middle Initial)
C. ROSETTA WELLS

Mailing Address 5065 Hannan Trace Road

City Patriot State OH Zip Code 45658

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2014

Transaction ID : SA11AI.53445

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **64.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 617 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ROSETTA WELLS
Full Name (Last, First, Middle Initial)

Mailing Address 5065 Hannan Trace Road

City Patriot State OH Zip Code 45658

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 25 / 2014**

Transaction ID : SA11AI.53522

Amount of Each Receipt this Period **25.00**

B. NICHOLE M. WENTZLAFF
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **592.30**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.54069

Amount of Each Receipt this Period **87.74**

C. JOHN P. WESTMORELAND
Full Name (Last, First, Middle Initial)

Mailing Address 4678 West Road

City Moose Lake State MN Zip Code 55767

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **537.96**

Date of Receipt **07 / 08 / 2014**

Transaction ID : SA11AI.54070

Amount of Each Receipt this Period **76.96**

SUBTOTAL of Receipts This Page (optional)..... **189.70**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 618 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES RANDAL WESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1495 Irvin - Shoots Road
 City Morral State OH Zip Code 43337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52938
 Amount of Each Receipt this Period 60.00

B. JAMES RANDAL WESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1495 Irvin - Shoots Road
 City Morral State OH Zip Code 43337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 901.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52950
 Amount of Each Receipt this Period 21.00

C. JAMES RANDAL WESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1495 Irvin - Shoots Road
 City Morral State OH Zip Code 43337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52951
 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 619 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JAMES RANDAL WESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1495 Irvin - Shoots Road
 City Morral State OH Zip Code 43337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 996.00

Date of Receipt 07 / 23 / 2014
Transaction ID : SA11AI.53003
 Amount of Each Receipt this Period 60.00

B. SANDRA L. WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address W Hazel Avenue
 City Lima State OH Zip Code 45801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/LIMA CSD Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.12

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53037
 Amount of Each Receipt this Period 21.00

C. SANDRA L. WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address W Hazel Avenue
 City Lima State OH Zip Code 45801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/LIMA CSD Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.60

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.53067
 Amount of Each Receipt this Period 38.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.48
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 620 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. LACHEZ WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.51

Date of Receipt
07 / 09 / 2014
Transaction ID : SA11AI.52401

Amount of Each Receipt this Period
195.01

B. ROBIN WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
07 / 08 / 2014
Transaction ID : SA11AI.53235

Amount of Each Receipt this Period
30.00

C. STEPHEN WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 10508 Huntley Place

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME DC CN 20 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
209.64

Date of Receipt
07 / 30 / 2014
Transaction ID : SA11AI.52192

Amount of Each Receipt this Period
34.94

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.95

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 621 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. DIANE WHITE-HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 1142 Wolf Run Drive

City Lansing State MI Zip Code 48917

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **353.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.52242

Amount of Each Receipt this Period
29.47

B. DIANE WHITE-HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 1142 Wolf Run Drive

City Lansing State MI Zip Code 48917

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **383.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.52271

Amount of Each Receipt this Period
29.47

C. BRYCE WICKSTROM
Full Name (Last, First, Middle Initial)

Mailing Address 1267 Matilda Street

City St. Paul State MN Zip Code 55117-4473

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation RECORDING SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11AI.54071

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... **208.94**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 622 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANN E. WIDGER
Full Name (Last, First, Middle Initial)

Mailing Address 1205 Morse Street NE
Unit 3

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, RETIREE PROGRAMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
788.56

Date of Receipt
07 / 15 / 2014
Transaction ID : SA11AI.51386

Amount of Each Receipt this Period
60.67

B. ANN E. WIDGER
Full Name (Last, First, Middle Initial)

Mailing Address 1205 Morse Street NE
Unit 3

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, RETIREE PROGRAMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.56

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.52117

Amount of Each Receipt this Period
45.00

C. ANN E. WIDGER
Full Name (Last, First, Middle Initial)

Mailing Address 1205 Morse Street NE
Unit 3

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, RETIREE PROGRAMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
894.23

Date of Receipt
07 / 31 / 2014
Transaction ID : SA11AI.51898

Amount of Each Receipt this Period
60.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.34

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 623 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM WILKINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5272 Bradgen Court
 City Springfield State VA Zip Code 22151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: AFSCME INT'L Occupation: ASSISTANT DIRECTOR, RESEARCH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 698.23

Date of Receipt: 07 / 15 / 2014
Transaction ID : SA11AI.51387
 Amount of Each Receipt this Period: 53.71

B. WILLIAM WILKINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5272 Bradgen Court
 City Springfield State VA Zip Code 22151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: AFSCME INT'L Occupation: ASSISTANT DIRECTOR, RESEARCH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 719.23

Date of Receipt: 07 / 17 / 2014
Transaction ID : SA11AI.52118
 Amount of Each Receipt this Period: 21.00

C. WILLIAM WILKINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5272 Bradgen Court
 City Springfield State VA Zip Code 22151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: AFSCME INT'L Occupation: ASSISTANT DIRECTOR, RESEARCH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 772.94

Date of Receipt: 07 / 31 / 2014
Transaction ID : SA11AI.51899
 Amount of Each Receipt this Period: 53.71

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.42
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 624 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ANDREW WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2014

Transaction ID : SA11AI.53236

Amount of Each Receipt this Period
44.84

B. ANDREW WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53237

Amount of Each Receipt this Period
20.00

C. ANDREW WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2014

Transaction ID : SA11AI.53238

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	84.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 625 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. STEVEN WILLIAMS
 Mailing Address 18241 Icicle Road
 City State Zip Code
 Sparta WI 54656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WI CN 24 FIELD REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 401.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2014
Transaction ID : SA11AI.54143
 Amount of Each Receipt this Period
 53.56

Full Name (Last, First, Middle Initial)
B. CHARLES H. WILLIAMSON
 Mailing Address 162 South Street
 City State Zip Code
 Minford OH 45653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014
Transaction ID : SA11AI.53446
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. CHARLES H. WILLIAMSON
 Mailing Address 162 South Street
 City State Zip Code
 Minford OH 45653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53523
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.56
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 626 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. RANDALL J. WILSON			Date of Receipt
Mailing Address 16 1/2 Elm Street			<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.51499
Warren	PA	16365	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="31.26"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="353.78"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. SARAH C. WILSON			Date of Receipt
Mailing Address 3609 Apollo Street, SE			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53856
Lacey	WA	98503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="321.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. SARAH C. WILSON			Date of Receipt
Mailing Address 3609 Apollo Street, SE			<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.53999
Lacey	WA	98503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="5.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="326.50"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="61.26"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 627 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SARAH C. WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Apollo Street, SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54000
 Amount of Each Receipt this Period
 8.00

B. SARAH C. WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Apollo Street, SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.54001
 Amount of Each Receipt this Period
 11.00

C. SARAH C. WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Apollo Street, SE
 City Lacey State WA Zip Code 98503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53947
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 628 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. TRACY WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt
07 / 10 / 2014
Transaction ID : SA11AI.53857

Amount of Each Receipt this Period
17.50

B. TRACY WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
07 / 25 / 2014
Transaction ID : SA11AI.53948

Amount of Each Receipt this Period
17.50

C. BRUCE H. WITHAM
Full Name (Last, First, Middle Initial)

Mailing Address 1329 S. 96th Street

City Tacoma State WA Zip Code 98444

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
07 / 10 / 2014
Transaction ID : SA11AI.53858

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 629 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. BRUCE H. WITHAM		Date of Receipt
Mailing Address 1329 S. 96th Street		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Tacoma	State WA	Zip Code 98444
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.53949
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) B. KRISTIE WOLF-MALONEY		Date of Receipt
Mailing Address 4923C Haverford Road		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Harrisburg	State PA	Zip Code 17109
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.51500
Name of Employer AFSCME PA CN 13		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="99.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="697.62"/>	

Full Name (Last, First, Middle Initial) C. DARREN T. WONG		Date of Receipt
Mailing Address 1 Keahole Place #1516		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Honolulu	State HI	Zip Code 96825
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.52884
Name of Employer AFSCME HI LOC 152		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="160.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="289.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 630 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. ARTHUR WOOD
Full Name (Last, First, Middle Initial)
Mailing Address 31062 Birchwood

City Westland	State MI	Zip Code 48185
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.52243

Amount of Each Receipt this Period
32.03

B. ARTHUR WOOD
Full Name (Last, First, Middle Initial)
Mailing Address 31062 Birchwood

City Westland	State MI	Zip Code 48185
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2014

Transaction ID : SA11AI.52272

Amount of Each Receipt this Period
32.03

C. WILLIAM T. WOOD
Full Name (Last, First, Middle Initial)
Mailing Address 6541 Blacks Road SW

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2014

Transaction ID : SA11AI.53447

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	79.06
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 631 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WILLIAM T. WOOD
Full Name (Last, First, Middle Initial)

Mailing Address 6541 Blacks Road SW

City	State	Zip Code
Pataskala	OH	43062

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11Al.53524

Amount of Each Receipt this Period
15.00

B. SHELBY L. WOODALL
Full Name (Last, First, Middle Initial)

Mailing Address 1006 Ironwood Circle

City	State	Zip Code
Akron	OH	44312

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH CN 8	STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2014

Transaction ID : SA11Al.53177

Amount of Each Receipt this Period
64.48

C. TERRY WOODROW
Full Name (Last, First, Middle Initial)

Mailing Address 4-C Winding Way

City	State	Zip Code
Westville	NJ	08093-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME NJ CN 52	SECURITY OFFICER SGT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SA11Al.51978

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	104.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 632 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PHELTON WOODS
Full Name (Last, First, Middle Initial)
Mailing Address 5435 York Lane S.
City Columbus State OH Zip Code 43232
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation LAB TECH
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 362.50

Date of Receipt 07 / 07 / 2014
Transaction ID : SA11AI.53097
Amount of Each Receipt this Period 12.50

B. PHELTON WOODS
Full Name (Last, First, Middle Initial)
Mailing Address 5435 York Lane S.
City Columbus State OH Zip Code 43232
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation LAB TECH
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 21 / 2014
Transaction ID : SA11AI.53106
Amount of Each Receipt this Period 12.50

C. A DUFF WOODSIDE
Full Name (Last, First, Middle Initial)
Mailing Address 5051 Sandman Drive Apt. 86
City Taylor Mill State KY Zip Code 41015
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 327.04

Date of Receipt 07 / 11 / 2014
Transaction ID : SA11AI.53448
Amount of Each Receipt this Period 23.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.36
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 633 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. A DUFF WOODSIDE
Full Name (Last, First, Middle Initial)

Mailing Address 5051 Sandman Drive
Apt. 86

City Taylor Mill State KY Zip Code 41015

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.40

Date of Receipt
07 / 25 / 2014
Transaction ID : SA11AI.53525

Amount of Each Receipt this Period
23.36

B. PAMELA WOOLUM
Full Name (Last, First, Middle Initial)

Mailing Address 2068 Entrada Drive

City Beavercreek State OH Zip Code 45431

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
07 / 17 / 2014
Transaction ID : SA11AI.52939

Amount of Each Receipt this Period
10.00

C. PAMELA WOOLUM
Full Name (Last, First, Middle Initial)

Mailing Address 2068 Entrada Drive

City Beavercreek State OH Zip Code 45431

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
07 / 23 / 2014
Transaction ID : SA11AI.53004

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.36

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 634 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PETER WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 28 Washington Street

City Marblehead State MA Zip Code 01945-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation DIRECTOR POLITICAL ACTION & LEGIS.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **518.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2014

Transaction ID : SA11AI.54290

Amount of Each Receipt this Period
74.14

B. STELLA WYMER
Full Name (Last, First, Middle Initial)

Mailing Address 7130 Yawberg Road

City Whitehouse State OH Zip Code 43571

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.53028

Amount of Each Receipt this Period
19.24

C. STELLA WYMER
Full Name (Last, First, Middle Initial)

Mailing Address 7130 Yawberg Road

City Whitehouse State OH Zip Code 43571

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : SA11AI.53068

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	112.62
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 635 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JEANETTE WYNN
Full Name (Last, First, Middle Initial)

Mailing Address 3064 Highland Oak Terrace

City Tallahassee	State FL	Zip Code 32301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME FL CN 79	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **626.92**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2014

Transaction ID : SA11AI.52194

Amount of Each Receipt this Period

77.56

B. JEANETTE WYNN
Full Name (Last, First, Middle Initial)

Mailing Address 3064 Highland Oak Terrace

City Tallahassee	State FL	Zip Code 32301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME FL CN 79	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.92**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2014

Transaction ID : SA11AI.52195

Amount of Each Receipt this Period

40.00

C. JEANETTE WYNN
Full Name (Last, First, Middle Initial)

Mailing Address 3064 Highland Oak Terrace

City Tallahassee	State FL	Zip Code 32301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME FL CN 79	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.92**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : SA11AI.51931

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional).....▶	131.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 636 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. WAYNE J. YAMASAKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1185 Kaeleku Street
 City Honolulu State HI Zip Code 96825-3007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 01 / 2014
Transaction ID : SA11AI.52868
 Amount of Each Receipt this Period 50.00

B. STEVEN YATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 07 / 10 / 2014
Transaction ID : SA11AI.53859
 Amount of Each Receipt this Period 17.00

C. STEVEN YATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE Suite 300
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt 07 / 25 / 2014
Transaction ID : SA11AI.53950
 Amount of Each Receipt this Period 17.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 637 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. CRYSTAL YINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 308.32

Date of Receipt 07 / 16 / 2014
Transaction ID : SA11AI.51501
 Amount of Each Receipt this Period 45.24

B. VIVIAN YOSHIOKA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3154 Florinda Street
 City Pomona State CA Zip Code 91767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 36 Occupation JUDICIAL ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 17 / 2014
Transaction ID : SA11AI.52138
 Amount of Each Receipt this Period 20.00

C. FREDERICK A. YUNGBLUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 11513 SE Aquila Street
 City Happy Valley State OR Zip Code 97086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 31 / 2014
Transaction ID : SA11AI.54201
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.24
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 638 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. SARAH ZARUBA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014 Transaction ID : SA11AI.53280
Mailing Address 500 E. 17 Street S. #8		Amount of Each Receipt this Period 19.23
City Newton	State IA	
Zip Code 50208		Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. SARAH ZARUBA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014 Transaction ID : SA11AI.53324
Mailing Address 500 E. 17 Street S. #8		Amount of Each Receipt this Period 19.23
City Newton	State IA	
Zip Code 50208		Amount of Each Receipt this Period 269.22
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. DON ZAVODNY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014 Transaction ID : SA11AI.51388
Mailing Address 9801 West O Street		Amount of Each Receipt this Period 47.33
City Lincoln	State NE	
Zip Code 68528		Amount of Each Receipt this Period 615.29
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	85.79
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 639 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. DON ZAVODNY		Date of Receipt
Mailing Address 9801 West O Street		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lincoln	NE	68528
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52031
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.29"/>	

Full Name (Last, First, Middle Initial) B. DON ZAVODNY		Date of Receipt
Mailing Address 9801 West O Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lincoln	NE	68528
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.51900
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	<input type="text" value="47.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="747.62"/>	

Full Name (Last, First, Middle Initial) C. THAMIR ZEBAR		Date of Receipt
Mailing Address 390 Worthington Road		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.53348
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11	STAFF REPRESENTATIVE	<input type="text" value="8.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="276.16"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="140.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 640 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. JANE ZIMMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2014
Transaction ID : SA11AI.53860
 Amount of Each Receipt this Period
 22.50

B. JANE ZIMMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson Street SE
 City Olympia State WA Zip Code 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : SA11AI.53951
 Amount of Each Receipt this Period
 22.50

C. PEGGY LEA ZIMMERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 197 Blair Avenue
 City Cottage Hills State IL Zip Code 62018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : SA11AI.51965
 Amount of Each Receipt this Period
 73.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 641 OF 685
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. PEGGY LEA ZIMMERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 197 Blair Avenue

City Cottage Hills State IL Zip Code 62018

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2014
Transaction ID : SA11AI.51970

Amount of Each Receipt this Period
 32.00

B. MATTHEW D. ZUVICH
Full Name (Last, First, Middle Initial)

Mailing Address 720 Mox-Chehalis Road

City McCleary State WA Zip Code 98557

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation LOBBYIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53952

Amount of Each Receipt this Period
 40.00

C. MATTHEW D. ZUVICH
Full Name (Last, First, Middle Initial)

Mailing Address 720 Mox-Chehalis Road

City McCleary State WA Zip Code 98557

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation LOBBYIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : SA11AI.53955

Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional).....▶	77.00
TOTAL This Period (last page this line number only).....▶	96424.05

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 642 OF 685
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)
A. CITY OF NILES

Mailing Address 34 West State Street

City	State	Zip Code
Niles	OH	44446

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1791.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2014

Transaction ID : SA12.54305

Amount of Each Receipt this Period
1791.59

Erroneous deposit from a non-fed political committee

Full Name (Last, First, Middle Initial)
B. CLEAR FORK VALLEY LOCAL SCHOOLS

Mailing Address 92 Hines Avenue

City	State	Zip Code
Bellville	OH	44813

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1446.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SA12.54304

Amount of Each Receipt this Period
1446.80

Erroneous deposit from a non-fed political committee

Full Name (Last, First, Middle Initial)
C.

Mailing Address _____

City	State	Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3238.39
TOTAL This Period (last page this line number only).....▶	3238.39

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 643 OF 685
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. AMALGAMATED BANK
 Full Name (Last, First, Middle Initial)
 Mailing Address 11-15 Union Square West
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4647.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : SA17.51695
 Amount of Each Receipt this Period
 718.67
 Interest Income 7/31/2014

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	718.67
TOTAL This Period (last page this line number only).....▶	718.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

Transaction ID : SB21B.51658

Amount of Each Disbursement this Period

0	.	8	8
---	---	---	---

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	1	4

Transaction ID : SB21B.51640

Amount of Each Disbursement this Period

0	.	4	4
---	---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

Transaction ID : SB21B.51526

Amount of Each Disbursement this Period

1	1	.	7	5
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	3	.	0	7
---	---	---	---	---

0	.	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : SB21B.51525

Amount of Each Disbursement this Period

76.76

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : SB21B.51639

Amount of Each Disbursement this Period

0.44

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : SB21B.54320

Amount of Each Disbursement this Period

68.23

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

145.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB21B.51523

Amount of Each Disbursement this Period

33.46

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Service Charges

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.51953

Amount of Each Disbursement this Period

6.30

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address P.O. Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement
Bank Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 18 / 2014

Transaction ID : SB21B.52008

Amount of Each Disbursement this Period

24.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

63.76

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BART GROUP

Mailing Address 171 Main Street

City Port Washington State NY Zip Code 11050

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : SB21B.51641

Amount of Each Disbursement this Period

84.28

Full Name (Last, First, Middle Initial)

B. BART GROUP

Mailing Address 171 Main Street

City Port Washington State NY Zip Code 11050

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : SB21B.51642

Amount of Each Disbursement this Period

81.33

Full Name (Last, First, Middle Initial)

C. FIS MERCHANT SERVICES-LL

Mailing Address 11000 W. Lake Park Drive

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : SB21B.51643

Amount of Each Disbursement this Period

258.55

SUBTOTAL of Disbursements This Page (optional)..... ▶

424.16

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. HAUTE CATERING

Mailing Address P.O. Box 77896

City Washington State DC Zip Code 20036

Purpose of Disbursement
Boot Camp/Reception Catering

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2014

Transaction ID : SB21B.54313

Amount of Each Disbursement this Period

449.03

Full Name (Last, First, Middle Initial)

B. PAYPAL INC.

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2014

Transaction ID : SB21B.51644

Amount of Each Disbursement this Period

139.85

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

588.88

1235.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. AFSCME PEOPLE-Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB22.51657

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AFSCME PEOPLE-Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB22.54294

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AFSCME PEOPLE-Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB22.54295

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CITY OF NILES

Mailing Address 34 West State Street

City Niles State OH Zip Code 44446

Purpose of Disbursement
Erroneous Deposit

008

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2014

Transaction ID : SB22.54307

Amount of Each Disbursement this Period

1791.59

Full Name (Last, First, Middle Initial)

B. CLEAR FORK VALLEY LOCAL SCHOOLS

Mailing Address 92 Hines Avenue

City Bellville State OH Zip Code 44813

Purpose of Disbursement
Erroneous Deposit

008

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB22.54309

Amount of Each Disbursement this Period

1446.80

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

SUBTOTAL of Disbursements This Page (optional)..... ▶

3238.39

TOTAL This Period (last page this line number only)..... ▶

326938.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ADAM SMITH FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Mailing Address P.O. Box 578

Transaction ID : SB23.51560

City Renton State WA Zip Code 98057

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

D ADAM SMITH

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WA District: 09

Full Name (Last, First, Middle Initial)

B. ALAN LOWENTHAL FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Mailing Address 6380 Wilshire Blvd. #1612

Transaction ID : SB23.51574

City Los Angeles State CA Zip Code 90048

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

ALAN LOWENTHAL

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 47

Full Name (Last, First, Middle Initial)

C. AMERICA'S LEADERSHIP PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address 700 13th Street NW Suite 600

Transaction ID : SB23.51690

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼ PAC

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ANDRE CARSON FOR CONGRESS

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement Contribution

011

Candidate Name

ANDRE CARSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51575

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANNA PAC

Mailing Address 555 Capitol Mall
Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51531

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BARBARA LEE FOR CONGRESS

Mailing Address 409 13th Street
17th Floor

City Oakland State CA Zip Code 94612

Purpose of Disbursement Contribution

011

Candidate Name

BARBARA LEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51576

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BLUE HEN PAC

Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51538

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay #105

City Portland State OR Zip Code 97232

Purpose of Disbursement Contribution

011

Candidate Name

EARL BLUMENAUER

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51633

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. BRIDGE PAC

Mailing Address 499 S. Capitol Street SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51553

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. BUILD AMERICA PAC

Mailing Address 153-01 Jamaica Avenue
Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51546

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CAPUANO FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 440305

City State Zip Code
West Somerville MA 02144

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

MICHAEL E CAPUANO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51563

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CASTRO FOR CONGRESS

Mailing Address P.O. Box 544

City State Zip Code
San Antonio TX 78292

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

JOAQUIN MR. CASTRO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51577

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CEDRIC RICHMOND FOR CONGRESS

Mailing Address 1631 Elysian Fields Avenue
Suite 150

City New Orleans State LA Zip Code 70117

Purpose of Disbursement
Contribution

011

Candidate Name

CEDRIC L. RICHMOND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51578

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR ELEANOR HOLMES NORTON

Mailing Address 2201 Wisconsin Avenue NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
Contribution

011

Candidate Name

ELEANOR HOLMES NORTON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: DC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51579

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS TO ELECT RICK LARSEN

Mailing Address P.O. Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution

011

Candidate Name

RICHARD RAY LARSEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51580

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. CLAY, JR. FOR CONGRESS

Mailing Address P.O. Box 4544

City State Zip Code
Saint Louis MO 63108

Purpose of Disbursement
Contribution

011

Candidate Name

WILLIAM LACY JR CLAY Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : **SB23.51581**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CLEAVER FOR CONGRESS

Mailing Address 4801 Main Street
Suite 1000

City State Zip Code
Kansas City MO 64112

Purpose of Disbursement
Contribution

011

Candidate Name

EMANUEL II CLEAVER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : **SB23.51582**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COHEN FOR CONGRESS

Mailing Address 349 Kenilworth Place

City State Zip Code
Memphis TN 38112

Purpose of Disbursement
Contribution

011

Candidate Name

STEPHEN IRA COHEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : **SB23.54326**

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address P.O. Box 533616

City Orlando State FL Zip Code 32853

Purpose of Disbursement
Contribution

011

Candidate Name

ALAN MARK GRAYSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51583

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address P.O. Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

011

Candidate Name

JOSEPH D COURTNEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51630

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DAVID PRICE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Contribution

011

Candidate Name

DAVID EUGENE PRICE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51584

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC PARTY OF ILLINOIS

Mailing Address P.O. Box 518

City Springfield State IL Zip Code 62705

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : SB23.51527

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DENALI VICTORY FUND

Mailing Address 600 Pennsylvania Avenue SE Suite 210

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51528

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DOGGETT FOR U.S. CONGRESS

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: TX District: 35

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51585

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DONALD M. PAYNE JR. FOR CONGRESS

Mailing Address P.O. Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement Contribution

011

Candidate Name

DONALD M., JR. PAYNE

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: NJ District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : **SB23.51587**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONNA F. EDWARDS FOR CONGRESS

Mailing Address P.O. Box 441153

City Fort Washington State MD Zip Code 20749

Purpose of Disbursement Contribution

011

Candidate Name

DONNA EDWARDS

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : **SB23.51625**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. DOYLE FOR CONGRESS COMMITTEE

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement Contribution

011

Candidate Name

MIKE DOYLE

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: PA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : **SB23.51588**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DUCKWORTH FOR CONGRESS

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement
Contribution

011

Candidate Name

L. TAMMY DUCKWORTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51626

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 Maple Avenue
Suite 605

City State Zip Code
Dallas TX 75201

Purpose of Disbursement
Contribution

011

Candidate Name

EDDIE BERNICE JOHNSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51628

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. EDPAC

Mailing Address 499 S. Capitol Street SW
Suite 422

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51534

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
Contribution

011

Candidate Name

ELIOT L ENGEL

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51589

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FILEMON VELA FOR CONGRESS

Mailing Address 2929 Mossrock Street
Suite 215

City State Zip Code
San Antonio TX 78230

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. FILEMON VELA Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 34

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51591

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FREDERICA S. WILSON FOR CONGRESS

Mailing Address 19821 NW 2nd Avenue
Box 354

City State Zip Code
Miami Gardens FL 33169

Purpose of Disbursement
Contribution

011

Candidate Name

FREDERICA S. WILSON

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51634

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement Contribution

011

Candidate Name

BENNIE G. THOMPSON

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: MS District: 02

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51592

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CORRINE BROWN

Mailing Address P.O. Box 40087

City Jacksonville State FL Zip Code 32203

Purpose of Disbursement Contribution

011

Candidate Name

CORRINE BROWN

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: FL District: 05

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51565

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DON BEYER

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

DONALD STERNOFF JR BEYER

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: VA District: 08

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2014

Transaction ID : SB23.51556

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

011

Candidate Name

JAMES E. CLYBURN

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51638

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN CONYERS

Mailing Address 1831 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

JOHN JR. CONYERS

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51636

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JUAN VARGAS

Mailing Address 330 Encinitas Blvd.
Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement Contribution

011

Candidate Name

JUAN C. VARGAS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 51

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51595

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GARAMENDI FOR CONGRESS

Mailing Address 1050 17th Street NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

JOHN GARAMENDI

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51621

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Contribution

011

Candidate Name

GENE GREEN

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 29

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51629

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. GERRY CONNOLLY FOR CONGRESS

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Contribution

011

Candidate Name

GERRY E CONNOLLY

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51635

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GREEN MOUNTAIN PAC

Mailing Address P.O. Box 1142

City Montpelier State VT Zip Code 05601

Purpose of Disbursement Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: PAC

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51554

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HORSFORD FOR CONGRESS

Mailing Address 6100 Elton Avenue Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement Contribution

011

Candidate Name

Category/
Type

STEVEN ALEXZANDER HORSFORD

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51598

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HUSKY PAC

Mailing Address 228 2nd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: PAC

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51536

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JAMES LEE WITT FOR CONGRESS

Mailing Address P.O. Box 36

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement Contribution

011

Candidate Name

JAMES LEE WITT

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: AR District: 04

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51631

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JANICE HAHN FOR CONGRESS

Mailing Address 1379 Park Western Drive #142

City San Pedro State CA Zip Code 90732

Purpose of Disbursement Contribution

011

Candidate Name

JANICE HAHN

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 44

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51599

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JIM COOPER FOR CONGRESS

Mailing Address P.O. Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement Contribution

011

Candidate Name

JAMES H.S. COOPER

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TN District: 05

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51566

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOE-PAC

Mailing Address 410 1st Street SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
PAC

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51548

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JOE DONNELLY FOR INDIANA

Mailing Address 1050 17th Street NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

JOSEPH S DONNELLY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51555

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KAREN BASS FOR CONGRESS

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contribution

011

Candidate Name

KAREN BASS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 37

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51600

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LANGEVIN FOR CONGRESS

Mailing Address 181- A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contribution

011

Candidate Name

JAMES R LANGEVIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51573

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address P.O. Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Contribution

011

Candidate Name

JOHN B LARSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51601

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LEADERSHIP FOR TODAY & TOMORROW

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ PAC

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51532

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. LEGPAC

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
PAC

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51541

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address P.O. Box 50084

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement
Contribution

011

Candidate Name

MARC ALLISON VEASEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51602

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MARK POCAN FOR CONGRESS

Mailing Address P.O. Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution

011

Candidate Name

MARK POCAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51622

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0
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4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MATSUI FOR CONGRESS

Mailing Address P.O. Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Contribution

011

Candidate Name

DORIS MATSUI

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51603

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement
Contribution

011

Candidate Name

BETTY MCCOLLUM

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51567

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. MCNERNEY FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement
Contribution

011

Candidate Name

JERRY MCNERNEY

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51604

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. MIKE HONDA FOR CONGRESS

Mailing Address 125 E. San Carlos Street
#531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
Contribution

011

Candidate Name

MIKE HONDA

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51605

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NEW MILLENIUM PAC

Mailing Address One Gateway Center
Suite 520

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District: PAC

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51544

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NEW YORKERS FOR YVETTE D. CLARKE

Mailing Address 242 Midwood Street

City Brooklyn State NY Zip Code 11225

Purpose of Disbursement
Contribution

011

Candidate Name

YVETTE D CLARKE

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51606

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. NEW YORK JOBS PAC

Mailing Address P.O. Box 708

City Melville State NY Zip Code 11747

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: PAC

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51551

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. OPPORTUNITY AND RENEWAL PAC

Mailing Address 122 C Street NW
Suite 505

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: PAC

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51552

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PAC FOR A CHANGE

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: PAC

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB23.51533

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PATRICK HENRY HAYS FOR CONGRESS

Mailing Address P.O. Box 94886

City North Little Rock State AR Zip Code 72190

Purpose of Disbursement
Contribution

011

Candidate Name

PATRICK HENRY HAYS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51632

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PAUL PAC

Mailing Address 911 Central Avenue
#362

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51550

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue
#221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution

011

Candidate Name

PAUL DAVID TONKO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51607

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 674 OF 685					
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) A. PEAK PAC		Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2014
Mailing Address P.O. Box 48004		Transaction ID : SB23.51535
City Denver	State CO	
Zip Code 80204	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period <input type="text"/> 3000.00
Candidate Name	Category/ Type <input type="text"/> 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC	
State: District:		

Full Name (Last, First, Middle Initial) B. PENNSYLVANIA DEMOCRATIC PARTY		Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 29 / 2014
Mailing Address 300 N. 2nd Street 8th Floor		Transaction ID : SB23.51656
City Harrisburg	State PA	
Zip Code 17101	Purpose of Disbursement Contribution - void check from prior report	Amount of Each Disbursement this Period <input type="text"/> -5000.00
Candidate Name	Category/ Type <input type="text"/> 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC	
State: District:		

Full Name (Last, First, Middle Initial) C. PERLMUTTER FOR CONGRESS		Date of Disbursement <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2014
Mailing Address 3440 Youngfield Street #264		Transaction ID : SB23.51608
City Wheat Ridge	State CO	
Zip Code 80033	Purpose of Disbursement Contribution	Amount of Each Disbursement this Period <input type="text"/> 1000.00
Candidate Name EDWIN G PERLMUTTER	Category/ Type <input type="text"/> 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 07		

SUBTOTAL of Disbursements This Page (optional)..... ▶	<input type="text"/> -1000.00
TOTAL This Period (last page this line number only)..... ▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. PRAIRIE PAC

Mailing Address P.O. Box 2002

City Springfield State IL Zip Code 62705

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51539

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PRIORITY PAC

Mailing Address P.O. Box 3683

City Little Rock State AR Zip Code 72203

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51530

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PROGRESSIVE CHOICES PAC

Mailing Address P.O. Box 58

City Evanston State IL Zip Code 60204

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : SB23.51540

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. RE-ELECT MCGOVERN COMMITTEE

Mailing Address P.O. Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement Contribution

011

Candidate Name

JIM MCGOVERN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51569

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RUBEN HINOJOSA FOR CONGRESS

Mailing Address 10125 N. 10th Street
Suite E

City McAllen State TX Zip Code 78504

Purpose of Disbursement Contribution

011

Candidate Name

RUBEN E. HINOJOSA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51609

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCHIFF FOR CONGRESS

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement Contribution

011

Candidate Name

ADAM SCHIFF

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51610

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SHORE PAC

Mailing Address P.O. Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **PAC**

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51545

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SIRES FOR CONGRESS

Mailing Address 6050 Blvd. East
Apt. 6B

City State Zip Code
West New York NJ 07093

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **PAC**

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51611

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STEPHEN F. LYNCH FOR CONGRESS COMMITTEE

Mailing Address 105 Farragut Road

City State Zip Code
Boston MA 02127

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **PAC**

State: MA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : SB23.51571

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. SUSAN DAVIS FOR CONGRESS

Mailing Address P.O. Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement Contribution

011

Candidate Name

SUSAN A DAVIS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 53

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51612

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SWALWELL FOR CONGRESS

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement Contribution

011

Candidate Name

ERIC MICHAEL SWALWELL

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51637

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. SYNERGY PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City Mc Lean State VA Zip Code 22101

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District: PAC

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51537

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TED DEUTCH FOR CONGRESS COMMITTEE

Mailing Address 1050 17th Street NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

THEODORE ELIOT DEUTCH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51572

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. TERRI SEWELL FOR CONGRESS

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
Contribution

011

Candidate Name

TERRI A. SEWELL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51613

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement
Contribution

011

Candidate Name

HENRY R. CUELLAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	21	/	2014

Transaction ID : SB23.51614

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. THE CICILLINE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Mailing Address One Park Row
Fifth Floor

Transaction ID : SB23.51559

City Providence State RI Zip Code 02903

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

DAVID N CICILLINE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District: 01

Full Name (Last, First, Middle Initial)

B. THE COMMITTEE TO RE-ELECT CONGRESSMAN HANK JOHNSON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Mailing Address 4153 Flat Shoals Parkway
Suite E 322, Building C, 2nd Fl.

Transaction ID : SB23.51615

City Decatur State GA Zip Code 30034

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

HENRY C 'HANK' JR JOHNSON

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 04

Full Name (Last, First, Middle Initial)

C. THE NIKI TSONGAS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Mailing Address P.O. Box 1454

Transaction ID : SB23.51616

City Lowell State MA Zip Code 01853

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

NICOLA S TSONGAS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 03

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid of checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. TIM RYAN FOR CONGRESS

Mailing Address 337 Vienna Avenue Suite 1

City Niles State OH Zip Code 44446

Purpose of Disbursement Contribution

Candidate Name

TIMOTHY J. RYAN

Office Sought: [X] House [] Senate [] President

Disbursement For: 2014 [] Primary [X] General [] Other (specify)

State: OH District: 13

Date of Disbursement

MM / DD / YYYY grid with values 07 / 21 / 2014

Transaction ID : SB23.51617

Amount of Each Disbursement this Period

Amount grid showing 1000.00

011

Category/Type

Full Name (Last, First, Middle Initial)

B. TIM WALZ FOR US CONGRESS

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement Contribution

Candidate Name

TIMOTHY J. WALZ

Office Sought: [X] House [] Senate [] President

Disbursement For: 2014 [] Primary [X] General [] Other (specify)

State: MN District: 01

Date of Disbursement

MM / DD / YYYY grid with values 07 / 21 / 2014

Transaction ID : SB23.51624

Amount of Each Disbursement this Period

Amount grid showing 1500.00

011

Category/Type

Full Name (Last, First, Middle Initial)

C. TULSI FOR HAWAII

Mailing Address P.O. Box 75561

City Kapolei State HI Zip Code 96707

Purpose of Disbursement Contribution

Candidate Name

TULSI GABBARD

Office Sought: [X] House [] Senate [] President

Disbursement For: 2014 [] Primary [X] General [] Other (specify)

State: HI District: 02

Date of Disbursement

MM / DD / YYYY grid with values 07 / 21 / 2014

Transaction ID : SB23.51618

Amount of Each Disbursement this Period

Amount grid showing 1000.00

011

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

Amount grid showing 3500.00

Amount grid showing 0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. VALLEY PAC

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code
Detroit Lakes MN 56501

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
PAC

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SB23.51543

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. VICTORY NOW!

Mailing Address 10537 St. Paul Street

City State Zip Code
Kensington MD 20895

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
PAC

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2014

Transaction ID : SB23.51542

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

SUBTOTAL of Disbursements This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

178500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00011114 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee MURPHY VOGEL ASKEW REILLY INC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 25 / 2014 </div>	
Mailing Address 1199 North Fairfax Street Suite 220		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 8529.00 </div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.51521 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 24 / 2014 </div>
Purpose of Expenditure Production cost - TV Ads 'Inherited'		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	
Name of Federal Candidate STEWART MILLS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 111930.90 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee WATERFRONT STRATEGIES		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 07 / 25 / 2014 </div>	
Mailing Address 3050 K Street NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 103401.90 </div>	
City Washington	State DC	Zip Code 20007	Transaction ID : SE.51514 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 07 / 24 / 2014 </div>
Purpose of Expenditure TV Ads 'Inherited'		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 004 </div>	
Name of Federal Candidate STEWART MILLS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 103401.90 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 111930.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES
[Electronically Filed]
Date M M M / D D D / Y Y Y Y Y Y 08 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE
FEC IDENTIFICATION NUMBER
C C00011114

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee WATERFRONT STRATEGIES
Mailing Address 3050 K Street NW
City Washington State DC Zip Code 20007
Purpose of Expenditure TV Ads 'Inherited' Category/Type 004
Date of Public Distribution/Dissemination 08 / 01 / 2014
Amount 103401.90
Transaction ID : SE.51674
Date of Disbursement or Obligation 07 / 24 / 2014
Name of Federal Candidate STEWART MILLS Support Oppose
Office Sought: House District: 08 State: MN
Calendar Year-To-Date Per Election for Office Sought 215332.80
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee WATERFRONT STRATEGIES
Mailing Address 3050 K Street NW
City Washington State DC Zip Code 20007
Purpose of Expenditure TV Ads 'Inherited' Category/Type 004
Date of Public Distribution/Dissemination 08 / 08 / 2014
Amount 84454.65
Transaction ID : SE.51675
Date of Disbursement or Obligation 07 / 24 / 2014
Name of Federal Candidate STEWART MILLS Support Oppose
Office Sought: House District: 08 State: MN
Calendar Year-To-Date Per Election for Office Sought 299787.45
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 187856.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
LAURA REYES
[Electronically Filed]
Date 08 / 20 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00011114 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee WATERFRONT STRATEGIES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014	
Mailing Address 3050 K Street NW		Amount 245385.00	
City Washington	State DC	Zip Code 20007	Transaction ID : SE.51683
Purpose of Expenditure TV Ads 'What's the Deal'	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 245385.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee WATERFRONT STRATEGIES		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 08 / 2014	
Mailing Address 3050 K Street NW		Amount 402210.00	
City Washington	State DC	Zip Code 20007	Transaction ID : SE.51684
Purpose of Expenditure TV Ads 'What's the Deal'	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 647595.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	647595.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	947382.45

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2014