

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on / / in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LAURA REYES

Signature of Treasurer LAURA REYES [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/> | <input type="text"/> | <input type="text" value="1562032.36"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="5270023.22"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="836591.92"/> | <input type="text" value="6817303.96"/> |
| (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="6106615.14"/> | <input type="text" value="8379336.32"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="151655.27"/> | <input type="text" value="2424376.45"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="5954959.87"/> | <input type="text" value="5954959.87"/> |
| 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)..... | 85468.60 | 478546.60 |
| (ii) Unitemized | 750429.01 | 5732414.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 835897.61 | 6210961.10 |
| (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) | 835897.61 | 6210961.10 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 594680.55 |
| 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 | 7500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 694.31 | 4162.31 |
| 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))..... ▶ | 836591.92 | 6817303.96 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 836591.92 | 6817303.96 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 626.57 | 25002.96 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 626.57 | 25002.96 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 788807.82 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 151000.00 | 609000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 1000000.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 28.70 | 1565.67 |
| (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))..... | 28.70 | 1565.67 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 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)) .. | 151655.27 | 2424376.45 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 151655.27 | 2424376.45 |

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) | 835897.61 | 6210961.10 |
| 34. Total Contribution Refunds (from Line 28(d)) | 28.70 | 1565.67 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 835868.91 | 6209395.43 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 626.57 | 25002.96 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 626.57 | 25002.96 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 688 |
| <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. JEFFREY S. ABBE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 486

| | | |
|----------------|-------------|-------------------|
| City Harold | State KY | Zip Code 41635 |
|----------------|-------------|-------------------|

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 ▼
1221.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.90969

Amount of Each Receipt this Period
73.22

B. JEFFREY S. ABBE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 486

| | | |
|----------------|-------------|-------------------|
| City Harold | State KY | Zip Code 41635 |
|----------------|-------------|-------------------|

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 ▼
1294.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91320

Amount of Each Receipt this Period
73.22

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

Mailing Address 4602 W. Barlind

| | | |
|--------------------|-------------|-------------------|
| City Pittsburgh | State PA | Zip Code 15227 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer AFSCME PA CN 13 | Occupation SECRETARY |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91529

Amount of Each Receipt this Period
51.14

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 197.58 |
| 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 7 OF 688
(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. AHMID A. ABDULLAH

Mailing Address P.O. Box 241

City State Zip Code
 Atlantic City NJ 08404-0000

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

Name of Employer Occupation
 AFSCME NJ CN 71/LOCAL 2303 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
 09 / 11 / 2015
Transaction ID : SA11AI.93521

Amount of Each Receipt this Period
 63.00

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

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 STAFF REPRESENTATIVE

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
 09 / 15 / 2015
Transaction ID : SA11AI.92699

Amount of Each Receipt this Period
 50.00

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

Mailing Address 901 N. Nelson Street
 Apt. 901

City State Zip Code
 Arlington VA 22203

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1467.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.90970

Amount of Each Receipt this Period
 88.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 201.38

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: PAGE 9 OF 688
(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 ▼ 652.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92689
 Amount of Each Receipt this Period
 41.67

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 ▼ 694.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : SA11AI.92700
 Amount of Each Receipt this Period
 41.67

C. ALAN D. ACR I
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Hilltop Road
 City Strasburg State PA Zip Code 17579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/NSP/LOCAL 1896 Occupation STAFF REPRESENTATIVE
 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
 09 / 09 / 2015
Transaction ID : SA11AI.91775
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 113.34
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 10 OF 688
(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 ▼ **594.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.92378

Amount of Each Receipt this Period
34.96

Full Name (Last, First, Middle Initial)
B. 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 ▼ **629.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92432

Amount of Each Receipt this Period
34.96

Full Name (Last, First, Middle Initial)
C. 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 ▼ **664.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92486

Amount of Each Receipt this Period
34.96

SUBTOTAL of Receipts This Page (optional)..... ▶ **104.88**

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 11 OF 688
(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. THERESA M. ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1187 Baby Doll Road SE
 City Port Orchard State WA Zip Code 98366
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92143
 Amount of Each Receipt this Period
 14.00

B. THERESA M. ADAMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1187 Baby Doll Road SE
 City Port Orchard State WA Zip Code 98366
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92229
 Amount of Each Receipt this Period
 14.00

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/STATE OF OH Occupation PLUMBER II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91855
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.00
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 12 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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/STATE OF OH Occupation PLUMBER II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91964

Amount of Each Receipt this Period 60.00

B. AUDREY AKI
Full Name (Last, First, Middle Initial)

Mailing Address 66-370 Paalaa Road

City Haleiwa State HI Zip Code 96712

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 ▼ 240.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93253

Amount of Each Receipt this Period 40.00

C. 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 ▼ 270.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93254

Amount of Each Receipt this Period 30.00

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: (check only one) | PAGE 13 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. MUSILIU ADE ALAGBALA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5701 N. Sheridan #10A
 City Chicago State IL Zip Code 60660
 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 **610.08**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11AI.92908
 Amount of Each Receipt this Period **76.26**

B. MUSILIU ADE ALAGBALA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5701 N. Sheridan #10A
 City Chicago State IL Zip Code 60660
 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 **686.34**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.93028
 Amount of Each Receipt this Period **76.26**

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 **527.00**

Date of Receipt **09 / 10 / 2015**
Transaction ID : SA11AI.92144
 Amount of Each Receipt this Period **31.00**

SUBTOTAL of Receipts This Page (optional)..... **183.52**
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

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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. 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 ▼ 558.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92231
 Amount of Each Receipt this Period 31.00

B. SUZANNE ALBRIGHT
 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 ▼ 674.34

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91531
 Amount of Each Receipt this Period 76.12

C. ADRIENNE ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1423 W 19th Street Apt. 4R
 City Chicago State IL Zip Code 60608
 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 ▼ 529.19

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92909
 Amount of Each Receipt this Period 68.02

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.14
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

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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. KENNETH L. 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 EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1158.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91257
 Amount of Each Receipt this Period 14.00

B. KENNETH L. 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 EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1287.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93469
 Amount of Each Receipt this Period 129.00

C. KEVIN ALLEN
 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 ▼ 202.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92233
 Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional).....▶ 156.00
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 18 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. RHONDA L. AMBURGEY
Full Name (Last, First, Middle Initial)

Mailing Address 1681 Riverbend Road

City Columbus State OH Zip Code 43223

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 ▼ 208.40

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92594

Amount of Each Receipt this Period 208.40

B. DAVID AMERSON
Full Name (Last, First, Middle Initial)

Mailing Address 1915 North 6th

City Springfield State IL Zip Code 62702

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 ▼ 320.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92910

Amount of Each Receipt this Period 40.00

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

Mailing Address 1915 North 6th

City Springfield State IL Zip Code 62702

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 ▼ 360.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93030

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.84

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

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(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. 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 ▼ 538.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91534
 Amount of Each Receipt this Period
 60.50

B. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92701
 Amount of Each Receipt this Period
 50.00

C. JON ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Park
 City Springfield State MN Zip Code 56087
 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 ▼ 203.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.93589
 Amount of Each Receipt this Period
 18.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.84
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 20 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JOSHUA R. ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 743 Supper Rock

City Albuquerque State NM Zip Code 87123

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

Name of Employer AFSCME NM CN 18 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **328.68**

Date of Receipt **09 / 17 / 2015**

Transaction ID : SA11AI.93523

Amount of Each Receipt this Period **73.04**

B. JOSHUA R. ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 743 Supper Rock

City Albuquerque State NM Zip Code 87123

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

Name of Employer AFSCME NM CN 18 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **343.68**

Date of Receipt **09 / 21 / 2015**

Transaction ID : SA11AI.93524

Amount of Each Receipt this Period **15.00**

C. KENNETH ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 11348 S Ridgeway

City Chicago State IL Zip Code 60655

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 ▼ **580.64**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.92911

Amount of Each Receipt this Period **72.58**

SUBTOTAL of Receipts This Page (optional)..... **160.62**

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

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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. KENNETH ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11348 S Ridgeway
 City Chicago State IL Zip Code 60655
 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 ▼ 653.22

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93031
 Amount of Each Receipt this Period 72.58

B. TIMOTHY T ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 Eldred Court
 City Apopka State FL Zip Code 32712
 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 ▼ 590.92

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.90973
 Amount of Each Receipt this Period 34.76

C. TIMOTHY T ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 Eldred Court
 City Apopka State FL Zip Code 32712
 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 ▼ 625.68

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91324
 Amount of Each Receipt this Period 34.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.10
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 22 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **674.34**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91535

Amount of Each Receipt this Period **76.12**

B. BUFFY ANDREWS
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 ▼ **380.00**

Date of Receipt **09 / 08 / 2015**

Transaction ID : SA11AI.91792

Amount of Each Receipt this Period **40.00**

C. BUFFY ANDREWS
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 ▼ **431.00**

Date of Receipt **09 / 21 / 2015**

Transaction ID : SA11AI.92119

Amount of Each Receipt this Period **51.00**

SUBTOTAL of Receipts This Page (optional)..... **167.12**

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

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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. BUFFY ANDREWS
 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 ▼ 471.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.91965
 Amount of Each Receipt this Period
 40.00

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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91856
 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 ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.91966
 Amount of Each Receipt this Period
 20.00

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 24 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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 C. ANTHONY
Full Name (Last, First, Middle Initial)

Mailing Address 2591 Bryton Drive

City Powell State OH Zip Code 43065

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

Name of Employer: AFSCME OH LOC 11/STATE OF OH
Occupation: NETWORK SERVICES TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt: **09 / 04 / 2015**

Transaction ID : **SA11AI.91857**

Amount of Each Receipt this Period: **12.00**

B. JOHN C. ANTHONY
Full Name (Last, First, Middle Initial)

Mailing Address 2591 Bryton Drive

City Powell State OH Zip Code 43065

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

Name of Employer: AFSCME OH LOC 11/STATE OF OH
Occupation: NETWORK SERVICES TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt: **09 / 18 / 2015**

Transaction ID : **SA11AI.91967**

Amount of Each Receipt this Period: **12.00**

C. 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 ▼ **324.00**

Date of Receipt: **09 / 04 / 2015**

Transaction ID : **SA11AI.91858**

Amount of Each Receipt this Period: **18.00**

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 42.00 |
| 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. JOHN P. APPELDORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 16889 Mahoning Avenue
 City State Zip Code
 Lake Milton OH 44429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH MAINTENANCE REPAIR TECH
 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
 09 / 18 / 2015
Transaction ID : SA11AI.91968
 Amount of Each Receipt this Period
 18.00

B. STEPHEN L. ARMSTRONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Locust Avenue
 City State Zip Code
 New Hampton IA 50659
 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 ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92702
 Amount of Each Receipt this Period
 33.00

C. MATTHEW F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 Belford Street
 City State Zip Code
 Caldwell OH 43724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN 3
 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
 09 / 16 / 2015
Transaction ID : SA11AI.92116
 Amount of Each Receipt this Period
 30.00

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 26 OF 688 |
| | (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"/> 16 |
| | | <input type="checkbox"/> 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 AROLA
Full Name (Last, First, Middle Initial)
Mailing Address 33828 Indiana Drive
City Grand Rapids State MN Zip Code 55744
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 280.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92815
Amount of Each Receipt this Period 280.00

B. 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 210.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92237
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 265.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.93370
Amount of Each Receipt this Period 20.00

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

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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. GLORIA J. ARSENEAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 Chippewa Drive
 City Bourbonnais State IL Zip Code 60914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92991
 Amount of Each Receipt this Period 40.00

B. GLORIA J. ARSENEAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 2602 Chippewa Drive
 City Bourbonnais State IL Zip Code 60914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93032
 Amount of Each Receipt this Period 40.00

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 ▼ 926.33

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.90974
 Amount of Each Receipt this Period 54.49

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.49
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 28 OF 688
(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

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

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 ▼ **980.82**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91325

Amount of Each Receipt this Period

| |
|-------|
| 83.34 |
|-------|

Full Name (Last, First, Middle Initial)
B. TERRANCE E. ASBRIDGE

Mailing Address 3021 Sutherland Road

| | | |
|---------------------|-------------|-------------------|
| City Springfield | State IL | Zip Code 62702 |
|---------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer AFSCME IL CN 31/STATE OF IL | Occupation INFORMATION SYSTEMS TECH |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **708.39**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.92992

Amount of Each Receipt this Period

| |
|-------|
| 83.34 |
|-------|

Full Name (Last, First, Middle Initial)
C. TERRANCE E. ASBRIDGE

Mailing Address 3021 Sutherland Road

| | | |
|---------------------|-------------|-------------------|
| City Springfield | State IL | Zip Code 62702 |
|---------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer AFSCME IL CN 31/STATE OF IL | Occupation INFORMATION SYSTEMS TECH |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.93033

Amount of Each Receipt this Period

| |
|-------|
| 83.34 |
|-------|

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| SUBTOTAL of Receipts This Page (optional).....▶ | 221.17 |
| 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: (check only one) | PAGE 29 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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. ASKELIN
Full Name (Last, First, Middle Initial)

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 ▼ **529.49**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.92816

Amount of Each Receipt this Period **59.52**

B. MARIANO G. AVALOS
Full Name (Last, First, Middle Initial)

Mailing Address 8160 Wakefield Avenue

City Panorama City State CA Zip Code 91402

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 ▼ **255.00**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.90975

Amount of Each Receipt this Period **15.00**

C. MARIANO G. AVALOS
Full Name (Last, First, Middle Initial)

Mailing Address 8160 Wakefield Avenue

City Panorama City State CA Zip Code 91402

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 ▼ **270.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91326

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **89.52**

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 30 OF 688 |
| | (check only one) | |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. BASHEERAH A. AZEEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 992 Learidge Road
 City Lyndhurst State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91859
 Amount of Each Receipt this Period 16.00

B. BASHEERAH A. AZEEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 992 Learidge Road
 City Lyndhurst State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS REP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91969
 Amount of Each Receipt this Period 16.00

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 ▼ 450.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92238
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **765.00**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.93509

Amount of Each Receipt this Period **85.00**

B. 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 ▼ **450.00**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93258

Amount of Each Receipt this Period **50.00**

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 ▼ **720.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93470

Amount of Each Receipt this Period **80.00**

SUBTOTAL of Receipts This Page (optional)..... **215.00**

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼
508.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93147

Amount of Each Receipt this Period
57.28

B. JOSEF R. BAILEY
Full Name (Last, First, Middle Initial)

Mailing Address 1709 D Street

| | | |
|----------------|-------------|-------------------|
| City Lynden | State WA | Zip Code 98264 |
|----------------|-------------|-------------------|

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 ▼
207.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92239

Amount of Each Receipt this Period
11.50

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 ▼
377.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92380

Amount of Each Receipt this Period
19.24

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| 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: PAGE 33 OF 688
(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 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 ▼
 396.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92434
 Amount of Each Receipt this Period
 19.24

B. 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 ▼
 415.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92488
 Amount of Each Receipt this Period
 19.24

C. MATTHEW BALAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Adams Street
 City State Zip Code
 Freeland PA 18224
 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 ▼
 538.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91540
 Amount of Each Receipt this Period
 64.66

SUBTOTAL of Receipts This Page (optional).....▶ 103.14
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 34 OF 688
(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. SCOTT M. BALDWIN

Mailing Address 33 Champlain Drive

City Springfield State IL Zip Code 62707

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **09 / 01 / 2015**

Transaction ID : **SA11AI.92993**

Amount of Each Receipt this Period **40.00**

Full Name (Last, First, Middle Initial)
B. SCOTT M. BALDWIN

Mailing Address 33 Champlain Drive

City Springfield State IL Zip Code 62707

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : **SA11AI.93034**

Amount of Each Receipt this Period **40.00**

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

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 ▼ **439.74**

Date of Receipt **09 / 16 / 2015**

Transaction ID : **SA11AI.93540**

Amount of Each Receipt this Period **48.86**

SUBTOTAL of Receipts This Page (optional)..... ▶ **128.86**

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 35 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 ▼ **703.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : SA11AI.92381

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 ▼ **742.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.92435

Amount of Each Receipt this Period
38.47

C. 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 ▼ **780.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.92489

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional)..... **115.41**

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 36 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 BANDY
Full Name (Last, First, Middle Initial)

Mailing Address 188 N Hayden Bay Drive

City Portland State OR Zip Code 97217

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation BUILDING SYSTEMS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **714.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93471

Amount of Each Receipt this Period **84.00**

B. 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 ▼ **270.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91860

Amount of Each Receipt this Period **15.00**

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 ▼ **285.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.91970

Amount of Each Receipt this Period **15.00**

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 37 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **521.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91542

Amount of Each Receipt this Period
58.92

B. SUSAN BARKULIS
Full Name (Last, First, Middle Initial)

Mailing Address 10004 East 34 Street S.

City Independence State MO Zip Code 64052

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 ▼ **804.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.90977

Amount of Each Receipt this Period
63.00

C. SUSAN BARKULIS
Full Name (Last, First, Middle Initial)

Mailing Address 10004 East 34 Street S.

City Independence State MO Zip Code 64052

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 ▼ **867.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91328

Amount of Each Receipt this Period
63.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 184.92 |
| 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 38 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 357.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92147

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 ▼ 378.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92240

Amount of Each Receipt this Period 21.00

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

Mailing Address 6905 Bankrun Terrace

City District Heights State MD Zip Code 20747

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 ▼ 435.60

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.90978

Amount of Each Receipt this Period 25.63

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.63

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 39 OF 688 |
| | (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. RENEE BARNES
Full Name (Last, First, Middle Initial)

Mailing Address 6905 Bankrun Terrace

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 ▼
461.23

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.91329

Amount of Each Receipt this Period
25.63

B. JULIE BARNETT
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 ▼
281.34

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015
Transaction ID : SA11AI.91543

Amount of Each Receipt this Period
31.26

C. DANA BARTHOLOMEW
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Centre Creek Drive #310

City State Zip Code
Austin TX 78754

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

Name of Employer Occupation
AFSCME TX LOC 1624 STAFF 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
09 / 09 / 2015
Transaction ID : SA11AI.93497

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.89

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 40 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 BARTHOLOMEW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Centre Creek Drive #310
 City Austin State TX Zip Code 78754
 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 ▼ 425.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11AI.93498
 Amount of Each Receipt this Period 25.00

B. SHERYL A. BARTOLONE
 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 ▼ 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.91971
 Amount of Each Receipt this Period 20.00

C. NANCY E. BARTTER
 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 ▼ 311.58

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93259
 Amount of Each Receipt this Period 34.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.62
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 41 OF 688
(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. KRISTINA BAS HAMILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4855 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 ▼ 526.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.93395
 Amount of Each Receipt this Period
 84.00

B. KATHLEEN M. BASS
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 West Beacon Court
 City Mt Vernon State IL Zip Code 62864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92994
 Amount of Each Receipt this Period
 38.08

C. KATHLEEN M. BASS
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 West Beacon Court
 City Mt Vernon State IL Zip Code 62864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93035
 Amount of Each Receipt this Period
 38.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.16
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 42 OF 688
(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. FATIMA A BASTIANELLI
Full Name (Last, First, Middle Initial)
Mailing Address 5604 Vernon Place

| | | |
|------------------|-------------|-------------------|
| City Bethesda | State MD | Zip Code 20817 |
|------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
728.45

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.90980

Amount of Each Receipt this Period
42.85

B. FATIMA A BASTIANELLI
Full Name (Last, First, Middle Initial)
Mailing Address 5604 Vernon Place

| | | |
|------------------|-------------|-------------------|
| City Bethesda | State MD | Zip Code 20817 |
|------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
771.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91331

Amount of Each Receipt this Period
42.85

C. 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 ▼
524.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93149

Amount of Each Receipt this Period
58.52

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 144.22 |
| 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 43 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼
672.88

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.90981

Amount of Each Receipt this Period
40.08

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 ▼
713.60

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91332

Amount of Each Receipt this Period
40.72

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 INT'L/STATE STREET | Occupation RETIREE |
|---|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
898.47

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.91286

Amount of Each Receipt this Period
99.84

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 180.64 |
| 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: | PAGE 44 OF 688 |
| | (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. KENT BEAUCHAMP
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Mariners Point Lane

City Springfield State IL Zip Code 62712

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

Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **717.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.92912

Amount of Each Receipt this Period
89.64

B. KENT BEAUCHAMP
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Mariners Point Lane

City Springfield State IL Zip Code 62712

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

Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **806.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93036

Amount of Each Receipt this Period
89.64

C. VERONICA L. BEAVIN
Full Name (Last, First, Middle Initial)

Mailing Address 10205 Bluff Springs Trace

City Louisville State KY Zip Code 40223

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, EDUCATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1134.43**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.90982

Amount of Each Receipt this Period
77.80

SUBTOTAL of Receipts This Page (optional)..... ▶ **257.08**

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 45 OF 688
(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. VERONICA L. BEAVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10205 Bluff Springs Trace
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, EDUCATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1212.23

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91333
 Amount of Each Receipt this Period 77.80

B. DAVID BECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 N. Wacker Drive Suite 800
 City Chicago State IL Zip Code 60606
 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 ▼ 580.64

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92913
 Amount of Each Receipt this Period 72.58

C. DAVID BECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 N. Wacker Drive Suite 800
 City Chicago State IL Zip Code 60606
 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 ▼ 653.22

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93037
 Amount of Each Receipt this Period 72.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.96
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 46 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 BECKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 108 N 28th Avenue West

City Duluth State MN Zip Code 55806

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

Name of Employer AFSCME MN CN 65/LOCAL 105 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
09 / 18 / 2015

Transaction ID : SA11AI.93438

Amount of Each Receipt this Period
110.00

B. KATHY BECKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 108 N 28th Avenue West

City Duluth State MN Zip Code 55806

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

Name of Employer AFSCME MN CN 65/LOCAL 105 Occupation STAFF REPRESENTATIVE

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
09 / 18 / 2015

Transaction ID : SA11AI.93439

Amount of Each Receipt this Period
25.00

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

Mailing Address 301 Hedgerow Lane

City Wilmington State DE Zip Code 19807

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

Name of Employer AFSCME DE CN 81 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **835.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.93541

Amount of Each Receipt this Period
95.17

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.17**

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 47 OF 688
(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. 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 ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.91794
 Amount of Each Receipt this Period
 40.00

B. 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.91972
 Amount of Each Receipt this Period
 40.00

C. TURNEIKEIO E. BELCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Chatterly Lane
 City State Zip Code
 Columbus OH 43207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION
 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
 09 / 18 / 2015
Transaction ID : SA11AI.91973
 Amount of Each Receipt this Period
 11.00

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 48 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. MARILYN A. BELL
Full Name (Last, First, Middle Initial)
Mailing Address 4714 38th Avenue S.
City Minneapolis State MN Zip Code 55406
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 220.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.92817
Amount of Each Receipt this Period 200.00

B. SANDRA F BELL
Full Name (Last, First, Middle Initial)
Mailing Address 2968 Tracer Road
City Columbus State OH Zip Code 43232
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 11 Occupation ATTORNEY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.91974
Amount of Each Receipt this Period 200.00

C. JOSEPH BELLA
Full Name (Last, First, Middle Initial)
Mailing Address 501 W George Street
City Arlington Heights State IL Zip Code 60005
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 717.12

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92914
Amount of Each Receipt this Period 89.64

SUBTOTAL of Receipts This Page (optional)..... 129.64
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 49 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JOSEPH BELLA
Full Name (Last, First, Middle Initial)

Mailing Address 501 W George Street

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Occupation
AFSCME IL CN 31 REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **806.76**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93038

Amount of Each Receipt this Period
89.64

B. JAMES R. BENEDICT
Full Name (Last, First, Middle Initial)

Mailing Address 6576 Hilmar Court

City State Zip Code
Westerville OH 43082

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 ▼ **540.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.91862

Amount of Each Receipt this Period
30.00

C. JAMES R. BENEDICT
Full Name (Last, First, Middle Initial)

Mailing Address 6576 Hilmar Court

City State Zip Code
Westerville OH 43082

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 ▼ **570.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.91975

Amount of Each Receipt this Period
30.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 149.64 |
| 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 50 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **425.34**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.91287

Amount of Each Receipt this Period **47.32**

B. 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 ▼ **583.66**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93150

Amount of Each Receipt this Period **65.14**

C. 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 ▼ **458.15**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.90983

Amount of Each Receipt this Period **26.95**

SUBTOTAL of Receipts This Page (optional)..... **139.41**

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: PAGE 51 OF 688
(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 ▼ 485.10

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91334
 Amount of Each Receipt this Period 26.95

B. RICHARD BERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 N. Wacker Drive Suite 800
 City Chicago State IL Zip Code 60606
 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 ▼ 580.64

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92915
 Amount of Each Receipt this Period 72.58

C. RICHARD BERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 N. Wacker Drive Suite 800
 City Chicago State IL Zip Code 60606
 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 ▼ 653.22

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93039
 Amount of Each Receipt this Period 72.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.11
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 52 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 1060.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93547

Amount of Each Receipt this Period
 120.00

B. GINGER K. BERNETHY
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 ▼ 211.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92241

Amount of Each Receipt this Period
 12.50

C. ELIZABETH BETTENCOURT
Full Name (Last, First, Middle Initial)

Mailing Address 2452 WHITETHORNE DRIVE

City SAN JOSE State CA Zip Code 95128

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

Name of Employer AFSCME CA CN 57 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
 09 / 01 / 2015
Transaction ID : SA11AI.93345

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 147.50

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 53 OF 688
(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 BETTENCOURT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 WHITETHORNE DRIVE
 City SAN JOSE State CA Zip Code 95128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.93346
 Amount of Each Receipt this Period 15.00

B. ELIZABETH BETTENCOURT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 WHITETHORNE DRIVE
 City SAN JOSE State CA Zip Code 95128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.93347
 Amount of Each Receipt this Period 15.00

C. JAMES BEVERLY Jr.
 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 ▼ 380.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.91796
 Amount of Each Receipt this Period 40.00

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 54 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 BEVERLY Jr.
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 ▼ 420.00

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.91976

Amount of Each Receipt this Period
40.00

B. 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 ▼ 701.29

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.90984

Amount of Each Receipt this Period
41.78

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 ▼ 743.07

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91335

Amount of Each Receipt this Period
41.78

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 123.56 |
| 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 56 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. TIMOTHY D. BIRCH
Full Name (Last, First, Middle Initial)

Mailing Address 590 Middle Street
Apt. 603

City Weymouth State MA Zip Code 02189-0000

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 ▼
714.36

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91336

Amount of Each Receipt this Period
39.92

B. JOANNE BIRD
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 ▼
207.00

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92242

Amount of Each Receipt this Period
11.50

C. 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 ▼
346.32

Date of Receipt
09 / 03 / 2015
Transaction ID : SA11AI.93644

Amount of Each Receipt this Period
19.24

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 70.66 |
| 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 58 OF 688
(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 BLAIR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2223 Wintergreen Avenue
 City State Zip Code
 District Heights MD 20747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD COORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 857.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91337
 Amount of Each Receipt this Period
 46.80

B. JANE ANN BLAKESLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2179 Shoreham Road
 City State Zip Code
 Upper Arlington OH 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92384
 Amount of Each Receipt this Period
 40.00

C. JANE ANN BLAKESLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2179 Shoreham Road
 City State Zip Code
 Upper Arlington OH 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 770.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92438
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.80
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 59 OF 688
(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 ANN BLAKESLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2179 Shoreham Road
 City State Zip Code
 Upper Arlington OH 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92492
 Amount of Each Receipt this Period
 40.00

B. GORDON BLAQUIERE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Beacon Street
 City State Zip Code
 Boston MA 02108-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MA CN 93 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93548
 Amount of Each Receipt this Period
 100.00

C. RONALD F. BLATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 2202 S. Racoon Road
 Apt. 4
 City State Zip Code
 Austintown OH 44515
 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 ▼
 653.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92385
 Amount of Each Receipt this Period
 38.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.47
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 60 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. RONALD F. BLATT | | Date of Receipt |
| Mailing Address 2202 S. Racoon Road Apt. 4 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City Austintown | State OH | Zip Code 44515 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.92439 |
| Name of Employer AFSCME OH LOC 4 | | Amount of Each Receipt this Period |
| Occupation FIELD REPRESENTATIVE | | <input type="text" value="38.47"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="692.46"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. RONALD F. BLATT | | Date of Receipt |
| Mailing Address 2202 S. Racoon Road Apt. 4 | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City Austintown | State OH | Zip Code 44515 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.92493 |
| Name of Employer AFSCME OH LOC 4 | | Amount of Each Receipt this Period |
| Occupation FIELD REPRESENTATIVE | | <input type="text" value="38.47"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="730.93"/> | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. LISA A. BLEVINS | | Date of Receipt |
| Mailing Address 11907 Tarragon Road #G | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City Reisterstown | State MD | Zip Code 21136 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.90987 |
| Name of Employer AFSCME INT'L | | Amount of Each Receipt this Period |
| Occupation ADMINISTRATIVE ASSISTANT II | | <input type="text" value="39.18"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| <input type="text" value="651.01"/> | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="116.12"/> |
| 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 61 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LISA A. BLEVINS
Full Name (Last, First, Middle Initial)

Mailing Address 11907 Tarragon Road
#G

City Reisterstown State MD Zip Code 21136

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 ▼ **690.19**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91338

Amount of Each Receipt this Period
39.18

B. DAVID BLOEDE
Full Name (Last, First, Middle Initial)

Mailing Address 7426 Harrison Street

City Forest Park State IL Zip Code 60130

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 ▼ **472.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.92916

Amount of Each Receipt this Period
59.00

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

Mailing Address 7426 Harrison Street

City Forest Park State IL Zip Code 60130

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 ▼ **531.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93040

Amount of Each Receipt this Period
59.00

SUBTOTAL of Receipts This Page (optional)..... **157.18**

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 62 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 **668.78**

Date of Receipt **09 / 09 / 2015**
Transaction ID : SA11AI.91545
 Amount of Each Receipt this Period **75.18**

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 **1911.03**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.90988
 Amount of Each Receipt this Period **114.44**

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 **2025.47**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91339
 Amount of Each Receipt this Period **114.44**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 304.06 |
| 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: PAGE 63 OF 688
(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. 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 ▼ 560.74

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93152
 Amount of Each Receipt this Period 60.63

B. EUGENE BOATRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8542 South Bishop
 City Chicago State IL Zip Code 60620
 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 ▼ 553.96

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92917
 Amount of Each Receipt this Period 70.90

C. EUGENE BOATRIGHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 8542 South Bishop
 City Chicago State IL Zip Code 60620
 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 ▼ 624.86

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93041
 Amount of Each Receipt this Period 70.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.43
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: PAGE 64 OF 688
(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. ANDREW P. BOCK

Mailing Address P.O. Box 1111

City State Zip Code
Ames IA 50014

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.92634

Amount of Each Receipt this Period
21.19

Full Name (Last, First, Middle Initial)
B. ANDREW P. BOCK

Mailing Address P.O. Box 1111

City State Zip Code
Ames IA 50014

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.92635

Amount of Each Receipt this Period
5.00

Full Name (Last, First, Middle Initial)
C. STEPHEN BODOH

Mailing Address 1212 Jefferson Street SE

City State Zip Code
Olympia WA 98501

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 ▼
360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92150

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.19

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: PAGE 65 OF 688
(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. STEPHEN BODOH
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 **430.00**

Date of Receipt **09 / 25 / 2015**
Transaction ID : SA11AI.92243
Amount of Each Receipt this Period **70.00**

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 **448.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.92820
Amount of Each Receipt this Period **49.84**

C. KAHIM BOLES
Full Name (Last, First, Middle Initial)
Mailing Address 1003 S Frazier Street
City Philadelphia State PA Zip Code 19143
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME PA CN 47/LOCAL 2187 Occupation EXECUTIVE BOARD MEMBER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **302.00**

Date of Receipt **09 / 11 / 2015**
Transaction ID : SA11AI.93495
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **129.84**
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 66 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. KAHIM BOLES
Full Name (Last, First, Middle Initial)

Mailing Address 1003 S Frazier Street

City Philadelphia State PA Zip Code 19143

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

Name of Employer AFSCME PA CN 47/LOCAL 2187 Occupation EXECUTIVE BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.93496

Amount of Each Receipt this Period 10.00

B. KAHIM BOLES
Full Name (Last, First, Middle Initial)

Mailing Address 1003 S Frazier Street

City Philadelphia State PA Zip Code 19143

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

Name of Employer AFSCME PA CN 47/LOCAL 2187 Occupation EXECUTIVE BOARD MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91258

Amount of Each Receipt this Period 14.00

C. LYNDAL 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 ▼ 422.08

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92387

Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.24

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 67 OF 688 |
| <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. LYNDA L. BOLIN | | | Date of Receipt |
| Mailing Address 8 Circle Drive | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92441 |
| The Plains | OH | 45780 | 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 | 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="441.32"/> | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. LYNDA L. BOLIN | | | Date of Receipt |
| Mailing Address 8 Circle Drive | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92495 |
| The Plains | OH | 45780 | 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 | 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="460.56"/> | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. BRUCE BOND | | | Date of Receipt |
| Mailing Address 86 Parkwood Blvd. | | | <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.91863 |
| Mansfield | OH | 44906 | 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 OH LOC 11/STATE OF OH | JUVENILE 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="360.00"/> | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="58.48"/> |
| 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 68 OF 688
(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. BRUCE BOND
 Mailing Address 86 Parkwood Blvd.
 City Mansfield State OH Zip Code 44906
 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 ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.91978
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. CATHERINE J. BOND
 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 ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91864
 Amount of Each Receipt this Period
 22.00

Full Name (Last, First, Middle Initial)
C. CATHERINE J. BOND
 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 ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.91979
 Amount of Each Receipt this Period
 22.00

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 69 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. DEBRA BOND
Full Name (Last, First, Middle Initial)
Mailing Address 1295 Mariuon Road
City Rochester State MN Zip Code 55904-5780
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 ▼ 240.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92821
Amount of Each Receipt this Period 240.00

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 ▼ 607.07

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.90989
Amount of Each Receipt this Period 35.71

C. 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 ▼ 642.78

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91340
Amount of Each Receipt this Period 35.71

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.42
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 70 OF 688
(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. 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 ▼ 3380.11

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.90990
 Amount of Each Receipt this Period 198.83

B. 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 ▼ 3578.94

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91341
 Amount of Each Receipt this Period 198.83

C. 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 ▼ 930.75

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.90991
 Amount of Each Receipt this Period 54.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 452.41
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

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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. 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 ▼ 985.50

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91342
 Amount of Each Receipt this Period 54.75

B. CASEY BOWE
 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 ▼ 401.42

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91546
 Amount of Each Receipt this Period 46.22

C. 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 ▼ 594.62

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93153
 Amount of Each Receipt this Period 65.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 166.67
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 72 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **365.08**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91550

Amount of Each Receipt this Period **46.22**

B. YOLANDA D. BRACKEN
Full Name (Last, First, Middle Initial)

Mailing Address 5408 Ashberry Village Court

City Columbus State OH Zip Code 43228

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.91980

Amount of Each Receipt this Period **11.00**

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 ▼ **356.49**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93154

Amount of Each Receipt this Period **43.92**

SUBTOTAL of Receipts This Page (optional)..... **101.14**

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 73 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 **357.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.93472
 Amount of Each Receipt this Period **42.00**

B. 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 **350.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91551
 Amount of Each Receipt this Period **50.00**

C. MARY BRANDT
 Full Name (Last, First, Middle Initial)
 Mailing Address 738 Square St
 City Mount Joy State PA Zip Code 17552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation PRESS OPERATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **204.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11AI.93670
 Amount of Each Receipt this Period **24.00**

SUBTOTAL of Receipts This Page (optional)..... **116.00**
TOTAL This Period (last page this line number only).....

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 BRANDT
Full Name (Last, First, Middle Initial)

Mailing Address 738 Square St

City Mount Joy State PA Zip Code 17552

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

Name of Employer AFSCME PA CN 13 Occupation PRESS OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93671

Amount of Each Receipt this Period 24.00

B. 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 ▼ 255.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92151

Amount of Each Receipt this Period 15.00

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 ▼ 270.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92244

Amount of Each Receipt this Period 15.00

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

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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. 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 ▼ 319.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.93406
 Amount of Each Receipt this Period
 16.80

B. 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11AI.93407
 Amount of Each Receipt this Period
 16.80

C. 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 ▼ 917.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91553
 Amount of Each Receipt this Period
 103.18

SUBTOTAL of Receipts This Page (optional)..... ▶ 136.78
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 76 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 BRISTOL
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 ▼ 498.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92152

Amount of Each Receipt this Period 30.00

B. ROBERT BRISTOL
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 ▼ 528.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92246

Amount of Each Receipt this Period 30.00

C. JEFFERY BRITTEN
Full Name (Last, First, Middle Initial)

Mailing Address 7650 23rd Street N.

City Oakdale State MN Zip Code 55128

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

Name of Employer AFSCME MN CN 5/CN 14 MBR Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.93448

Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.00

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 77 OF 688
(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 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 ▼ 559.74

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.93408
 Amount of Each Receipt this Period 58.92

B. ANDREA M. BROWN
 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/METROHEALTH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11AI.93244
 Amount of Each Receipt this Period 9.62

C. CHERYL BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Swan Way Suite 110
 City Oakland State CA Zip Code 94621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.80

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11AI.93350
 Amount of Each Receipt this Period 38.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.30
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 78 OF 688
(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. JERRY L. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Minty Drive
 City Dayton State OH Zip Code 45415
 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 ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91866
 Amount of Each Receipt this Period 15.00

B. JERRY L. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Minty Drive
 City Dayton State OH Zip Code 45415
 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 ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91981
 Amount of Each Receipt this Period 15.00

C. 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 ▼ 493.32

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93155
 Amount of Each Receipt this Period 56.02

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.02
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 79 OF 688
(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. PAMELA D. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1603 E 27th Street
 City Cleveland State OH Zip Code 44114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/CUYAHOGA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.36

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11AI.93238
 Amount of Each Receipt this Period 38.46

B. PAMELA D. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1603 E 27th Street
 City Cleveland State OH Zip Code 44114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/CUYAHOGA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.82

Date of Receipt 09 / 28 / 2015
Transaction ID : SA11AI.93245
 Amount of Each Receipt this Period 38.46

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 ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91867
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional).....▶ 91.92
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 80 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91982

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 ▼ 638.35

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.90992

Amount of Each Receipt this Period 38.39

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 ▼ 676.74

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91343

Amount of Each Receipt this Period 38.39

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.78

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 81 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 17431 SE Forest Hill Drive

| | | |
|------------------|-------------|-------------------|
| 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2015 |

Transaction ID : SA11AI.93473

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

B. ALAN BRUBACHER
Full Name (Last, First, Middle Initial)

Mailing Address 2502 S. 4th 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 MAINTENANCE SUPERVISOR |
|-------------------------------------|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.13**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 09 | | 2015 |

Transaction ID : SA11AI.91555

Amount of Each Receipt this Period

| |
|-------|
| 51.14 |
|-------|

C. 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 ▼ **286.30**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2015 |

Transaction ID : SA11AI.92822

Amount of Each Receipt this Period

| |
|-------|
| 34.30 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 115.44 |
| 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 82 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 511.98

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93156

Amount of Each Receipt this Period 57.14

B. KENDRA M. BUCKLEY
Full Name (Last, First, Middle Initial)

Mailing Address 26 Brandonwood

City O'Fallon State IL Zip Code 62269

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE SPECIA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 529.55

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92995

Amount of Each Receipt this Period 62.30

C. KENDRA M. BUCKLEY
Full Name (Last, First, Middle Initial)

Mailing Address 26 Brandonwood

City O'Fallon State IL Zip Code 62269

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE SPECIA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 591.85

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93042

Amount of Each Receipt this Period 62.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 181.74

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: | PAGE 83 OF 688 |
| | (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. BRUCE D. BULICK
Full Name (Last, First, Middle Initial)

Mailing Address #4 Glacier Orchards Road

City State Zip Code
White Salmon WA 98672

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

Name of Employer Occupation
AFSCME OR CN 75/STATE OF OR ADM AIDE III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.93474

Amount of Each Receipt this Period
25.50

B. SHANE A. BUMGARNER
Full Name (Last, First, Middle Initial)

Mailing Address 2619 S. Walnut

City State Zip Code
Springfield IL 62704

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

Name of Employer Occupation
AFSCME IL CN 31 ASST MIS SPECIALIST

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
09 / 01 / 2015
Transaction ID : SA11AI.92918

Amount of Each Receipt this Period
54.50

C. SHANE A. BUMGARNER
Full Name (Last, First, Middle Initial)

Mailing Address 2619 S. Walnut

City State Zip Code
Springfield IL 62704

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

Name of Employer Occupation
AFSCME IL CN 31 ASST MIS SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.93043

Amount of Each Receipt this Period
54.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.50

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 84 OF 688
(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. 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 ▼ 1230.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.90993
 Amount of Each Receipt this Period
 71.34

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 ▼ 1275.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.91311
 Amount of Each Receipt this Period
 45.00

C. 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 ▼ 1290.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.91312
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 131.34
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 85 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 1361.86

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91344

Amount of Each Receipt this Period
71.34

B. ROBERT J. BURGESS
Full Name (Last, First, Middle Initial)

Mailing Address 306 W. Meek Street

City Abingdon State IL Zip Code 61410

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11AI.92996

Amount of Each Receipt this Period
30.00

C. ROBERT J. BURGESS
Full Name (Last, First, Middle Initial)

Mailing Address 306 W. Meek Street

City Abingdon State IL Zip Code 61410

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93044

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 131.34

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 86 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. RUSSELL A. BURKEPILE
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 N. Market Street
 City Loudonville State OH Zip Code 44842
 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
 09 / 25 / 2015
Transaction ID : SA11AI.91983
 Amount of Each Receipt this Period
 20.00

B. 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 ▼ 1231.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.90995
 Amount of Each Receipt this Period
 82.12

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 ▼ 1313.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91346
 Amount of Each Receipt this Period
 82.12

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 184.24 |
| 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 87 OF 688
(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 P. BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 296 Churchmans Road
 City State Zip Code
 New Castle DE 19720
 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 ▼
 253.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.93542
 Amount of Each Receipt this Period
 29.82

B. VENAI BURRS
 Full Name (Last, First, Middle Initial)
 Mailing Address 392 S Weyant Avenue
 City State Zip Code
 Columbus OH 43213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/FRANKLIN CNTY 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
 09 / 15 / 2015
Transaction ID : SA11AI.92118
 Amount of Each Receipt this Period
 12.00

C. KATHY R. BUTCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4535 Valleydale Way
 City State Zip Code
 Columbus OH 43231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH OFFICE ASSISTANT III
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91868
 Amount of Each Receipt this Period
 11.72

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.54
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 88 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 R. BUTCHER
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Valleydale Way

City Columbus State OH Zip Code 43231

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 ▼ 222.68

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91984

Amount of Each Receipt this Period 11.72

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 ▼ 360.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92645

Amount of Each Receipt this Period 20.00

C. 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 ▼ 380.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92706

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.72

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 90 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ZOCHERSHEA BUTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2733 Initial Place
 City State Zip Code
 Enumclaw WA 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/STATE OF WA ACCOUNTING CLERK III
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92154
 Amount of Each Receipt this Period
 20.00

B. ZOCHERSHEA BUTLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2733 Initial Place
 City State Zip Code
 Enumclaw WA 98022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/STATE OF WA ACCOUNTING CLERK III
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 344.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92249
 Amount of Each Receipt this Period
 20.00

C. LORI L. BUTTERFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Jefferson St., SE
 Suite 300
 City State Zip Code
 Olympia WA 98501
 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 ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92155
 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 91 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 **270.00**

Date of Receipt **09 / 25 / 2015**
Transaction ID : SA11AI.92250
 Amount of Each Receipt this Period **15.00**

B. CHARLES M. BYRNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Valencia Way
 City Reston State VA Zip Code 20190
 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 **674.51**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.90996
 Amount of Each Receipt this Period **39.44**

C. CHARLES M. BYRNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Valencia Way
 City Reston State VA Zip Code 20190
 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 **713.95**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91347
 Amount of Each Receipt this Period **39.44**

SUBTOTAL of Receipts This Page (optional)..... **93.88**
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 92 OF 688
(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 CADDO
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Ward Avenue
 City Bellevue State KY Zip Code 41073
 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 ▼ 366.94

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93157
 Amount of Each Receipt this Period 52.42

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 ▼ 331.50

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92156
 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 ▼ 351.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92251
 Amount of Each Receipt this Period 19.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.42
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 93 OF 688
(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

Full Name (Last, First, Middle Initial)
A. PAULA J. CAIRA

Mailing Address 17 Fourteenth 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: ASSOCIATE GENERAL COUNSEL II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1072.36**

Date of Receipt: **09 / 15 / 2015**

Transaction ID : **SA11AI.90997**

Amount of Each Receipt this Period: **63.08**

Full Name (Last, First, Middle Initial)
B. PAULA J. CAIRA

Mailing Address 17 Fourteenth 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: ASSOCIATE GENERAL COUNSEL II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1135.44**

Date of Receipt: **09 / 30 / 2015**

Transaction ID : **SA11AI.91348**

Amount of Each Receipt this Period: **63.08**

Full Name (Last, First, Middle Initial)
C. NINA M. CALABRIA

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: **09 / 02 / 2015**

Transaction ID : **SA11AI.92388**

Amount of Each Receipt this Period: **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **151.16**

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

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

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FOR LINE NUMBER: PAGE 94 OF 688
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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. 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 09 / 30 / 2015
Transaction ID : SA11AI.92442
 Amount of Each Receipt this Period 25.00

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 ▼ 475.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92496
 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 ▼ 433.21

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91556
 Amount of Each Receipt this Period 50.65

SUBTOTAL of Receipts This Page (optional).....▶ 100.65
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

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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. CHAD D. CALDWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1468 Galway Bend Drive S.
 City Pataskala State OH Zip Code 43062
 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 ▼ 595.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92389
 Amount of Each Receipt this Period 35.00

B. CHAD D. CALDWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1468 Galway Bend Drive S.
 City Pataskala State OH Zip Code 43062
 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 ▼ 630.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92443
 Amount of Each Receipt this Period 35.00

C. CHAD D. CALDWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1468 Galway Bend Drive S.
 City Pataskala State OH Zip Code 43062
 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 ▼ 665.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92497
 Amount of Each Receipt this Period 35.00

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

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(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. 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 ▼ 324.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91869
 Amount of Each Receipt this Period 18.00

B. 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 ▼ 342.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91985
 Amount of Each Receipt this Period 18.00

C. JOHN CAMERON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6555 N. Maplewood
 City Chicago State IL Zip Code 60645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation DIRECTOR POL./COM. RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 678.72

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92919
 Amount of Each Receipt this Period 84.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.84
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <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. JOHN CAMERON
Full Name (Last, First, Middle Initial)

Mailing Address 6555 N. Maplewood

City Chicago State IL Zip Code 60645

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

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR POL./COM. RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 763.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.93045

Amount of Each Receipt this Period
 84.84

B. ULIQUE A. CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Berkeley 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 UNEMPLOYMENT CLAIMS TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11AI.91870

Amount of Each Receipt this Period
 18.00

C. ULIQUE A. CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Berkeley 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 UNEMPLOYMENT CLAIMS TECH

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
 09 / 18 / 2015

Transaction ID : SA11AI.91986

Amount of Each Receipt this Period
 18.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.84 |
| 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. GUY C. CAMPO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9972 State Route 309
 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 MAINTENANCE REPAIR TECH
 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
 09 / 18 / 2015
Transaction ID : SA11AI.91987
 Amount of Each Receipt this Period
 11.00

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/STATE STREET Occupation RETIREE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 862.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.91289
 Amount of Each Receipt this Period
 99.24

C. TRELEEN CANGANELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Northfield Road
 City Bedford State OH Zip Code 44146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/BEDFORD Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92550
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 151.91
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 99 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. TRELEEN CANGANELLI
Full Name (Last, First, Middle Initial)

Mailing Address 475 Northfield Road

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Bedford | OH | 44146 |

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

| | |
|-------------------------|----------------------|
| Name of Employer | Occupation |
| AFSCME OH LOC 4/BEDFORD | STAFF REPRESENTATIVE |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92595

Amount of Each Receipt this Period

| |
|-------|
| 41.67 |
|-------|

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 ▼ **330.14**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.90999

Amount of Each Receipt this Period

| |
|-------|
| 19.42 |
|-------|

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 ▼ **349.56**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91350

Amount of Each Receipt this Period

| |
|-------|
| 19.42 |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 80.51 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 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 CAPONI
Full Name (Last, First, Middle Initial)

Mailing Address 4453 Stilley Road

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1141.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.91558

Amount of Each Receipt this Period
121.56

B. GINO A. CARBENIA
Full Name (Last, First, Middle Initial)

Mailing Address 9315 N. Park Avenue

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1896.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91000

Amount of Each Receipt this Period
107.32

C. GINO A. CARBENIA
Full Name (Last, First, Middle Initial)

Mailing Address 9315 N. Park Avenue

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1926.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.91313

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **258.88**

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 OF 688 |
| | <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. GINO A. CARBENIA
Full Name (Last, First, Middle Initial)

Mailing Address 9315 N. Park Avenue

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2034.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91351

Amount of Each Receipt this Period
 108.10

B. DAMETRA CAREY
Full Name (Last, First, Middle Initial)

Mailing Address P.O. 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/STATE OF OH Occupation CORRECTION OFFICER

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
 09 / 04 / 2015
Transaction ID : SA11AI.91872

Amount of Each Receipt this Period
 15.00

C. DAMETRA CAREY
Full Name (Last, First, Middle Initial)

Mailing Address P.O. 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/STATE OF OH Occupation CORRECTION OFFICER

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
 09 / 18 / 2015
Transaction ID : SA11AI.91988

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.10

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 OF 688 |
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| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 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 ▼
288.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2015 |

Transaction ID : SA11AI.91873

Amount of Each Receipt this Period
16.00

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 ▼
304.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 18 | | 2015 |

Transaction ID : SA11AI.91989

Amount of Each Receipt this Period
16.00

C. JANNA M. CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 1365 137th Street NW

| | | |
|--------------------|-------------|-------------------|
| City Monticello | State MN | Zip Code 55362 |
|--------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY | Occupation STAFF REPRESENTATIVE |
|--|------------------------------------|

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 |
| 09 | | 29 | | 2015 |

Transaction ID : SA11AI.92823

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

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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. JOYCE CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Aldine Street
 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 BUSINESS REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 698.72

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92824
 Amount of Each Receipt this Period 77.72

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 ▼ 333.44

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92551
 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 ▼ 354.28

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92572
 Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.40
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. 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 ▼ 375.12

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92596
 Amount of Each Receipt this Period 20.84

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 ▼ 380.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91774
 Amount of Each Receipt this Period 40.00

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 ▼ 810.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91001
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.84
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 370.94

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2015
Transaction ID : SA11AI.91560
Amount of Each Receipt this Period
42.46

B. LESLIE A. CARTER-HICKS
Full Name (Last, First, Middle Initial)
Mailing Address 267 Buckskin Street
City Henderson State NV Zip Code 89074
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 ▼ 358.11

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2015
Transaction ID : SA11AI.91002
Amount of Each Receipt this Period
39.79

C. LESLIE A. CARTER-HICKS
Full Name (Last, First, Middle Initial)
Mailing Address 267 Buckskin Street
City Henderson State NV Zip Code 89074
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 ▼ 397.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.91353
Amount of Each Receipt this Period
39.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.04
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

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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. ROBERT CASON
 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 ▼ 917.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91561
 Amount of Each Receipt this Period
 103.18

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 ▼ 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92157
 Amount of Each Receipt this Period
 20.00

C. 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92253
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 143.18
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

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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. 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 ▼ 694.93

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91562
 Amount of Each Receipt this Period 80.54

B. EDDIE A. CAUMIANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 S. Virginia Avenue
 City Belleville State IL Zip Code 62220
 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 ▼ 717.12

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92920
 Amount of Each Receipt this Period 89.64

C. EDDIE A. CAUMIANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 S. Virginia Avenue
 City Belleville State IL Zip Code 62220
 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 ▼ 752.12

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92921
 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.18
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

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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

Full Name (Last, First, Middle Initial)
A. EDDIE A. CAUMIANT

Mailing Address 120 S. Virginia Avenue

City State Zip Code
Belleville IL 62220

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

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
841.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93046

Amount of Each Receipt this Period
89.64

Full Name (Last, First, Middle Initial)
B. MARK E. CAVANAH

Mailing Address 243 Iroquois Drive

City State Zip Code
Paducah KY 42001

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

Name of Employer Occupation
AFSCME INT'L LEAD ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1333.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91003

Amount of Each Receipt this Period
79.58

Full Name (Last, First, Middle Initial)
C. MARK E. CAVANAH

Mailing Address 243 Iroquois Drive

City State Zip Code
Paducah KY 42001

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

Name of Employer Occupation
AFSCME INT'L LEAD ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1413.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91354

Amount of Each Receipt this Period
79.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 248.80

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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-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 ▼ 375.12

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92254
 Amount of Each Receipt this Period 41.68

B. JODI E. CHAI
 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 ▼ 360.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93262
 Amount of Each Receipt this Period 40.00

C. STACY CHAMBERLAIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5235 NE 23rd Avenue
 City Portland State OR Zip Code 97211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93475
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 131.68
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 111 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. CHRIS J. CHAPEK | | Date of Receipt |
| Mailing Address 922 Dayton Street Apt. E | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City Madison | State WI | Zip Code 53703 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91004 |
| Name of Employer AFSCME INT'L | 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="30.12"/> |
| | <input type="text" value="210.84"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. CHRIS J. CHAPEK | | Date of Receipt |
| Mailing Address 922 Dayton Street Apt. E | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City Madison | State WI | Zip Code 53703 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91355 |
| Name of Employer AFSCME INT'L | 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="30.12"/> |
| | <input type="text" value="240.96"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. JEANETTE CHAVEZ | | Date of Receipt |
| Mailing Address 1719 Lyman Place NE | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City Washington | State DC | Zip Code 20002 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91005 |
| Name of Employer AFSCME INT'L | Occupation EXECUTIVE OFFICE 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="61.08"/> |
| | <input type="text" value="1038.36"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="121.32"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 1053.36

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.91314
 Amount of Each Receipt this Period 15.00

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 ▼ 1114.44

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91356
 Amount of Each Receipt this Period 61.08

C. JESSICA CHESTER
 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 ▼ 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.91991
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.08
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

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(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. 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 ▼ 952.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91006
 Amount of Each Receipt this Period
 54.75

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 ▼ 1007.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91357
 Amount of Each Receipt this Period
 54.75

C. NICHELLE CHIVIS
 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 ▼ 674.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91563
 Amount of Each Receipt this Period
 76.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.62
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 688 |
| | <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. JUDY K. CHOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1639 Pali Highway
 Apt. A
 City Honolulu State HI Zip Code 96813
 Name of Employer AFSCME HI RET CHPT 152 Occupation RETIREE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93264
 Amount of Each Receipt this Period 100.00

B. SANFORD CHUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 98-1664 Hapaki Street
 City Aiea State HI Zip Code 96701
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93266
 Amount of Each Receipt this Period 25.00

C. SHANE CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5296 Autumnwood Drive
 City Cochrannton State PA Zip Code 16314
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 524.56

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91565
 Amount of Each Receipt this Period 58.92

SUBTOTAL of Receipts This Page (optional).....▶ 183.92
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 115 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. TAMMY R. CLAUDIO
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 420189

| | | |
|-----------------|-------------|-------------------|
| City Pontiac | State MI | Zip Code 48342 |
|-----------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer AFSCME MI CN 25/CITY OF MACOMB | Occupation STAFF REPRESENTATIVE |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.93433

Amount of Each Receipt this Period

| | | | | |
|--------------|-------|-------|-------|-------|
| 64.00 | 64.00 | 64.00 | 64.00 | 64.00 |
| 12.00 | | | | |

B. TAMMY R. CLAUDIO
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 420189

| | | |
|-----------------|-------------|-------------------|
| City Pontiac | State MI | Zip Code 48342 |
|-----------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer AFSCME MI CN 25/CITY OF MACOMB | 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 |
| 09 | / | 28 | / | 2015 |

Transaction ID : SA11AI.93434

Amount of Each Receipt this Period

| | | | | |
|--------------|-------|-------|-------|-------|
| 64.00 | 64.00 | 64.00 | 64.00 | 64.00 |
| 12.00 | | | | |

C. KRISTINA A. CLAYPOOL
Full Name (Last, First, Middle Initial)

Mailing Address 1921 Dial Court

| | | |
|---------------------|-------------|-------------------|
| City Springfield | State IL | Zip Code 62704 |
|---------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME IL CN 31/STATE OF IL | Occupation PUBLIC SERVICE ADMIN |
|---|------------------------------------|

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 |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.92997

Amount of Each Receipt this Period

| | | | | |
|--------------|-------|-------|-------|-------|
| 64.00 | 64.00 | 64.00 | 64.00 | 64.00 |
| 40.00 | | | | |

| | |
|--|--------------|
| 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 116 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. KRISTINA A. CLAYPOOL | | | Date of Receipt |
| Mailing Address 1921 Dial Court | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City Springfield | State IL | Zip Code 62704 | Transaction ID : SA11AI.93047 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | Amount of Each Receipt this Period <input type="text" value="40.00"/> | | |
| Name of Employer AFSCME IL CN 31/STATE OF IL | Occupation PUBLIC SERVICE ADMIN | Aggregate Year-to-Date ▼ <input type="text" value="350.00"/> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. THERESA L. CLICK | | | Date of Receipt |
| Mailing Address 603 S Boston Street | | | <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2015"/> |
| City Galion | State OH | Zip Code 44833 | Transaction ID : SA11AI.91875 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | Amount of Each Receipt this Period <input type="text" value="15.00"/> | | |
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation STAFF REPRESENTATIVE | Aggregate Year-to-Date ▼ <input type="text" value="270.00"/> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. THERESA L. CLICK | | | Date of Receipt |
| Mailing Address 603 S Boston Street | | | <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/> |
| City Galion | State OH | Zip Code 44833 | Transaction ID : SA11AI.91992 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | Amount of Each Receipt this Period <input type="text" value="15.00"/> | | |
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation STAFF REPRESENTATIVE | Aggregate Year-to-Date ▼ <input type="text" value="285.00"/> | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="70.00"/> |
| 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 117 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. SHANE CLONTZ | | | Date of Receipt |
| Mailing Address P.O. Box 8461 | | | <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92998 |
| Springfield | IL | 62791 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="25.20"/> |
| Name of Employer | Occupation | | |
| AFSCME IL CN 31/STATE OF IL | PUBLIC SERVICE ADMIN | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="214.20"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. SHANE CLONTZ | | | Date of Receipt |
| Mailing Address P.O. Box 8461 | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.93048 |
| Springfield | IL | 62791 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="25.20"/> |
| Name of Employer | Occupation | | |
| AFSCME IL CN 31/STATE OF IL | PUBLIC SERVICE ADMIN | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="239.40"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. KATHERINE A. COAKLEY | | | Date of Receipt |
| Mailing Address 410 S. Maple Avenue #604 | | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.91008 |
| Falls Church | VA | 20046 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="89.05"/> |
| Name of Employer | Occupation | | |
| AFSCME INT'L | AFFILIATE COMMUNICATION MANAGER | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1389.26"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="139.45"/> |
| 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 118 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 A. COAKLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 S. Maple Avenue #604
 City Falls Church State VA Zip Code 20046
 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 ▼ 1478.31

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91359
 Amount of Each Receipt this Period 89.05

B. THOMAS B. COCHRANE
 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 ▼ 209.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.91800
 Amount of Each Receipt this Period 22.00

C. THOMAS B. COCHRANE
 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 ▼ 231.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.91993
 Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional).....▶ 133.05
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (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 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. GARRY V. COFFMAN III
Full Name (Last, First, Middle Initial)

Mailing Address 4855 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
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.93397

Amount of Each Receipt this Period
25.00

B. JOSHUA B. COLE
Full Name (Last, First, Middle Initial)

Mailing Address 5603 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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.92646

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

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 ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11AI.92708

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 120 OF 688
(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. JUSTIN C COLE
 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 ▼ 212.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.92710
 Amount of Each Receipt this Period
 15.00

B. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92711
 Amount of Each Receipt this Period
 100.00

C. LORENZO D. COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Tatera Court
 City Grove City State OH Zip Code 43123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PSYCHIATRIC ATTENDANT
 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
 09 / 04 / 2015
Transaction ID : SA11AI.91876
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
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 121 OF 688
(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. LORENZO D. COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2165 Tatera Court
 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 PSYCHIATRIC ATTENDANT
 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
 09 / 18 / 2015
Transaction ID : SA11AI.91994
 Amount of Each Receipt this Period
 20.00

B. KATHERINE COLVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3198 W 54th Street
 City State Zip Code
 Cleveland OH 44102
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91877
 Amount of Each Receipt this Period
 15.00

C. KATHERINE COLVIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3198 W 54th Street
 City State Zip Code
 Cleveland OH 44102
 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 ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.91995
 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: PAGE 122 OF 688
(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. CONSTANCE COMBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5785 Lake Road
 City Morrow State OH Zip Code 45152
 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 ▼ 237.47

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92597
 Amount of Each Receipt this Period 20.83

B. SCOTT M. COMRIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5825 Conn Road
 City Alhambra State IL Zip Code 62001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF DEVELOPMENT SP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92999
 Amount of Each Receipt this Period 80.00

C. SCOTT M. COMRIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5825 Conn Road
 City Alhambra State IL Zip Code 62001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF DEVELOPMENT SP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93049
 Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.83
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: PAGE 123 OF 688
(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 CONATY

Mailing Address 3525 Quebec 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 ASSISTANT DIRECTOR, NEW MEDIA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **930.75**

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91009

Amount of Each Receipt this Period
54.75

Full Name (Last, First, Middle Initial)
B. TRACEY CONATY

Mailing Address 3525 Quebec 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 ASSISTANT DIRECTOR, NEW MEDIA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **985.50**

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91360

Amount of Each Receipt this Period
54.75

Full Name (Last, First, Middle Initial)
C. AMY CONKLIN

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 ▼ **289.00**

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.92158

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **126.50**

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 124 OF 688
(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 CONKLIN

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 ▼ **306.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92257

Amount of Each Receipt this Period **17.00**

Full Name (Last, First, Middle Initial)
B. HILARY L. CONLEY

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 ▼ **472.19**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93159

Amount of Each Receipt this Period **54.08**

Full Name (Last, First, Middle Initial)
C. RYAN J. CONNELLY

Mailing Address 2113 Shiver Drive

City Alexandria State VA Zip Code 22307

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 ▼ **412.56**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91010

Amount of Each Receipt this Period **34.38**

SUBTOTAL of Receipts This Page (optional)..... ▶ **105.46**

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 125 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. RYAN J. CONNELLY
Full Name (Last, First, Middle Initial)

Mailing Address 2113 Shiver Drive

City Alexandria State VA Zip Code 22307

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 ▼ **448.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91361

Amount of Each Receipt this Period
35.49

B. THOMAS R. CONNELLY
Full Name (Last, First, Middle Initial)

Mailing Address 1364 Clinton Street

City Niles State OH Zip Code 44446

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 ▼ **205.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.93220

Amount of Each Receipt this Period
6.00

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

Mailing Address 6145 Chasewood Parkway Suite 206

City Hopkins State IN Zip Code 55343

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 ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92827

Amount of Each Receipt this Period
30.00

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 71.49 |
| 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 126 OF 688 |
| | <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. ALBERTA K. CONRAD
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 ▼
266.76

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 08 | | 2015 |

Transaction ID : SA11AI.92648

Amount of Each Receipt this Period
14.82

B. ALBERTA K. CONRAD
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 ▼
281.58

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 16 | | 2015 |

Transaction ID : SA11AI.92712

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 |
|----------------|-------------|-------------------|

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 ▼
327.08

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 02 | | 2015 |

Transaction ID : SA11AI.92552

Amount of Each Receipt this Period
19.24

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 48.88 |
| 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 127 OF 688
(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. 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 ▼ 346.32

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92573
 Amount of Each Receipt this Period 19.24

B. 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 ▼ 365.32

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92598
 Amount of Each Receipt this Period 19.00

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 ▼ 395.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91011
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.24
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 128 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <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. 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91362

Amount of Each Receipt this Period
 25.00

B. WENDY R. CONWAY
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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92159

Amount of Each Receipt this Period
 25.00

C. WENDY R. CONWAY
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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92258

Amount of Each Receipt this Period
 25.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 129 OF 688 |
| | <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. BARBARA COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 S. Walnut Street
 City West Chester State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation CUSTODIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11AI.93673
 Amount of Each Receipt this Period **40.00**

B. BARBARA COOPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 S. Walnut Street
 City West Chester State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation CUSTODIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.93674
 Amount of Each Receipt this Period **40.00**

C. MAL J. COREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3416 Frankfort Clarksburg Pike
 City Frankfort State OH Zip Code 45628
 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 **228.00**

Date of Receipt **09 / 08 / 2015**
Transaction ID : SA11AI.91801
 Amount of Each Receipt this Period **24.00**

SUBTOTAL of Receipts This Page (optional)..... **104.00**
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 130 OF 688 |
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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. MAL J. COREY
Full Name (Last, First, Middle Initial)

Mailing Address 3416 Frankfort Clarksburg Pike

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Frankfort | OH | 45628 |

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 ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.91996

Amount of Each Receipt this Period
 24.00

B. SHARON M. CORKIN
Full Name (Last, First, Middle Initial)

Mailing Address 4106 Terrace Street #5

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Oakland | CA | 94611 |

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

| | |
|--------------------------------|--------------------|
| Name of Employer | Occupation |
| AFSCME CA CN 57/EAST BAY PARKS | MAINTENANCE WORKER |

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
 09 / 23 / 2015
Transaction ID : SA11AI.93351

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 | State | Zip Code |
| Harrisburg | PA | 17102 |

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

| | |
|-----------------------------|----------------------|
| Name of Employer | Occupation |
| AFSCME PA CN 13/STATE OF PA | STAFF 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
 09 / 30 / 2015
Transaction ID : SA11AI.91568

Amount of Each Receipt this Period
 40.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 104.00 |
| 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 688 |
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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 | <input type="checkbox"/> 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 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 ▼ **930.75**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91012

Amount of Each Receipt this Period **54.75**

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 ▼ **985.50**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91363

Amount of Each Receipt this Period **54.75**

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

Mailing Address 27702 NE 73rd Avenue

City Battle Ground State WA Zip Code 98604

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 ▼ **340.00**

Date of Receipt **09 / 10 / 2015**
Transaction ID : SA11AI.92160

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **129.50**

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 132 OF 688
(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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92259
 Amount of Each Receipt this Period
 20.00

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 ▼
 594.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91772
 Amount of Each Receipt this Period
 72.00

C. ERIC B. CRANDALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7055 N Concord Blvd.
 City State Zip Code
 Portland OR 97217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OR CN 75 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
 09 / 30 / 2015
Transaction ID : SA11AI.93476
 Amount of Each Receipt this Period
 40.00

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: (check only one) | PAGE 133 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. KEMIE P. CRISP
Full Name (Last, First, Middle Initial)

Mailing Address 1613 E Capitol Avenue

City Springfield State IL Zip Code 62703

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.48

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93000

Amount of Each Receipt this Period 41.68

B. KEMIE P. CRISP
Full Name (Last, First, Middle Initial)

Mailing Address 1613 E Capitol Avenue

City Springfield State IL Zip Code 62703

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 271.16

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93050

Amount of Each Receipt this Period 41.68

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 ▼ 320.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92828

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.36

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 134 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 Hghts. 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 **340.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.92829
 Amount of Each Receipt this Period **20.00**

B. JENNY F. CROUCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6625 Buckley Circle #201
 City Inver Grove Hghts. 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 **360.00**

Date of Receipt **09 / 24 / 2015**
Transaction ID : SA11AI.92830
 Amount of Each Receipt this Period **20.00**

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 **930.75**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91013
 Amount of Each Receipt this Period **54.75**

SUBTOTAL of Receipts This Page (optional)..... **94.75**
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 135 OF 688 |
| | <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. JAMES B. CULLEN | | Date of Receipt |
| Mailing Address 126 Central Square Apt. 1 | | M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 |
| City Pittsburgh | State PA | Zip Code 15228 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11AI.91364 |
| Name of Employer AFSCME INT'L | | Amount of Each Receipt this Period |
| Occupation ASSISTANT TO REGIONAL DIRECTOR | | 54.75 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 985.50 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. PANSY F. CUNDIFF | | Date of Receipt |
| Mailing Address 330 Emerson Avenue | | M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2015 |
| City New Lebanon | State OH | Zip Code 44903 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11AI.92599 |
| Name of Employer AFSCME OH LOC 4/NEW LEBANON | | Amount of Each Receipt this Period |
| Occupation BUS DRIVER | | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 212.50 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. PANSY F. CUNDIFF | | Date of Receipt |
| Mailing Address 330 Emerson Avenue | | M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 |
| City New Lebanon | State OH | Zip Code 44903 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11AI.92630 |
| Name of Employer AFSCME OH LOC 4/NEW LEBANON | | Amount of Each Receipt this Period |
| Occupation BUS DRIVER | | 25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 237.50 | |

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 104.75 |
| 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 136 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **674.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91572

Amount of Each Receipt this Period
76.12

B. 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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92831

Amount of Each Receipt this Period
30.00

C. 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 ▼ **523.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92391

Amount of Each Receipt this Period
30.77

SUBTOTAL of Receipts This Page (optional)..... **136.89**

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 137 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 ▼ **553.86**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92445

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 ▼ **584.63**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92499

Amount of Each Receipt this Period **30.77**

C. JIM A. DAHLING
Full Name (Last, First, Middle Initial)

Mailing Address 66983 403rd Avenue

City Goodhue State MN Zip Code 55027

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 ▼ **627.20**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93569

Amount of Each Receipt this Period **73.80**

SUBTOTAL of Receipts This Page (optional)..... **135.34**

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

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

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|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 138 OF 688 |
| | (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. JIM A. DAHLING
Full Name (Last, First, Middle Initial)

Mailing Address 66983 403rd Avenue

City Goodhue State MN Zip Code 55027

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 ▼ **701.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.93590

Amount of Each Receipt this Period
73.80

B. 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 ▼ **486.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92832

Amount of Each Receipt this Period
54.00

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 ▼ **968.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.91573

Amount of Each Receipt this Period
103.18

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 230.98 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 A DANISON
Full Name (Last, First, Middle Initial)

Mailing Address 5 Heritage Place

City Ballston Spa State NY Zip Code 12020

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 ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91014

Amount of Each Receipt this Period
25.00

B. MARGARET A DANISON
Full Name (Last, First, Middle Initial)

Mailing Address 5 Heritage Place

City Ballston Spa State NY Zip Code 12020

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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91365

Amount of Each Receipt this Period
25.00

C. JAMES D. DANNEN
Full Name (Last, First, Middle Initial)

Mailing Address 12747 Renton Avenue S

City Seattle State WA Zip Code 98178

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 ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92260

Amount of Each Receipt this Period
42.00

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 140 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 DANNEN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7472

City Tacoma State WA Zip Code 98417

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 ▼ **396.00**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.92261

Amount of Each Receipt this Period **44.00**

B. KIMBERLY A. DAVANZO
Full Name (Last, First, Middle Initial)

Mailing Address 4901 New Castle Road

City Lowellville State OH Zip Code 44436

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 ▼ **716.46**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91575

Amount of Each Receipt this Period **80.54**

C. MATTHEW P. DAVENHALL
Full Name (Last, First, Middle Initial)

Mailing Address 7305 213th Place SW Apt. 104

City Edmonds State WA Zip Code 98026

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 ▼ **204.00**

Date of Receipt **09 / 10 / 2015**

Transaction ID : SA11AI.92161

Amount of Each Receipt this Period **12.00**

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: | PAGE 141 OF 688 |
| | (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. MATTHEW P. DAVENHALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7305 213th Place SW
 Apt. 104
 City Edmonds State WA Zip Code 98026
 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 ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92262
 Amount of Each Receipt this Period
 12.00

B. JOE C. DAVENPORT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3825 NE 125th Street
 City Seattle State WA Zip Code 98125
 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92371
 Amount of Each Receipt this Period
 20.00

C. JOE C. DAVENPORT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3825 NE 125th Street
 City Seattle State WA Zip Code 98125
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92372
 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 142 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **212.50**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93477

Amount of Each Receipt this Period **25.00**

B. 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 ▼ **454.94**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91576

Amount of Each Receipt this Period **51.14**

C. ABIGAIL K. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 1806 West Rice Street Apt. 2N

City Chicago State IL Zip Code 60622

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

Name of Employer AFSCME IL CN 31 Occupation ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **568.04**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.92922

Amount of Each Receipt this Period **71.74**

SUBTOTAL of Receipts This Page (optional)..... **147.88**

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 143 OF 688 |
| | (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. ABIGAIL K. DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1806 West Rice Street
 Apt. 2N
 City Chicago State IL Zip Code 60622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93051
 Amount of Each Receipt this Period
 72.58

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 ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92375
 Amount of Each Receipt this Period
 20.00

C. 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92263
 Amount of Each Receipt this Period
 40.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 132.58 |
| 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 144 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. MALINDA S. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Strecker Road

City State Zip Code
Monroeville OH 44847

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 ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015
Transaction ID : SA11AI.91878

Amount of Each Receipt this Period
15.00

B. MALINDA S. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Strecker Road

City State Zip Code
Monroeville OH 44847

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 ▼
285.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015
Transaction ID : SA11AI.91997

Amount of Each Receipt this Period
15.00

C. MARK R. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 14724 Armin 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 ▼
821.24

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015
Transaction ID : SA11AI.93162

Amount of Each Receipt this Period
91.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.64

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 145 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **800.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.93163

Amount of Each Receipt this Period
89.34

B. TANYA DAVIS-PRYSOCK
Full Name (Last, First, Middle Initial)

Mailing Address 3451 Penfield 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 SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.91879

Amount of Each Receipt this Period
13.00

C. TANYA DAVIS-PRYSOCK
Full Name (Last, First, Middle Initial)

Mailing Address 3451 Penfield 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 SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.91998

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.34**

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 146 OF 688
(check only one)

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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
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|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

A. PRESTON DEBOER
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 ▼
208.38

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.92716

Amount of Each Receipt this Period
41.66

B. CHRISTOPHER DEHARTY
Full Name (Last, First, Middle Initial)
Mailing Address 2406 Myrtle Street

| | | |
|--------------------|-------------|-------------------|
| City Sioux City | State IA | Zip Code 51103 |
|--------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME IA CN 61/SIOUX | Occupation STAFF REPRESENTATIVE |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.92690

Amount of Each Receipt this Period
19.23

C. CHRISTOPHER DEHARTY
Full Name (Last, First, Middle Initial)
Mailing Address 2406 Myrtle Street

| | | |
|--------------------|-------------|-------------------|
| City Sioux City | State IA | Zip Code 51103 |
|--------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME IA CN 61/SIOUX | Occupation STAFF REPRESENTATIVE |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.68

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 09 | / | 2015 |

Transaction ID : SA11AI.92717

Amount of Each Receipt this Period
19.23

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 80.12 |
| 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 147 OF 688
(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 DEHARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2406 Myrtle Street
 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/SIOUX STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 326.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92805
 Amount of Each Receipt this Period
 19.23

B. EDGAR DEJESUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Ralph Street
 First Floor
 City State Zip Code
 Bergenfield NJ 07621-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L AREA ORGANIZING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1370.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91015
 Amount of Each Receipt this Period
 80.62

C. EDGAR DEJESUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Ralph Street
 First Floor
 City State Zip Code
 Bergenfield NJ 07621-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L AREA ORGANIZING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1451.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91366
 Amount of Each Receipt this Period
 80.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.47
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 148 OF 688 |
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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. 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 ▼ 913.02

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93550
 Amount of Each Receipt this Period 108.92

B. TAMMY DELP MARCINIAK
 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 ▼ 207.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92265
 Amount of Each Receipt this Period 11.50

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 ▼ 588.70

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93164
 Amount of Each Receipt this Period 65.70

SUBTOTAL of Receipts This Page (optional).....▶ 186.12
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 149 OF 688
(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 DENN
 Full Name (Last, First, Middle Initial)
 Mailing Address 347 Hudson Road
 City State Zip Code
 Sudbury MA 01776-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MA CN 93/CITY OF BOSTON STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 283.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93633
 Amount of Each Receipt this Period
 8.35

B. ROBERT DENN
 Full Name (Last, First, Middle Initial)
 Mailing Address 347 Hudson Road
 City State Zip Code
 Sudbury MA 01776-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MA CN 93/CITY OF BOSTON STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 292.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.93634
 Amount of Each Receipt this Period
 8.35

C. ROBERT DENN
 Full Name (Last, First, Middle Initial)
 Mailing Address 347 Hudson Road
 City State Zip Code
 Sudbury MA 01776-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MA CN 93/CITY OF BOSTON STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11AI.93635
 Amount of Each Receipt this Period
 8.35

SUBTOTAL of Receipts This Page (optional)..... ▶ 25.05
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 150 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 DENN

Mailing Address 347 Hudson Road

City State Zip Code
Sudbury MA 01776-0000

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

Name of Employer Occupation
AFSCME MA CN 93/CITY OF BOSTON STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **308.95**

Date of Receipt
09 / 25 / 2015

Transaction ID : SA11AI.93636

Amount of Each Receipt this Period
8.35

Full Name (Last, First, Middle Initial)
B. CHRISTIE J. DENNIS-SHERRARD

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 ▼ **1350.00**

Date of Receipt
09 / 08 / 2015

Transaction ID : SA11AI.92649

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
C. CHRISTIE J. DENNIS-SHERRARD

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 ▼ **1425.00**

Date of Receipt
09 / 16 / 2015

Transaction ID : SA11AI.92718

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **158.35**

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

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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. ERIN DERENZIS

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 ▼ **648.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93552

Amount of Each Receipt this Period
72.00

Full Name (Last, First, Middle Initial)
B. CONSTANCE DERR

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 ▼ **979.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11AI.93525

Amount of Each Receipt this Period
210.00

Full Name (Last, First, Middle Initial)
C. CONSTANCE DERR

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 ▼ **994.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.93526

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **297.00**

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 152 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="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 DERR

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 ▼ **1016.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : **SA11AI.93527**

Amount of Each Receipt this Period
22.00

Full Name (Last, First, Middle Initial)
B. JAMES WILLIAM DESMIDT

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : **SA11AI.92650**

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. JAMES WILLIAM DESMIDT

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 ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : **SA11AI.92719**

Amount of Each Receipt this Period
15.00

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 153 OF 688 |
| | <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. 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 ▼ 1192.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92266
 Amount of Each Receipt this Period
 120.00

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 ▼ 1206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91259
 Amount of Each Receipt this Period
 14.00

C. 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 ▼ 588.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93165
 Amount of Each Receipt this Period
 65.70

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 199.70 |
| 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 154 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 DEXTER | | | Date of Receipt |
| Mailing Address 501 Dennis Avenue | | | <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92924 |
| Bradley | IL | 60915 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="72.58"/> |
| Name of Employer | Occupation | | |
| AFSCME IL CN 31 | STAFF REPRESENTATIVE | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="580.64"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. JEFFREY DEXTER | | | Date of Receipt |
| Mailing Address 501 Dennis Avenue | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.93053 |
| Bradley | IL | 60915 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="72.58"/> |
| Name of Employer | Occupation | | |
| AFSCME IL CN 31 | STAFF REPRESENTATIVE | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="653.22"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. ANASTASIA L. DIBARTOLOMEO | | | Date of Receipt |
| Mailing Address 2033 Turnpike Road | | | <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.91580 |
| Elizabethtown | PA | 17022 | 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 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="252.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|---|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="205.16"/> |
| 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 155 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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. 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 ▼ 1700.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92833

Amount of Each Receipt this Period 170.00

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 ▼ 711.40

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91016

Amount of Each Receipt this Period 42.92

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 ▼ 754.32

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91367

Amount of Each Receipt this Period 42.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 255.84

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 156 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2697.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.92834
 Amount of Each Receipt this Period
244.00

B. 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 **480.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91581
 Amount of Each Receipt this Period
51.14

C. GREGORY D. DILLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Dillow Lane
 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 **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93001
 Amount of Each Receipt this Period
40.00

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 335.14 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 158 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ERIKA S. DINKEL-SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 715
 City Menomonie State WI Zip Code 54751
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.38

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.93510
 Amount of Each Receipt this Period 20.00

B. NORMAND P. DIONNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 15-2692 Aweoweo Street
 City Pahoa State HI Zip Code 96778
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.50

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93268
 Amount of Each Receipt this Period 25.00

C. LISA DIVITTORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 Executive Park Drive
 City Harrisburg State PA Zip Code 17111
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 564.24

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91582
 Amount of Each Receipt this Period 61.72

SUBTOTAL of Receipts This Page (optional).....▶ 106.72
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 159 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. KEVIN DOEING
Full Name (Last, First, Middle Initial)

Mailing Address 316 Quittie Park Drive

City Annville State PA Zip Code 17003

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 ▼ **792.51**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91583

Amount of Each Receipt this Period **86.68**

B. RANDY J. DOMINIC
Full Name (Last, First, Middle Initial)

Mailing Address 821 Painter Street

City Streator State IL Zip Code 61364

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 ▼ **567.20**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.92925

Amount of Each Receipt this Period **70.90**

C. RANDY J. DOMINIC
Full Name (Last, First, Middle Initial)

Mailing Address 821 Painter Street

City Streator State IL Zip Code 61364

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 ▼ **638.10**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93055

Amount of Each Receipt this Period **70.90**

SUBTOTAL of Receipts This Page (optional)..... **228.48**

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

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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. JUDITH DONALDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 48505 Highway 49
 City Annapolis State MO Zip Code 63620
 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 ▼ 225.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11AI.93632
 Amount of Each Receipt this Period 25.00

B. 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 ▼ 454.94

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91584
 Amount of Each Receipt this Period 51.14

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 ▼ 458.32

Date of Receipt 09 / 03 / 2015
Transaction ID : SA11AI.93645
 Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.38
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: PAGE 161 OF 688
(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 ▼ 477.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11AI.93657
 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 ▼ 491.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91260
 Amount of Each Receipt this Period
 14.00

C. STEVEN E. DORIS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 261
 City Clifton State IL Zip Code 60927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation NUSING ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93002
 Amount of Each Receipt this Period
 24.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.24
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 162 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 E. DORIS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 261

City Clifton State IL Zip Code 60927

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation NUSING ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93056

Amount of Each Receipt this Period **24.00**

B. SARA DORNER
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive Suite 800

City Chicago State IL Zip Code 60606

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 ▼ **507.92**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.92926

Amount of Each Receipt this Period **65.14**

C. SARA DORNER
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive Suite 800

City Chicago State IL Zip Code 60606

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 ▼ **573.06**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93057

Amount of Each Receipt this Period **65.14**

SUBTOTAL of Receipts This Page (optional)..... **154.28**

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 163 OF 688 |
| | <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. BRYAN DOSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1711 Norwood
 City Brainerd State MN Zip Code 56401-3846
 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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92835
 Amount of Each Receipt this Period
240.00

B. DANNY DOUGLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 Linn Hipsher Road
 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 STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **234.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91881
 Amount of Each Receipt this Period
13.00

C. DANNY DOUGLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 Linn Hipsher Road
 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 STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **247.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92000
 Amount of Each Receipt this Period
13.00

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 164 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 DOUGLAS
Full Name (Last, First, Middle Initial)

Mailing Address 2753 W Warren Boulevard

City Chicago State IL Zip Code 60612

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 ▼ **610.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.92927

Amount of Each Receipt this Period
76.26

B. RODNEY DOUGLAS
Full Name (Last, First, Middle Initial)

Mailing Address 2753 W Warren Boulevard

City Chicago State IL Zip Code 60612

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 ▼ **686.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93058

Amount of Each Receipt this Period
76.26

C. MARCIA M. DOUGLAS-BUMGARNER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 232

City Lyman State WA Zip Code 98263

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
09 / 10 / 2015

Transaction ID : SA11AI.92163

Amount of Each Receipt this Period
13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **165.52**

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

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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. MARCIA M. DOUGLAS-BUMGARNER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 232
 City Lyman State WA Zip Code 98263
 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 ▼ 234.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92267
 Amount of Each Receipt this Period 13.00

B. DAVID DOVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6930 S. Campbell
 City Chicago State IL Zip Code 60629
 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 ▼ 545.06

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92928
 Amount of Each Receipt this Period 68.92

C. DAVID DOVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6930 S. Campbell
 City Chicago State IL Zip Code 60629
 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 ▼ 615.96

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93059
 Amount of Each Receipt this Period 70.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.82
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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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

A. DENISE J. DOWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 Locust Street
 City Pennsylvania State PA Zip Code 19125
 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 ▼ 202.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : SA11AI.93658
 Amount of Each Receipt this Period
 9.62

B. KATHRYN I. DOZIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11200 Hiawatha Lane
 City Indian Head Par State IL Zip Code 60525
 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 ▼ 211.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93060
 Amount of Each Receipt this Period
 42.78

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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92393
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.40
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)
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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. 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 **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92447
 Amount of Each Receipt this Period
 20.00

B. 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 **380.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92501
 Amount of Each Receipt this Period
 20.00

C. LAURA E. DRAKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 S. Oak Park Avenue
 City Oak Park State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation SENIOR ORGANIZER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **588.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92930
 Amount of Each Receipt this Period
 73.58

SUBTOTAL of Receipts This Page (optional)..... **113.58**
TOTAL This Period (last page this line number only).....

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 168 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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 E. DRAKE
Full Name (Last, First, Middle Initial)

Mailing Address 238 S. Oak Park Avenue

City State Zip Code
Oak Park IL 60302

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

Name of Employer Occupation
AFSCME IL CN 31 SENIOR ORGANIZER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
662.22

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93061

Amount of Each Receipt this Period
73.58

B. DENISE DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 4251 Flintlock Lane

City State Zip Code
Westlake Village CA 91361

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
09 / 16 / 2015
Transaction ID : SA11AI.93371

Amount of Each Receipt this Period
25.00

C. ELAINE DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 4315 Preston Highway
Suite 101

City State Zip Code
Louisville KY 40213

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

Name of Employer Occupation
AFSCME KY CN 962 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
283.68

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11AI.93426

Amount of Each Receipt this Period
17.73

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.31

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 169 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ELAINE DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 4315 Preston Highway
Suite 101

City Louisville State KY Zip Code 40213

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 ▼ 301.41

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.93427

Amount of Each Receipt this Period
17.73

B. ELAINE DUNCAN
Full Name (Last, First, Middle Initial)

Mailing Address 4315 Preston Highway
Suite 101

City Louisville State KY Zip Code 40213

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 ▼ 319.14

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.93428

Amount of Each Receipt this Period
17.73

C. 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 ▼ 840.00

Date of Receipt
09 / 02 / 2015
Transaction ID : SA11AI.93553

Amount of Each Receipt this Period
94.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 129.46

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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 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. 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 ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92268
 Amount of Each Receipt this Period
 90.00

B. JANELL EARLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14720 SE Wanda Drive
 City Milwaukie State OR Zip Code 97267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75 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
 09 / 30 / 2015
Transaction ID : SA11AI.93478
 Amount of Each Receipt this Period
 30.00

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 ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91586
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 171 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LAURIE ECKELS
Full Name (Last, First, Middle Initial)

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **716.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91587

Amount of Each Receipt this Period
80.54

B. THOMAS EDSTROM
Full Name (Last, First, Middle Initial)

Mailing Address 4106 N. Sacramento

City Chicago State IL Zip Code 60618

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

Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **679.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92931

Amount of Each Receipt this Period
84.92

C. THOMAS EDSTROM
Full Name (Last, First, Middle Initial)

Mailing Address 4106 N. Sacramento

City Chicago State IL Zip Code 60618

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

Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **764.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93062

Amount of Each Receipt this Period
84.92

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.38**

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 172 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 A. EDWARDS
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/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **357.00**

Date of Receipt **09 / 10 / 2015**

Transaction ID : SA11AI.92164

Amount of Each Receipt this Period **21.00**

B. PATRICIA A. EDWARDS
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/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92269

Amount of Each Receipt this Period **21.00**

C. MEGAN E. EIERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 2250 Ne Flanders #8

City Portland State OR Zip Code 97232

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

Name of Employer AFSCME INT'L Occupation JOURNEY ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1405.76**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91019

Amount of Each Receipt this Period **84.28**

SUBTOTAL of Receipts This Page (optional)..... **126.28**

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

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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. MEGAN E. EIERMAN

Mailing Address 2250 Ne Flanders #8
City Portland State OR Zip Code 97232

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

Name of Employer: AFSCME INT'L Occupation: JOURNEY ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.76**

Date of Receipt: **09 / 21 / 2015**
Transaction ID : **SA11AI.91315**

Amount of Each Receipt this Period: **45.00**

Full Name (Last, First, Middle Initial)
B. MEGAN E. EIERMAN

Mailing Address 2250 Ne Flanders #8
City Portland State OR Zip Code 97232

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

Name of Employer: AFSCME INT'L Occupation: JOURNEY ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1535.04**

Date of Receipt: **09 / 30 / 2015**
Transaction ID : **SA11AI.91370**

Amount of Each Receipt this Period: **84.28**

Full Name (Last, First, Middle Initial)
C. RICKIE EILANDER

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 ▼ **362.00**

Date of Receipt: **09 / 15 / 2015**
Transaction ID : **SA11AI.92720**

Amount of Each Receipt this Period: **42.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **171.28**

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

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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. SUSAN R. ELLENBERGER
 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 ▼ 216.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92651
 Amount of Each Receipt this Period 12.00

B. SUSAN R. ELLENBERGER
 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 ▼ 228.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92721
 Amount of Each Receipt this Period 12.00

C. THOMAS D. ELLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address N60 W38448 Blackhawk Drive
 City Oconomowoc State WI Zip Code 53066
 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 ▼ 383.70

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91020
 Amount of Each Receipt this Period 36.37

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.37
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 175 OF 688 |
| | <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 D. ELLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address N60 W38448 Blackhawk Drive
 City Oconomowoc State WI Zip Code 53066
 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 ▼ 420.07

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91371
 Amount of Each Receipt this Period 36.37

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 ▼ 210.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91589
 Amount of Each Receipt this Period 10.00

C. ZAID M. 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 INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.10

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91021
 Amount of Each Receipt this Period 22.72

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 69.09 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 176 OF 688 |
| | <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. ZAID M. 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 INT'L Occupation ORGANIZER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **382.82**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91372
 Amount of Each Receipt this Period
22.72

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 **464.44**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91022
 Amount of Each Receipt this Period
27.32

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 **491.76**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91373
 Amount of Each Receipt this Period
27.32

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| SUBTOTAL of Receipts This Page (optional)..... | 77.36 |
| 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. LORI R. ELMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1763 North Cassady Avenue
 City Columbus State OH Zip Code 43219
 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 ▼ 589.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.91802
 Amount of Each Receipt this Period 62.00

B. LORI R. ELMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1763 North Cassady Avenue
 City Columbus State OH Zip Code 43219
 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 ▼ 651.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92001
 Amount of Each Receipt this Period 62.00

C. SUSAN K. EMSWILER
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 LaFayette Street
 City Lancaster State PA Zip Code 17603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/NSP/LOCAL 2540 Occupation HIGHER EDUCATION COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91779
 Amount of Each Receipt this Period 12.00

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 178 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ENGLISH
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Riverview Road

City Green Island State NY Zip Code 12183

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 ▼ **735.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91023

Amount of Each Receipt this Period
43.29

B. JOHN A. ENGLISH
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Riverview Road

City Green Island State NY Zip Code 12183

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 ▼ **779.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91374

Amount of Each Receipt this Period
43.29

C. ERIK ERATH
Full Name (Last, First, Middle Initial)

Mailing Address 11575 Sunshine Terrace

City Studio City State CA Zip Code 91604

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

Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **244.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.93373

Amount of Each Receipt this Period
20.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 106.58 |
| 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

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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. DARYL ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Parkridge Road
 City State Zip Code
 Mason City IA 50401
 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 ▼
 452.56

Date of Receipt
 09 / 15 / 2015
Transaction ID : SA11AI.92722
 Amount of Each Receipt this Period
 83.34

B. KORIE E. ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 31725 SE Dodge Park Blvd.
 City State Zip Code
 Gresham OR 97080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OR CN 75/STATE OF OR CASE MANAGER I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11AI.93480
 Amount of Each Receipt this Period
 15.00

C. KURT ERRICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 No. Smith Avenue
 Apt. #12
 City State Zip Code
 Saint Paul MN 55102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 BUSINESS MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 662.56

Date of Receipt
 09 / 15 / 2015
Transaction ID : SA11AI.92836
 Amount of Each Receipt this Period
 73.68

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.02
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

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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. 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 ▼ 295.62

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.91290
 Amount of Each Receipt this Period 32.89

B. 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 ▼ 674.34

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91591
 Amount of Each Receipt this Period 76.12

C. BRYAN EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4126 Russell Blvd.
 City St. Louis State MO Zip Code 63110
 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 ▼ 455.98

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92932
 Amount of Each Receipt this Period 65.14

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.15
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

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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. BRYAN EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4126 Russell Blvd.
 City State Zip Code
 St. Louis MO 63110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 521.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93063
 Amount of Each Receipt this Period
 65.14

B. MICHELLE R. EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10201 Galena Pointe Drive
 City State Zip Code
 Galena OH 43021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 STAFF ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 641.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93166
 Amount of Each Receipt this Period
 73.26

C. SUSAN E. EVERETTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Bella Via Avenue
 City State Zip Code
 Columbus OH 43231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 ACCOUNT CLERK
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 326.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92394
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.63
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

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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 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 ▼ 346.14

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92448
 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 ▼ 365.37

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92502
 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 ▼ 700.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92838
 Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional).....▶ 108.46
TOTAL This Period (last page this line number only).....▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 183 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼
207.72

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 01 | | 2015 |

Transaction ID : SA11AI.93239

Amount of Each Receipt this Period

| |
|-------|
| 11.54 |
|-------|

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 ▼
219.26

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 15 | | 2015 |

Transaction ID : SA11AI.93246

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 ▼
590.77

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 02 | | 2015 |

Transaction ID : SA11AI.92395

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 58.08 |
| 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 184 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **625.77**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92449

Amount of Each Receipt this Period **35.00**

B. 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 ▼ **660.77**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92503

Amount of Each Receipt this Period **35.00**

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 ▼ **2235.99**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91024

Amount of Each Receipt this Period **132.73**

SUBTOTAL of Receipts This Page (optional)..... **202.73**

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 185 OF 688 |
| | <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. 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 **2368.72**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91375
 Amount of Each Receipt this Period **132.73**

B. RICHARD M. FELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5480 Wisconsin Avenue Apt. 1017
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1009.29**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91026
 Amount of Each Receipt this Period **59.37**

C. RICHARD M. FELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5480 Wisconsin Avenue Apt. 1017
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1068.66**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91377
 Amount of Each Receipt this Period **59.37**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 251.47 |
| 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 186 OF 688 |
| <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. JACQUELINE M. FERGUSON-MIYAMOTO
 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 ▼ **375.03**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.93272
 Amount of Each Receipt this Period **41.67**

B. 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 ▼ **466.52**

Date of Receipt **09 / 09 / 2015**
Transaction ID : SA11AI.91595
 Amount of Each Receipt this Period **52.36**

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 ▼ **853.40**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91027
 Amount of Each Receipt this Period **50.20**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 144.23 |
| 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 187 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **903.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91378

Amount of Each Receipt this Period
50.20

B. KIP G. FIELDS
Full Name (Last, First, Middle Initial)

Mailing Address 275 E Vine Street

City Larue State OH Zip Code 43332

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

Name of Employer AFSCME OH LOC 4/OLENTANGY LSD Occupation CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.92624

Amount of Each Receipt this Period
20.84

C. KIP G. FIELDS
Full Name (Last, First, Middle Initial)

Mailing Address 275 E Vine Street

City Larue State OH Zip Code 43332

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

Name of Employer AFSCME OH LOC 4/OLENTANGY LSD Occupation CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.92625

Amount of Each Receipt this Period
20.84

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 91.88 |
| 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 188 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 J. FILAK Jr.
Full Name (Last, First, Middle Initial)

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 ▼ **800.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.93167

Amount of Each Receipt this Period
89.34

B. DAVID FILLMAN
Full Name (Last, First, Middle Initial)

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 ▼ **1528.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.91596

Amount of Each Receipt this Period
150.90

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

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 ▼ **1542.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91261

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **254.24**

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 189 OF 688
(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. GERALD FIRKUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 44935 Deerfield Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 388.66

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.92839
 Amount of Each Receipt this Period 22.00

B. GERALD FIRKUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 44935 Deerfield Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.40

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92840
 Amount of Each Receipt this Period 40.74

C. WYNN L. FISHER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 525
 City New Bradford State PA Zip Code 16140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13/NSP/LOCAL 2902 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91777
 Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.74
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 190 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **675.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92396

Amount of Each Receipt this Period
25.00

B. 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 ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92450

Amount of Each Receipt this Period
25.00

C. 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 ▼ **725.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92504

Amount of Each Receipt this Period
25.00

| | |
|--|--------------|
| 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 191 OF 688
(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 S. FOWLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7664 Hinton Avenue South
 Apt. #9
 City State Zip Code
 Cottage Grove MN 55016
 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 ▼
 535.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92841
 Amount of Each Receipt this Period
 59.52

B. TODD A. FOWLKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 N. Crafford
 City State Zip Code
 Bushnell IL 61422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31/STATE OF IL CORRECTIONAL OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 403.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93003
 Amount of Each Receipt this Period
 50.40

C. TODD A. FOWLKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 N. Crafford
 City State Zip Code
 Bushnell IL 61422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31/STATE OF IL CORRECTIONAL OFFICER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 428.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93064
 Amount of Each Receipt this Period
 25.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.12
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

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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. 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 ▼
 674.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91598
 Amount of Each Receipt this Period
 76.12

B. PATRICK D. FRANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2729 Nakookoo Street
 Suite 101
 City State Zip Code
 Honolulu HI 96826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME HI RET CHPT 152 RETIREE
 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
 09 / 10 / 2015
Transaction ID : SA11AI.93337
 Amount of Each Receipt this Period
 275.00

C. GARETH J. FRANK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2309 Parkway
 City State Zip Code
 Cheverly MD 20785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L/STATE STREET RETIREE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 705.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.91291
 Amount of Each Receipt this Period
 78.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 430.08
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

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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. REBECCA FRANKENOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 8041 Miami Avenue
 City State Zip Code
 Madeira OH 45243
 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 ▼
 314.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93168
 Amount of Each Receipt this Period
 52.42

B. DENNIS D. FRAZIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2677 Greenfield Drive
 City State Zip Code
 Zim 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.92842
 Amount of Each Receipt this Period
 15.00

C. DONALD I. FREES
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 West Oley Street
 City State Zip Code
 Allentown PA 19601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13/NSP/LOCAL 462 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
 09 / 09 / 2015
Transaction ID : SA11AI.91776
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.42
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 194 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **380.00**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93273

Amount of Each Receipt this Period **60.00**

B. SCOTT L. FREY
Full Name (Last, First, Middle Initial)

Mailing Address 618 S. Payne Street

City Alexandria State VA Zip Code 22314

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

Name of Employer AFSCME INT'L Occupation DIRECTOR, FEDERAL GOVERNMENT AFFAI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1751.63**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91028

Amount of Each Receipt this Period **114.11**

C. SCOTT L. FREY
Full Name (Last, First, Middle Initial)

Mailing Address 618 S. Payne Street

City Alexandria State VA Zip Code 22314

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

Name of Employer AFSCME INT'L Occupation DIRECTOR, FEDERAL GOVERNMENT AFFAI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1865.74**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91379

Amount of Each Receipt this Period **114.11**

SUBTOTAL of Receipts This Page (optional)..... **288.22**

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 195 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91778
 Amount of Each Receipt this Period
 50.00

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 ▼ 661.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91029
 Amount of Each Receipt this Period
 39.79

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 ▼ 701.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91380
 Amount of Each Receipt this Period
 39.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 129.58
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 196 OF 688
(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 ▼ 726.68

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92723
 Amount of Each Receipt this Period 83.34

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 ▼ 846.68

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.92724
 Amount of Each Receipt this Period 120.00

C. BRIAN FUITEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Mayfair Drive
 City Lincoln State IL Zip Code 62656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation DATA PROCESSING SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 655.68

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92933
 Amount of Each Receipt this Period 81.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.30
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 FUITEN
Full Name (Last, First, Middle Initial)
Mailing Address 445 Mayfair Drive
City Lincoln State IL Zip Code 62656
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IL CN 31 Occupation DATA PROCESSING SPECIALIST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **737.64**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.93065
Amount of Each Receipt this Period **81.96**

B. GAIL FUJIMOTO
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 **275.00**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.93274
Amount of Each Receipt this Period **25.00**

C. 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 **1111.38**

Date of Receipt **09 / 09 / 2015**
Transaction ID : SA11AI.91599
Amount of Each Receipt this Period **121.56**

SUBTOTAL of Receipts This Page (optional)..... **228.52**
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

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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. 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 ▼ 674.34

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91600
 Amount of Each Receipt this Period 76.12

B. PAUL H. GAMMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 47390 Acacia Trail
 City Stanchfield State MN Zip Code 55080
 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 ▼ 425.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92843
 Amount of Each Receipt this Period 40.00

C. DEBRA L. GARCIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 449 College Avenue
 City Richmond State IN Zip Code 47374
 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 ▼ 1088.06

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91030
 Amount of Each Receipt this Period 64.94

SUBTOTAL of Receipts This Page (optional)..... ▶ 181.06
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 199 OF 688 |
| | <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. DEBRA L. GARCIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 449 College Avenue
 City Richmond State IN Zip Code 47374
 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 **1153.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91381
 Amount of Each Receipt this Period **64.94**

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 **533.92**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91031
 Amount of Each Receipt this Period **34.08**

C. 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 **568.94**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91382
 Amount of Each Receipt this Period **35.02**

| | |
|---|---------------|
| 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: PAGE 200 OF 688
(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 A. GARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5621 Wigmore Drive
 City Columbus State OH Zip Code 43235
 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 ▼ 475.10

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93169
 Amount of Each Receipt this Period 53.02

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 ▼ 360.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.93647
 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 ▼ 380.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11AI.93659
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.02
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 201 OF 688
(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. GASS

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 ▼ **450.00**

Date of Receipt
09 / 08 / 2015

Transaction ID : SA11AI.92652

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. MICHAEL J. GASS

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 ▼ **475.00**

Date of Receipt
09 / 16 / 2015

Transaction ID : SA11AI.92725

Amount of Each Receipt this Period
25.00

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

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 ▼ **490.00**

Date of Receipt
09 / 21 / 2015

Transaction ID : SA11AI.92726

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**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 202 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **515.00**

Date of Receipt **09 / 21 / 2015**

Transaction ID : SA11AI.92727

Amount of Each Receipt this Period **25.00**

B. 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 ▼ **330.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91601

Amount of Each Receipt this Period **36.00**

C. 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 ▼ **306.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91882

Amount of Each Receipt this Period **17.00**

SUBTOTAL of Receipts This Page (optional)..... **78.00**

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 203 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 ▼ **323.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.92003

Amount of Each Receipt this Period **17.00**

B. ROBERT C. GEHLBACH
Full Name (Last, First, Middle Initial)

Mailing Address 3999 Rauch Street

City Harrisburg State PA Zip Code 17109

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 ▼ **236.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91602

Amount of Each Receipt this Period **40.00**

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 ▼ **740.12**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91603

Amount of Each Receipt this Period **83.20**

SUBTOTAL of Receipts This Page (optional)..... **140.20**

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 204 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <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. KIMBERLY D. GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1099 Vine Street
 City Nanty Glo State PA Zip Code 15943
 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 **292.54**

Date of Receipt **09 / 09 / 2015**
Transaction ID : SA11AI.91604
 Amount of Each Receipt this Period **36.86**

B. CHRISTOPHER L. GEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7394 Timothy Street
 City North Ridgeville State OH Zip Code 44039
 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 **201.00**

Date of Receipt **09 / 04 / 2015**
Transaction ID : SA11AI.91883
 Amount of Each Receipt this Period **14.00**

C. CHRISTOPHER L. GEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7394 Timothy Street
 City North Ridgeville State OH Zip Code 44039
 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 **215.00**

Date of Receipt **09 / 18 / 2015**
Transaction ID : SA11AI.92004
 Amount of Each Receipt this Period **14.00**

SUBTOTAL of Receipts This Page (optional)..... **64.86**
TOTAL This Period (last page this line number only).....

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 205 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 674.34

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91605

Amount of Each Receipt this Period
76.12

B. 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 ▼ 425.00

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.92165

Amount of Each Receipt this Period
25.00

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 ▼ 450.00

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92272

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶ 126.12

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 206 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. DELLA L. GILES
Full Name (Last, First, Middle Initial)

Mailing Address 1265 Manchester Avenue

City Columbus State OH Zip Code 43211

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DATA ENTRY OPERATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91884

Amount of Each Receipt this Period **12.00**

B. DELLA L. GILES
Full Name (Last, First, Middle Initial)

Mailing Address 1265 Manchester Avenue

City Columbus State OH Zip Code 43211

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DATA ENTRY OPERATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.92005

Amount of Each Receipt this Period **12.00**

C. LENORA R. GILES
Full Name (Last, First, Middle Initial)

Mailing Address 40778 Boyd Road

City Wellsville State OH Zip Code 43968

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 ▼ **510.00**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.92397

Amount of Each Receipt this Period **30.00**

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

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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. LENORA R. GILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 40778 Boyd Road
 City Wellsville State OH Zip Code 43968
 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 ▼ 540.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92451
 Amount of Each Receipt this Period 30.00

B. LENORA R. GILES
 Full Name (Last, First, Middle Initial)
 Mailing Address 40778 Boyd Road
 City Wellsville State OH Zip Code 43968
 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 ▼ 570.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92505
 Amount of Each Receipt this Period 30.00

C. CARLA GILLESPIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Blair Street
 City Alton State IL Zip Code 62002
 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 ▼ 544.16

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92934
 Amount of Each Receipt this Period 68.02

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.02
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 208 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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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. CARLA GILLESPIE
Full Name (Last, First, Middle Initial)

Mailing Address 608 Blair Street

City Alton State IL Zip Code 62002

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 ▼ **612.18**

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93066

Amount of Each Receipt this Period
68.02

B. GARY L. GILLESPIE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1

City Eugene State OR Zip Code 97440

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93481

Amount of Each Receipt this Period
30.00

C. DOROTHY L. GILLIAM
Full Name (Last, First, Middle Initial)

Mailing Address 1216 Waterford Drive

City District Heights State MD Zip Code 20747

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 ▼ **806.20**

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91033

Amount of Each Receipt this Period
48.86

SUBTOTAL of Receipts This Page (optional)..... **146.88**

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 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <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. 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 ▼
855.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.91384

Amount of Each Receipt this Period
48.86

B. STEVE GIORGI
Full Name (Last, First, Middle Initial)

Mailing Address 8386 Gardenia Street

City State Zip Code
Virginia MN 55792

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

Name of Employer Occupation
AFSCME MN CN 65 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
789.69

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015
Transaction ID : SA11AI.93570

Amount of Each Receipt this Period
70.09

C. STEVE GIORGI
Full Name (Last, First, Middle Initial)

Mailing Address 8386 Gardenia Street

City State Zip Code
Virginia MN 55792

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

Name of Employer Occupation
AFSCME MN CN 65 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015
Transaction ID : SA11AI.93591

Amount of Each Receipt this Period
20.81

SUBTOTAL of Receipts This Page (optional)..... ▶ 139.76

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: PAGE 210 OF 688
(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. 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 ▼ 900.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.91292
 Amount of Each Receipt this Period 100.00

B. MARTHA E. GLOTZHOBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 W Campbell Avenue
 City Rantoul State IL Zip Code 61866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE MANGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.90

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93004
 Amount of Each Receipt this Period 20.85

C. MARTHA E. GLOTZHOBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 W Campbell Avenue
 City Rantoul State IL Zip Code 61866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE MANGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.60

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93067
 Amount of Each Receipt this Period 41.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 162.55
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: PAGE 211 OF 688
(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 ▼ 832.50

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93554
 Amount of Each Receipt this Period 92.50

B. 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 ▼ 959.36

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.93517
 Amount of Each Receipt this Period 105.92

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 ▼ 973.36

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91262
 Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 212.42
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 213 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **789.26**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92506

Amount of Each Receipt this Period
41.54

B. PHILLIP C. GOODMAN
Full Name (Last, First, Middle Initial)

Mailing Address 10 Lakeview Road

City Taylorville State IL Zip Code 62568

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 ▼ **525.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.92935

Amount of Each Receipt this Period
65.72

C. PHILLIP C. GOODMAN
Full Name (Last, First, Middle Initial)

Mailing Address 10 Lakeview Road

City Taylorville State IL Zip Code 62568

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 ▼ **591.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93068

Amount of Each Receipt this Period
65.72

SUBTOTAL of Receipts This Page (optional)..... **172.98**

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

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(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. ANISSIA GOODWIN
 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 ▼
 627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.91804
 Amount of Each Receipt this Period
 66.00

B. ANISSIA GOODWIN
 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 ▼
 693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92006
 Amount of Each Receipt this Period
 66.00

C. PATRICIA GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Chesbrough Road
 City State Zip Code
 West Roxbury MA 02132-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD OFFICE ASSISTANT II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 458.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91035
 Amount of Each Receipt this Period
 26.95

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.95
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 215 OF 688
(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. 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 ▼ 485.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91386
 Amount of Each Receipt this Period
 26.95

B. 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 ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92275
 Amount of Each Receipt this Period
 80.00

C. SHERRYL GORDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2930 South Broad Street
 City Trenton State NJ Zip Code 08610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 1 Occupation EXECUTIVE DIRECTOR
 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
 09 / 11 / 2015
Transaction ID : SA11AI.93453
 Amount of Each Receipt this Period
 78.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.15
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 216 OF 688 |
| <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. 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 ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91885

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 ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92007

Amount of Each Receipt this Period 15.00

C. GARY C. GORSKI
Full Name (Last, First, Middle Initial)

Mailing Address 730 11th Street NE Apt. 402

City Washington State DC Zip Code 20002

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

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91036

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 217 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 C. GORSKI
Full Name (Last, First, Middle Initial)

Mailing Address 730 11th Street NE
Apt. 402

City Washington State DC Zip Code 20002

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

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.92**

Date of Receipt
09 / 30 / 2015

Transaction ID : SA11AI.91387

Amount of Each Receipt this Period
30.92

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 ▼ **590.00**

Date of Receipt
09 / 15 / 2015

Transaction ID : SA11AI.91037

Amount of Each Receipt this Period
35.00

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 ▼ **625.00**

Date of Receipt
09 / 30 / 2015

Transaction ID : SA11AI.91388

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... **100.92**

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 218 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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. JOHN S. GRABEL | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2015 Transaction ID : SA11AI.91038 | | |
| Mailing Address 563 Park Lane | | | Amount of Each Receipt this Period 45.15 | | |
| 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 | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 766.35 | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. JOHN S. GRABEL | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 Transaction ID : SA11AI.91389 | | |
| Mailing Address 563 Park Lane | | | Amount of Each Receipt this Period 45.15 | | |
| 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 | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 811.50 | | | |

| | | | | | |
|---|-------------|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. KERRY GRABER | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2015 Transaction ID : SA11AI.92166 | | |
| 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 | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 280.50 | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 106.80 |
| 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 219 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 297.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92276

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 ▼ 978.73

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91039

Amount of Each Receipt this Period 57.79

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 ▼ 1036.52

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91390

Amount of Each Receipt this Period 57.79

SUBTOTAL of Receipts This Page (optional).....▶ 132.08

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 220 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 ▼ **653.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.92553

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 ▼ **692.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92574

Amount of Each Receipt this Period
38.47

C. 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 ▼ **730.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92575

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional)..... **115.41**

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 221 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **769.40**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92600

Amount of Each Receipt this Period **38.47**

B. 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 ▼ **976.68**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93170

Amount of Each Receipt this Period **109.00**

C. 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 ▼ **614.65**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.92844

Amount of Each Receipt this Period **72.73**

SUBTOTAL of Receipts This Page (optional)..... **220.20**

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 222 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. FRANKLIN GREENE
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Darcey Lane

| | | |
|---------------|-------------|------------------------|
| City Flint | State MI | Zip Code 48506-5001 |
|---------------|-------------|------------------------|

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 ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.91293

Amount of Each Receipt this Period
25.00

B. 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 ▼
1452.48

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91041

Amount of Each Receipt this Period
85.44

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 ▼
1537.92

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91392

Amount of Each Receipt this Period
85.44

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 195.88 |
| 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 223 OF 688 |
| <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. CHRIS GRIFFIN
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 ▼ 496.40

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92399

Amount of Each Receipt this Period 29.20

B. CHRIS GRIFFIN
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 ▼ 525.60

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92453

Amount of Each Receipt this Period 29.20

C. CHRIS GRIFFIN
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 ▼ 554.80

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92507

Amount of Each Receipt this Period 29.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.60

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 224 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **666.06**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91042

Amount of Each Receipt this Period **39.18**

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 ▼ **705.24**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91393

Amount of Each Receipt this Period **39.18**

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 ▼ **252.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91886

Amount of Each Receipt this Period **14.00**

SUBTOTAL of Receipts This Page (optional)..... **92.36**

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: | PAGE 225 OF 688 |
| | (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. 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 ▼
266.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92008

Amount of Each Receipt this Period
14.00

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 ▼
378.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.92277

Amount of Each Receipt this Period
42.00

C. SUZANNE L. GRIFFITH
Full Name (Last, First, Middle Initial)
Mailing Address 10 El Prado Court

| | | |
|------------------|-------------|-------------------|
| City Martinez | State CA | Zip Code 94553 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer AFSCME CA CN 57/SAN MATEO CNTY | Occupation STAFF REPRESENTATIVE |
|--|------------------------------------|

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 |
| 09 | / | 23 | / | 2015 |

Transaction ID : SA11AI.93353

Amount of Each Receipt this Period
21.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 77.00 |
| 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 226 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼
220.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91606

Amount of Each Receipt this Period
20.00

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 ▼
620.41

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91043

Amount of Each Receipt this Period
36.61

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 ▼
657.02

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91394

Amount of Each Receipt this Period
36.61

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.22

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 227 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 ▼ 404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91607

Amount of Each Receipt this Period
 48.08

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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93482

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 ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92728

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.08

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 228 OF 688
(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. SHAWN M. GRUBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1218 Adams Street
 City State Zip Code
 Lima OH 45801
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91887
 Amount of Each Receipt this Period
 15.00

B. SHAWN M. GRUBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1218 Adams Street
 City State Zip Code
 Lima OH 45801
 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 ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92009
 Amount of Each Receipt this Period
 15.00

C. 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 ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92845
 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 229 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 GUERTIN
Full Name (Last, First, Middle Initial)

Mailing Address 1053 Hatch Avenue

City St. Paul State MN Zip Code 55103

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

Name of Employer AFSCME MN CN 5/ST. PAUL CITY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92846

Amount of Each Receipt this Period **26.00**

B. ELENA GUILFOIL
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 ▼ **221.00**

Date of Receipt **09 / 10 / 2015**

Transaction ID : SA11AI.92167

Amount of Each Receipt this Period **13.00**

C. ELENA GUILFOIL
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 ▼ **234.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92278

Amount of Each Receipt this Period **13.00**

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 230 OF 688
(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. GREGG GUNTHER
 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 ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92168
 Amount of Each Receipt this Period
 14.00

B. GREGG GUNTHER
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92279
 Amount of Each Receipt this Period
 14.00

C. CAROL GUTHRIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 S San Gabriel Loop
 City Liberty Hill State TX Zip Code 78642-5747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME TX LOC 1624 Occupation UNION REPRESENTATIVE
 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
 09 / 09 / 2015
Transaction ID : SA11AI.93499
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 48.00
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 231 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 Liberty Hill State TX Zip Code 78642-5747

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

Name of Employer AFSCME TX LOC 1624 Occupation UNION REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11AI.93500

Amount of Each Receipt this Period 200.00

B. JOSEPH M. GUZYNSKI
Full Name (Last, First, Middle Initial)

Mailing Address 2543 Cornelia Trail Unit J

City Woodbury State MN Zip Code 55125

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 ▼ 2190.19

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91044

Amount of Each Receipt this Period 132.91

C. JOSEPH M. GUZYNSKI
Full Name (Last, First, Middle Initial)

Mailing Address 2543 Cornelia Trail Unit J

City Woodbury State MN Zip Code 55125

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 ▼ 2323.10

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91395

Amount of Each Receipt this Period 132.91

SUBTOTAL of Receipts This Page (optional)..... ▶ 285.82

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 232 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JON A. GWYNNE
Full Name (Last, First, Middle Initial)

Mailing Address 2052 Sherwood Lake Drive

City Schereville State IN Zip Code 46375

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 ▼ 436.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : SA11AI.92937

Amount of Each Receipt this Period
 54.50

B. JON A. GWYNNE
Full Name (Last, First, Middle Initial)

Mailing Address 2052 Sherwood Lake Drive

City Schereville State IN Zip Code 46375

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 ▼ 490.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.93070

Amount of Each Receipt this Period
 54.50

C. DONALD HAINES
Full Name (Last, First, Middle Initial)

Mailing Address 451 Walnut Street

City Columbia State PA Zip Code 17512

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 ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.91610

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 139.00

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 233 OF 688
(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. DERRYL HALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Cambridge Drive
 City Springboro State OH Zip Code 45066
 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 ▼ 490.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92400
 Amount of Each Receipt this Period
 28.85

B. DERRYL HALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Cambridge Drive
 City Springboro State OH Zip Code 45066
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92454
 Amount of Each Receipt this Period
 28.85

C. DERRYL HALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Cambridge Drive
 City Springboro State OH Zip Code 45066
 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 ▼ 548.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92508
 Amount of Each Receipt this Period
 28.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.55
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 234 OF 688 |
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| | <input type="checkbox"/> 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 H. HALLER
Full Name (Last, First, Middle Initial)

Mailing Address 2037 Burch Avenue

City State Zip Code
Lima OH 45801

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

Name of Employer Occupation
AFSCME OH LOC 4/LIMA CSD CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.16

Date of Receipt
09 / 02 / 2015
Transaction ID : SA11AI.92554

Amount of Each Receipt this Period
28.86

B. JAMES H. HALLER
Full Name (Last, First, Middle Initial)

Mailing Address 2037 Burch Avenue

City State Zip Code
Lima OH 45801

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

Name of Employer Occupation
AFSCME OH LOC 4/LIMA CSD CUSTODIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.40

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.92601

Amount of Each Receipt this Period
19.24

C. CINDY HALLSTROM
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

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 ▼
212.50

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.92169

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.60

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 235 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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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. CINDY HALLSTROM
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 ▼ 225.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92280

Amount of Each Receipt this Period 12.50

B. HELEN H. HAMADA
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Davenport Street
Unit A3

City Honolulu State HI Zip Code 96822

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 ▼ 225.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93278

Amount of Each Receipt this Period 25.00

C. MARK D. HAMILTON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6136

City Olympia State WA Zip Code 98507

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

Name of Employer AFSCME WA CN 28 Occupation STRATEGIC COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92281

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.50

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 236 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ANN HAMMEL
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 ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.92010

Amount of Each Receipt this Period
20.00

B. KEVIN S. HANES
Full Name (Last, First, Middle Initial)

Mailing Address 176 Thunderwood Drive

City Pittsburgh State PA Zip Code 15102

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

Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91045

Amount of Each Receipt this Period
34.46

C. KEVIN S. HANES
Full Name (Last, First, Middle Initial)

Mailing Address 176 Thunderwood Drive

City Pittsburgh State PA Zip Code 15102

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

Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91396

Amount of Each Receipt this Period
34.46

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 88.92 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 238 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **535.12**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.92847

Amount of Each Receipt this Period **59.52**

B. CLAUDIA HARDY
Full Name (Last, First, Middle Initial)

Mailing Address 1034 North 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/LOCAL Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 16 / 2015**

Transaction ID : SA11AI.93435

Amount of Each Receipt this Period **30.00**

C. GABRIEL HARGROVE
Full Name (Last, First, Middle Initial)

Mailing Address 4912 Woodlawn Avenue N

City Seattle State WA Zip Code 98013

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 ▼ **425.00**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.92283

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **114.52**

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 239 OF 688 |
| | <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. YVONNE J. HARGROVE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12832 Evansport Place
 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 I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 408.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91046
 Amount of Each Receipt this Period
 36.96

B. YVONNE J. HARGROVE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12832 Evansport Place
 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 I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91397
 Amount of Each Receipt this Period
 36.96

C. DAVID T. HARPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4427 Tacoma Avenue
 City Lorain State OH Zip Code 44055
 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 ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.91806
 Amount of Each Receipt this Period
 40.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 113.92 |
| 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 240 OF 688
(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. DAVID T. HARPER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4427 Tacoma Avenue
 City Lorain State OH Zip Code 44055
 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 ▼ 420.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92011
 Amount of Each Receipt this Period 40.00

B. 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 ▼ 900.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91263
 Amount of Each Receipt this Period 100.00

C. ANGELA HARRINGTON
 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 ▼ 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92012
 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 241 OF 688
(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 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 ▼ 525.99

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92401
 Amount of Each Receipt this Period 28.47

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 ▼ 554.46

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92455
 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 ▼ 582.93

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92509
 Amount of Each Receipt this Period 28.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.41
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 242 OF 688 |
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| <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. ROLAND G. HARRINGTON JR.
Full Name (Last, First, Middle Initial)

Mailing Address 1248 Bermuda Avenue

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 ▼ 209.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92013

Amount of Each Receipt this Period 11.00

B. DONTA HARRISON
Full Name (Last, First, Middle Initial)

Mailing Address 4855 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 ▼ 467.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.93400

Amount of Each Receipt this Period 84.00

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 ▼ 1664.30

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91048

Amount of Each Receipt this Period 97.90

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 243 OF 688 |
| | <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. 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 ▼ 1762.20

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91399
 Amount of Each Receipt this Period 97.90

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 ▼ 396.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91889
 Amount of Each Receipt this Period 22.00

C. 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 ▼ 418.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92014
 Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.90
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 244 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼
693.00

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91615

Amount of Each Receipt this Period
76.12

B. DAVID HASLETT
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 ▼
552.48

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91616

Amount of Each Receipt this Period
65.12

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 ▼
810.00

Date of Receipt
09 / 02 / 2015
Transaction ID : SA11AI.93555

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.24

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

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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. MARTIN R. HATHAWAY
 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 ▼ 205.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.92731
 Amount of Each Receipt this Period 15.00

B. JAMES HAUENSTEIN
 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 ▼ 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92015
 Amount of Each Receipt this Period 20.00

C. LEILANI HAUGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 W Linden 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/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92848
 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 246 OF 688 |
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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. BRITTANY HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 294 Main Street
P.O. Box 292

City Hanson State MA Zip Code 02341-0000

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

Name of Employer AFSCME MA CN 93/MEMBER Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.93637

Amount of Each Receipt this Period
25.00

B. BRITTANY HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 294 Main Street
P.O. Box 292

City Hanson State MA Zip Code 02341-0000

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

Name of Employer AFSCME MA CN 93/MEMBER Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11AI.93638

Amount of Each Receipt this Period
25.00

C. JANET L. HAYES
Full Name (Last, First, Middle Initial)

Mailing Address 1204 4th Avenue SE

City Puyallup State WA Zip Code 98372

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 ▼ 204.00

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.92171

Amount of Each Receipt this Period
12.00

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

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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. JANET L. HAYES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1204 4th Avenue SE
 City Puyallup State WA Zip Code 98372
 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 09 / 25 / 2015
Transaction ID : SA11AI.92284
 Amount of Each Receipt this Period 12.00

B. 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 ▼ 655.73

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91617
 Amount of Each Receipt this Period 71.72

C. 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 ▼ 450.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92654
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.72
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 248 OF 688 |
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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. 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 ▼ 475.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92733
 Amount of Each Receipt this Period 25.00

B. CYNTHIA L. HEEREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1507 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 STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92655
 Amount of Each Receipt this Period 12.00

C. CYNTHIA L. HEEREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1507 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 STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92735
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.00
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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 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 HELLMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10954 Slate Drive
 City Carlyle State IL Zip Code 62231
 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 ▼ 455.98

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92938
 Amount of Each Receipt this Period 65.14

B. RANDY HELLMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10954 Slate Drive
 City Carlyle State IL Zip Code 62231
 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 ▼ 521.12

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93071
 Amount of Each Receipt this Period 65.14

C. RENITA L. HELTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2025 W Galbraith Road Apt. E
 City Cincinnati State OH Zip Code 45239
 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 ▼ 288.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91890
 Amount of Each Receipt this Period 16.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 146.28
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 250 OF 688 |
| | (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. RENITA L. HELTON
Full Name (Last, First, Middle Initial)

Mailing Address 2025 W Galbraith Road
Apt. E

City Cincinnati State OH Zip Code 45239

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 ▼ 304.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11AI.92016

Amount of Each Receipt this Period
16.00

B. DAVID J. HENDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2040 Spring Valley Road

City Pittsburgh State PA Zip Code 15243-1422

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 ▼ 1081.44

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91618

Amount of Each Receipt this Period
121.56

C. DAVID J. HENDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2040 Spring Valley Road

City Pittsburgh State PA Zip Code 15243-1422

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 ▼ 1126.44

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11AI.91619

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.56

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

**SCHEDULE A (FEC Form 3X)
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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. 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 ▼ 288.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.92691
 Amount of Each Receipt this Period 16.00

B. 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 ▼ 304.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.92736
 Amount of Each Receipt this Period 16.00

C. 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 ▼ 484.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92849
 Amount of Each Receipt this Period 53.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.84
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

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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. 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 ▼ 506.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.92850
 Amount of Each Receipt this Period 22.00

B. WILMA HENDERSON
 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 ▼ 212.50

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92172
 Amount of Each Receipt this Period 12.50

C. WILMA HENDERSON
 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 ▼ 225.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92285
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 47.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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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

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 ▼ 428.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91049
 Amount of Each Receipt this Period
 5.00

B. 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 ▼ 433.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91400
 Amount of Each Receipt this Period
 5.00

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 ▼ 357.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92173
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 31.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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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. 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 ▼ 378.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92286
 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 ▼ 255.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92376
 Amount of Each Receipt this Period 15.00

C. 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 ▼ 270.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92377
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.00
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 255 OF 688 |
| | (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

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) A. JOHN HENSON | | | Date of Receipt |
| Mailing Address P. O. Box 88593 | | | <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92174 |
| Steilacoom | WA | 98388 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="12.50"/> |
| 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="212.50"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. JOHN HENSON | | | Date of Receipt |
| Mailing Address P. O. Box 88593 | | | <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92287 |
| Steilacoom | WA | 98388 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="12.50"/> |
| 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="225.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. ERIC D. HERTZOG | | | Date of Receipt |
| Mailing Address 141 174th Street E. | | | <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92175 |
| Spanaway | WA | 98387 | 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 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="510.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------------|
| 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 256 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **540.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92288

Amount of Each Receipt this Period **30.00**

B. KEITH HESS
Full Name (Last, First, Middle Initial)

Mailing Address 28302 Belletterre Avenue

City Moreno Valley State CA Zip Code 92555

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

Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **412.50**

Date of Receipt **09 / 10 / 2015**

Transaction ID : SA11AI.93374

Amount of Each Receipt this Period **25.00**

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 ▼ **540.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.93401

Amount of Each Receipt this Period **40.00**

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 257 OF 688
(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. 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 ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91264
 Amount of Each Receipt this Period
 20.00

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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92576
 Amount of Each Receipt this Period
 30.00

C. 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 ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92577
 Amount of Each Receipt this Period
 30.00

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 258 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 540.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92602

Amount of Each Receipt this Period 30.00

B. JANICE A. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 1718 P Street NW #302

City Washington State DC Zip Code 20036

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

Name of Employer AFSCME INT'L Occupation ACCOUNTING CLERK II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91051

Amount of Each Receipt this Period 15.00

C. JANICE A. HILL
Full Name (Last, First, Middle Initial)

Mailing Address 1718 P Street NW #302

City Washington State DC Zip Code 20036

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

Name of Employer AFSCME INT'L Occupation ACCOUNTING CLERK II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91402

Amount of Each Receipt this Period 15.00

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 259 OF 688
(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. KEVIN E. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 541 Coconut Street
 City State Zip Code
 Satellite Beach FL 32937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD COORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 967.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91052
 Amount of Each Receipt this Period
 58.09

B. KEVIN E. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 541 Coconut Street
 City State Zip Code
 Satellite Beach FL 32937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD COORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1025.47

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91403
 Amount of Each Receipt this Period
 58.09

C. LORRAINE C. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 18412 W Buckboard Avenue
 City State Zip Code
 Medical Lake WA 99022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/COMM COLLEGE STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92176
 Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.18
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 260 OF 688 |
| | <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. LORRAINE C. HILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 18412 W Buckboard Avenue
 City Medical Lake State WA Zip Code 99022
 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 ▼ 216.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92289
 Amount of Each Receipt this Period 12.00

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 ▼ 316.96

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91265
 Amount of Each Receipt this Period 14.00

C. 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 ▼ 480.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92578
 Amount of Each Receipt this Period 30.00

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 261 OF 688
(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 ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92579
 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 ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92603
 Amount of Each Receipt this Period
 30.00

C. SHARON L HILLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 Cutlip Drive
 City Columbus State OH Zip Code 43085
 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
 09 / 25 / 2015
Transaction ID : SA11AI.92017
 Amount of Each Receipt this Period
 20.00

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 262 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **212.50**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93483

Amount of Each Receipt this Period **25.00**

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 ▼ **360.00**

Date of Receipt **09 / 08 / 2015**

Transaction ID : SA11AI.92656

Amount of Each Receipt this Period **20.00**

C. 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 ▼ **380.00**

Date of Receipt **09 / 16 / 2015**

Transaction ID : SA11AI.92737

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: (check only one) | PAGE 263 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. SEAN HINGA | | Date of Receipt |
| Mailing Address 3137 Fulton Street | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Denver | CO | 80238 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91053 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME INT'L | POLITICAL ACTION REPRESENTATIVE III | <input type="text" value="67.59"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1134.79"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. SEAN HINGA | | Date of Receipt |
| Mailing Address 3137 Fulton Street | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Denver | CO | 80238 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91404 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME INT'L | POLITICAL ACTION REPRESENTATIVE III | <input type="text" value="67.59"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1202.38"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. TYRONE HIPPS | | Date of Receipt |
| Mailing Address 6800 N High Street | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Worthington | OH | 43085 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.93247 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME OH CN 8/METROHEALTH | STAFF REPRESENTATIVE | <input type="text" value="9.62"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="202.02"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="144.80"/> |
| 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 264 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **837.24**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91054

Amount of Each Receipt this Period **49.56**

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 ▼ **886.80**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91405

Amount of Each Receipt this Period **49.56**

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 ▼ **570.15**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91055

Amount of Each Receipt this Period **35.33**

SUBTOTAL of Receipts This Page (optional)..... **134.45**

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 265 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼
605.48

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91406

Amount of Each Receipt this Period
35.33

B. BENJAMIN J. HODAPP
Full Name (Last, First, Middle Initial)

Mailing Address 3828 Georgia Avenue NW #218

City State Zip Code
Washington DC 20011

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

Name of Employer Occupation
AFSCME INT'L RETIREE FIELD MANAGER

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
09 / 30 / 2015

Transaction ID : SA11AI.91407

Amount of Each Receipt this Period
37.50

C. 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 ▼
816.38

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.91624

Amount of Each Receipt this Period
99.78

SUBTOTAL of Receipts This Page (optional)..... ▶ **172.61**

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: (check only one) | PAGE 266 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **558.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.92177

Amount of Each Receipt this Period
42.00

B. 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 ▼ **600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.92290

Amount of Each Receipt this Period
42.00

C. MARY J. HOGAN
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 65262

City State Zip Code
Tacoma WA 98464

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

Name of Employer Occupation
AFSCME WA CN 28/STATE OF WA LPN I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.92178

Amount of Each Receipt this Period
15.00

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: PAGE 267 OF 688
(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 J. HOGAN

Mailing Address P.O. Box 65262

City State Zip Code
 Tacoma WA 98464

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

Name of Employer Occupation
 AFSCME WA CN 28/STATE OF WA LPN I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.92291

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. JENNIFER E. HOHMAN

Mailing Address 1710 Shadyside Drive

City State Zip Code
 Edgewater MD 21037

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

Name of Employer Occupation
 AFSCME INT'L ASSISTANT DIRECTOR, BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 729.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : SA11AI.91057

Amount of Each Receipt this Period
 42.92

Full Name (Last, First, Middle Initial)
C. JENNIFER E. HOHMAN

Mailing Address 1710 Shadyside Drive

City State Zip Code
 Edgewater MD 21037

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

Name of Employer Occupation
 AFSCME INT'L ASSISTANT DIRECTOR, BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 772.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.91408

Amount of Each Receipt this Period
 42.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.84

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 268 OF 688
(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. 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 ▼ 333.36

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92604
 Amount of Each Receipt this Period 41.67

B. 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 ▼ 388.78

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91058
 Amount of Each Receipt this Period 23.34

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 ▼ 412.12

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91409
 Amount of Each Receipt this Period 23.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.35
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 269 OF 688 |
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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. FRANCES A. HOLT
Full Name (Last, First, Middle Initial)

Mailing Address 1508 Missouri Avenue N.W.

City Washington State DC Zip Code 20011

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

Name of Employer AFSCME DC CN 300 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
09 / 16 / 2015

Transaction ID : SA11AI.93420

Amount of Each Receipt this Period
25.00

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 ▼ **1460.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92739

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 ▼ **1530.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91266

Amount of Each Receipt this Period
70.00

| | |
|--|---------------|
| 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 270 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 F. HOMER
Full Name (Last, First, Middle Initial)

Mailing Address 500 N Lexington-Springmill Road #50

City Ontario State OH Zip Code 44906

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 ▼ 209.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92018

Amount of Each Receipt this Period 11.00

B. FRANCINE W. HONDA
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 ▼ 225.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93281

Amount of Each Receipt this Period 25.00

C. CHRISTOPHER HOOSER
Full Name (Last, First, Middle Initial)

Mailing Address 615 South Second Street

City Decatur State IL Zip Code 62526

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 ▼ 567.20

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92939

Amount of Each Receipt this Period 70.90

SUBTOTAL of Receipts This Page (optional)..... ▶ 106.90

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 271 OF 688
(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 HOOSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 South Second Street
 City Decatur State IL Zip Code 62526
 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 ▼ **638.10**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.93072
 Amount of Each Receipt this Period **70.90**

B. JOHN D. HORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8615 Maineville Road
 City Maineville State OH Zip Code 45039
 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 ▼ **561.00**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.92402
 Amount of Each Receipt this Period **33.00**

C. JOHN D. HORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8615 Maineville Road
 City Maineville State OH Zip Code 45039
 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 ▼ **594.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.92456
 Amount of Each Receipt this Period **33.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **136.90**
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 272 OF 688
(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 D. HORN
 Full Name (Last, First, Middle Initial)
 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 ▼
 627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92510
 Amount of Each Receipt this Period
 33.00

B. TIMOTHY M. HOSHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 239
 City State Zip Code
 Coleraine MN 55722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 65 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 682.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93572
 Amount of Each Receipt this Period
 73.80

C. TIMOTHY M. HOSHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 239
 City State Zip Code
 Coleraine MN 55722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 65 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 756.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.93593
 Amount of Each Receipt this Period
 73.80

SUBTOTAL of Receipts This Page (optional).....▶ 180.60
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 273 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 R. HOSKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8306 James Street
 City State Zip Code
 Upper Marlboro MD 20772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L AFFILIATE RELATIONS COORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 728.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91059
 Amount of Each Receipt this Period
 42.85

B. CHRISTINE R. HOSKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8306 James Street
 City State Zip Code
 Upper Marlboro MD 20772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L AFFILIATE RELATIONS COORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 771.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91410
 Amount of Each Receipt this Period
 42.85

C. DENNIS HOULIHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1744 Church Street NW
 City State Zip Code
 Washington DC 20036
 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 ▼
 853.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91060
 Amount of Each Receipt this Period
 50.20

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 135.90 |
| 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 274 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 HOULIHAN
Full Name (Last, First, Middle Initial)

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 ▼ **903.60**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91411

Amount of Each Receipt this Period **50.20**

B. BRITTNEY HOWARD
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 ▼ **500.26**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93171

Amount of Each Receipt this Period **56.02**

C. JAMES E. HOWELL
Full Name (Last, First, Middle Initial)

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 ▼ **1196.39**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91061

Amount of Each Receipt this Period **72.07**

SUBTOTAL of Receipts This Page (optional)..... **178.29**

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 275 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 E. HOWELL
Full Name (Last, First, Middle Initial)

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 ▼ 1268.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91412

Amount of Each Receipt this Period
 72.07

B. TINA M. HOWELL
Full Name (Last, First, Middle Initial)

Mailing Address 6662 Fairway Circle

City Windsor State WI Zip Code 53598

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 ▼ 219.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91062

Amount of Each Receipt this Period
 32.93

C. TINA M. HOWELL
Full Name (Last, First, Middle Initial)

Mailing Address 6662 Fairway Circle

City Windsor State WI Zip Code 53598

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 ▼ 252.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91413

Amount of Each Receipt this Period
 32.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 137.93

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 276 OF 688 |
| | <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. MELANIE S. HOYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2331
 City Springfield State IL Zip Code 62705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ADMIN ASSISTANT I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 714.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93005
 Amount of Each Receipt this Period
 84.00

B. MELANIE S. HOYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2331
 City Springfield State IL Zip Code 62705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ADMIN ASSISTANT I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93074
 Amount of Each Receipt this Period
 84.00

C. ROBERT J. HUBBARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Pioneer Road
 City Weiser State ID Zip Code 83672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation SECURITY GUARD
 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
 09 / 30 / 2015
Transaction ID : SA11AI.93484
 Amount of Each Receipt this Period
 40.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 208.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 277 OF 688 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. REGINA G. HUDSON
 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 **204.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92179
 Amount of Each Receipt this Period
12.00

B. REGINA G. HUDSON
 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 **216.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92292
 Amount of Each Receipt this Period
12.00

C. RONALD HUDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 N Wacker
 City Chicago State IL Zip Code 60606
 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 **577.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92941
 Amount of Each Receipt this Period
73.08

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | 97.08 |
| TOTAL This Period (last page this line number only)..... | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 278 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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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. RONALD HUDSON
Full Name (Last, First, Middle Initial)

Mailing Address 29 N Wacker

City Chicago State IL Zip Code 60606

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 ▼ **650.09**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93075

Amount of Each Receipt this Period
73.08

B. ELIZABETH K. HUFFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 7429 Inman Ave South

City Cottage Grove State MN Zip Code 55016

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

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **341.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91063

Amount of Each Receipt this Period
20.57

C. ELIZABETH K. HUFFMAN
Full Name (Last, First, Middle Initial)

Mailing Address 7429 Inman Ave South

City Cottage Grove State MN Zip Code 55016

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

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **362.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91414

Amount of Each Receipt this Period
20.57

SUBTOTAL of Receipts This Page (optional)..... **114.22**

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 279 OF 688
(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 ASSIST. DIRECTOR, ORGANIZNG & FLD SVI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 726.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91064
 Amount of Each Receipt this Period
 40.66

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 ASSIST. DIRECTOR, ORGANIZNG & FLD SVI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 766.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91415
 Amount of Each Receipt this Period
 40.66

C. FRANK P. HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 5932 Chicken Bristle
 City Rochester State IL Zip Code 62563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMINISTRATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93006
 Amount of Each Receipt this Period
 44.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.32
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 280 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. FRANK P. HUGHES
Full Name (Last, First, Middle Initial)

Mailing Address 5932 Chicken Bristle

City Rochester State IL Zip Code 62563

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93076

Amount of Each Receipt this Period 44.00

B. 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 ▼ 258.36

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.93429

Amount of Each Receipt this Period 25.00

C. CHUNG N. HUI
Full Name (Last, First, Middle Initial)

Mailing Address 12235 Cypress Spring Road

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 824.24

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91065

Amount of Each Receipt this Period 48.87

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.87

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: (check only one) | PAGE 281 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 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. CHUNG N. HUI
Full Name (Last, First, Middle Initial)

Mailing Address 12235 Cypress Spring Road

| | | |
|--------------------|-------------|-------------------|
| 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.11**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2015 |

Transaction ID : SA11AI.91416

Amount of Each Receipt this Period

| | | |
|----|---|----|
| 88 | . | 87 |
|----|---|----|

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 ▼ **288.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 04 | | 2015 |

Transaction ID : SA11AI.91892

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 ▼ **304.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 18 | | 2015 |

Transaction ID : SA11AI.92019

Amount of Each Receipt this Period

| | | |
|----|---|----|
| 16 | . | 00 |
|----|---|----|

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| SUBTOTAL of Receipts This Page (optional).....▶ | 80.87 |
| 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 282 OF 688
(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. DIANNE M. HURLEY
 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 ▼ 496.70

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93557
 Amount of Each Receipt this Period 60.00

B. WILLIAM S. HURLOW
 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 ▼ 383.44

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92555
 Amount of Each Receipt this Period 20.84

C. WILLIAM S. HURLOW
 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 ▼ 404.28

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92556
 Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional).....▶ 101.68
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 283 OF 688 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 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 ▼ 425.12

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92580

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 ▼ 445.96

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92605

Amount of Each Receipt this Period 20.84

C. NANCY J. IANSON
Full Name (Last, First, Middle Initial)

Mailing Address 16 Plitt Avenue

City Farmingdale State NY Zip Code 11735

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 ▼ 202.02

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.93660

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 51.30

TOTAL This Period (last page this line 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 284 OF 688
(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. CARLA INSINGA-MINSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4287 South Carolina Drive
 City State Zip Code
 Blue Ridge PA 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 ORGANIZING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 943.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91629
 Amount of Each Receipt this Period
 103.18

B. ANNE IRVING
 Full Name (Last, First, Middle Initial)
 Mailing Address 5243 N. Lind Avenue
 City State Zip Code
 Chicago IL 60630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 DIRECTOR OF PUBLIC POLICY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 647.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92942
 Amount of Each Receipt this Period
 80.96

C. ANNE IRVING
 Full Name (Last, First, Middle Initial)
 Mailing Address 5243 N. Lind Avenue
 City State Zip Code
 Chicago IL 60630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 DIRECTOR OF PUBLIC POLICY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 728.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93077
 Amount of Each Receipt this Period
 80.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 265.10
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 285 OF 688 |
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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 |
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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 ▼ **331.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.91630

Amount of Each Receipt this Period
36.86

B. RUSSELL H. IRWIN
Full Name (Last, First, Middle Initial)

Mailing Address 952 N. 1st Street

City Springfield State IL Zip Code 62702

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ENVIRONMENTALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.93007

Amount of Each Receipt this Period
50.00

C. RUSSELL H. IRWIN
Full Name (Last, First, Middle Initial)

Mailing Address 952 N. 1st Street

City Springfield State IL Zip Code 62702

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ENVIRONMENTALIST

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
09 / 30 / 2015

Transaction ID : SA11AI.93078

Amount of Each Receipt this Period
50.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 136.86 |
| 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 286 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **753.61**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91066

Amount of Each Receipt this Period

| |
|-------|
| 44.33 |
|-------|

B. 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 ▼ **797.94**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91417

Amount of Each Receipt this Period

| |
|-------|
| 44.33 |
|-------|

C. GINA M. ISON
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 ▼ **210.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2015 |

Transaction ID : SA11AI.92020

Amount of Each Receipt this Period

| |
|-------|
| 20.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 108.66 |
| 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 287 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼
588.54

Date of Receipt
09 / 02 / 2015
Transaction ID : SA11AI.92403

Amount of Each Receipt this Period
34.62

B. 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 ▼
623.16

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.92457

Amount of Each Receipt this Period
34.62

C. 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 ▼
657.78

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.92511

Amount of Each Receipt this Period
34.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.86

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 288 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. MARQUETTA L. JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 21 Elana Avenue

City Gahanna State OH Zip Code 43230

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMMUNITY DEVELOPMENT CORD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
09 / 04 / 2015
Transaction ID : SA11AI.91893

Amount of Each Receipt this Period
15.00

B. MARQUETTA L. JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 21 Elana Avenue

City Gahanna State OH Zip Code 43230

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMMUNITY DEVELOPMENT CORD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11AI.92021

Amount of Each Receipt this Period
15.00

C. ANDREW J. JACOBS
Full Name (Last, First, Middle Initial)

Mailing Address 700 N. Alameda Street #2-219

City Los Angeles State CA Zip Code 90012

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

Name of Employer AFSCME CA LOC 1001 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.93366

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 289 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 J. JACOBS
Full Name (Last, First, Middle Initial)

Mailing Address 700 N. Alameda Street
#2-219

City Los Angeles State CA Zip Code 90012

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

Name of Employer AFSCME CA LOC 1001 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
09 / 23 / 2015
Transaction ID : SA11AI.93367

Amount of Each Receipt this Period
30.00

B. ERIC JACOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

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 ▼ 398.23

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.92854

Amount of Each Receipt this Period
44.44

C. DEMANUS JAMES
Full Name (Last, First, Middle Initial)

Mailing Address 2201 Broadway Street

City Oakland State CA Zip Code 94612

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 ▼ 209.00

Date of Receipt
09 / 24 / 2015
Transaction ID : SA11AI.93384

Amount of Each Receipt this Period
28.50

SUBTOTAL of Receipts This Page (optional).....▶ 102.94

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 290 OF 688 |
| | <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. 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 ▼ 674.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91632
 Amount of Each Receipt this Period
 76.12

B. JOCELYN JAMISON
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91633
 Amount of Each Receipt this Period
 28.00

C. DAVID JANZEN
 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/STATE OF MN 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 Y
 09 / 29 / 2015
Transaction ID : SA11AI.92855
 Amount of Each Receipt this Period
 20.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 124.12 |
| 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 291 OF 688
(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. ROGER W. JANZIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9313 Columbus Avenue S.
 City State Zip Code
 Bloomington MN 55420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE
 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
 09 / 29 / 2015
Transaction ID : SA11AI.92856
 Amount of Each Receipt this Period
 30.00

B. EDWIN S. JAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3304 Alabama Avenue
 City State Zip Code
 Alexandria VA 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSOCIATE DIRECTOR, FED GOV'T AFFAIR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1009.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91067
 Amount of Each Receipt this Period
 59.37

C. EDWIN S. JAYNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3304 Alabama Avenue
 City State Zip Code
 Alexandria VA 22305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSOCIATE DIRECTOR, FED GOV'T AFFAIR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1068.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91418
 Amount of Each Receipt this Period
 59.37

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.74
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: PAGE 292 OF 688
(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 JEANIE

Mailing Address 3533 Sterling Heights Drive
 Unit G

City State Zip Code
 River Falls MN 54022

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.92857

Amount of Each Receipt this Period
 45.00

Full Name (Last, First, Middle Initial)
B. ASHLEY N. JENKINS

Mailing Address 2109 Piney Branch Circle
 #270

City State Zip Code
 Hanover MD 21076

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

Name of Employer Occupation
 AFSCME INT'L FIELD COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 452.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : SA11AI.91068

Amount of Each Receipt this Period
 39.79

Full Name (Last, First, Middle Initial)
C. ASHLEY N. JENKINS

Mailing Address 2109 Piney Branch Circle
 #270

City State Zip Code
 Hanover MD 21076

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

Name of Employer Occupation
 AFSCME INT'L FIELD COORDINATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 492.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.91419

Amount of Each Receipt this Period
 39.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.58

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 293 OF 688
(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. 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 ▼ 1505.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91069
 Amount of Each Receipt this Period 90.30

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 ▼ 1520.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91316
 Amount of Each Receipt this Period 15.00

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 ▼ 1610.30

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91420
 Amount of Each Receipt this Period 90.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.60
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 294 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **486.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92742

Amount of Each Receipt this Period
54.00

B. LYNDIA JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 1649 Franklin Park S.

City Columbus State OH Zip Code 43205

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY

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
09 / 04 / 2015

Transaction ID : SA11AI.91894

Amount of Each Receipt this Period
12.00

C. LYNDIA JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 1649 Franklin Park S.

City Columbus State OH Zip Code 43205

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92022

Amount of Each Receipt this Period
12.00

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 78.00 |
| 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 295 OF 688 |
| | (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. 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 ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91895

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 ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92023

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 ▼ 936.82

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91070

Amount of Each Receipt this Period 61.52

SUBTOTAL of Receipts This Page (optional).....▶ 91.52

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 297 OF 688 |
| | <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. KIMBERLY K. 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/STATE OF MN Occupation STAFF 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
 09 / 30 / 2015
Transaction ID : SA11AI.92858
 Amount of Each Receipt this Period
 400.00

B. MARY K. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1918 Hitchcock
 City Downers Grove State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL RET CHPT 31 Occupation RETIREE
 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
 09 / 01 / 2015
Transaction ID : SA11AI.93143
 Amount of Each Receipt this Period
 25.00

C. SETH M. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 7th 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 ASSISTANT DIRECTOR, POLITICAL ACTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1861.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91071
 Amount of Each Receipt this Period
 109.49

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 174.49 |
| 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 298 OF 688 |
| | (check only one) |
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| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <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. SETH M. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 727 7th 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 ASSISTANT DIRECTOR, POLITICAL ACTION |
|----------------------------------|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1970.82

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91422

Amount of Each Receipt this Period
109.49

B. TERRA F. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 807 Nome Avenue

| | | |
|---------------|-------------|-------------------|
| City Akron | State OH | Zip Code 44320 |
|---------------|-------------|-------------------|

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

| | |
|--|----------------------------|
| Name of Employer AFSCME OH LOC 4/AKRON SUMMIT | Occupation TEACHER AIDE |
|--|----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.16

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92607

Amount of Each Receipt this Period
26.32

C. MELISSA K. JOHNSTON
Full Name (Last, First, Middle Initial)

Mailing Address 2633 Petzinger Road
Apt. H

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43209 |
|------------------|-------------|-------------------|

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

| | |
|--|---------------------------------|
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation ACCOUNT CLERK III |
|--|---------------------------------|

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 |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92024

Amount of Each Receipt this Period
10.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 145.81 |
| 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 299 OF 688
(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. 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 ▼
 362.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92558
 Amount of Each Receipt this Period
 20.83

B. 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 ▼
 383.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92559
 Amount of Each Receipt this Period
 20.83

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 ▼
 404.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92581
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
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 300 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **424.94**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92608

Amount of Each Receipt this Period
20.83

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 ▼ **900.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.91897

Amount of Each Receipt this Period
50.00

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 ▼ **950.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92025

Amount of Each Receipt this Period
50.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.83 |
| 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

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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. GERALD E. JONES
 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 ▼ 900.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92657
 Amount of Each Receipt this Period 50.00

B. GERALD E. JONES
 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 ▼ 950.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92743
 Amount of Each Receipt this Period 50.00

C. GERALD E. JONES
 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 ▼ 965.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.92744
 Amount of Each Receipt this Period 15.00

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

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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. GERALD E. JONES
 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 ▼ 990.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.92745
 Amount of Each Receipt this Period 25.00

B. KELVIN J. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 593
 City Columbus State OH Zip Code 43216
 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 ▼ 230.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91898
 Amount of Each Receipt this Period 10.00

C. KELVIN J. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 593
 City Columbus State OH Zip Code 43216
 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 09 / 08 / 2015
Transaction ID : SA11AI.91811
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

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|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 303 OF 688 |
| <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. KELVIN J. JONES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 593

City Columbus State OH Zip Code 43216

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 ▼ 250.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92026

Amount of Each Receipt this Period 10.00

B. KELVIN J. JONES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 593

City Columbus State OH Zip Code 43216

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 ▼ 260.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92027

Amount of Each Receipt this Period 10.00

C. LORETTA L. JONES
Full Name (Last, First, Middle Initial)

Mailing Address 109 E. Iroquois Trail

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 OFFICE ASSISTANT I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91899

Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 33.00

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 688
(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. LORETTA L. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 E. Iroquois Trail
 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 OFFICE ASSISTANT I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92028
 Amount of Each Receipt this Period 13.00

B. MICHAEL J. JONES
 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 ▼ 646.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.91812
 Amount of Each Receipt this Period 68.00

C. MICHAEL J. JONES
 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 ▼ 714.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92029
 Amount of Each Receipt this Period 68.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.00
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 688
(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. RENITA JONES-STREET
 Full Name (Last, First, Middle Initial)
 Mailing Address 853 Glasgow Drive
 City Cincinnati State OH Zip Code 45240
 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 ▼ 799.66

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93176
 Amount of Each Receipt this Period 89.34

B. JACQUELINE L. JONES-WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 12401 Renton Avenue S. Apt. 307
 City Seattle State WA Zip Code 98178
 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 09 / 10 / 2015
Transaction ID : SA11AI.92180
 Amount of Each Receipt this Period 21.00

C. JACQUELINE L. JONES-WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 12401 Renton Avenue S. Apt. 307
 City Seattle State WA Zip Code 98178
 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 ▼ 378.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92296
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional).....▶ 131.34
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 306 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <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. JAIME A. JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 11522 ST. Route 588

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Bidwell | OH | 45614 |

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

| | |
|---------------------------------|------------|
| Name of Employer | Occupation |
| AFSCME OH LOC 4/GALLIPOLIS CITY | CUSTODIAN |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.92560

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 | State | Zip Code |
| Bidwell | OH | 45614 |

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

| | |
|---------------------------------|------------|
| Name of Employer | Occupation |
| AFSCME OH LOC 4/GALLIPOLIS CITY | CUSTODIAN |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92582

Amount of Each Receipt this Period
19.24

C. JAIME A. JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 11522 ST. Route 588

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Bidwell | OH | 45614 |

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

| | |
|---------------------------------|------------|
| Name of Employer | Occupation |
| AFSCME OH LOC 4/GALLIPOLIS CITY | CUSTODIAN |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92583

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 307 OF 688 |
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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. 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 ▼ **384.80**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92609

Amount of Each Receipt this Period

| |
|-------|
| 19.24 |
|-------|

B. JAMES E. JORDAN
Full Name (Last, First, Middle Initial)

Mailing Address 21417 Watson Road

| | | |
|-----------------------|-------------|-------------------|
| City Maple Heights | State OH | Zip Code 44137 |
|-----------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation WKRS COMPENSATION 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 |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92030

Amount of Each Receipt this Period

| |
|-------|
| 11.00 |
|-------|

C. HOWARD JORGENSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1024

| | | |
|----------------------|-------------|-------------------|
| City Medical Lake | State WA | Zip Code 99022 |
|----------------------|-------------|-------------------|

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

| | |
|---|-----------------------|
| Name of Employer AFSCME WA RET CHPT 10 | Occupation RETIREE |
|---|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93503

Amount of Each Receipt this Period

| |
|--------|
| 110.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 140.24 |
| 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 308 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼
2640.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015
Transaction ID : SA11AI.91295

Amount of Each Receipt this Period
136.39

B. 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 ▼
2728.44

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015
Transaction ID : SA11AI.91072

Amount of Each Receipt this Period
88.38

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 ▼
2816.82

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.91423

Amount of Each Receipt this Period
88.38

SUBTOTAL of Receipts This Page (optional)..... ▶ 313.15

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 309 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. TONI R. KAMERER
Full Name (Last, First, Middle Initial)

Mailing Address 259 Grand Blvd.

| | | |
|-----------------|-------------|-------------------|
| City Bedford | State OH | Zip Code 44146 |
|-----------------|-------------|-------------------|

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

| | |
|---|--------------------------------|
| Name of Employer AFSCME OH LOC 4/BEDFORD | Occupation SECURITY OFFICER |
|---|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.92561

Amount of Each Receipt this Period
41.67

B. TONI R. KAMERER
Full Name (Last, First, Middle Initial)

Mailing Address 259 Grand Blvd.

| | | |
|-----------------|-------------|-------------------|
| City Bedford | State OH | Zip Code 44146 |
|-----------------|-------------|-------------------|

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

| | |
|---|--------------------------------|
| Name of Employer AFSCME OH LOC 4/BEDFORD | Occupation SECURITY OFFICER |
|---|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92610

Amount of Each Receipt this Period
41.67

C. ARNOLD K. KANESHIRO
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 ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93286

Amount of Each Receipt this Period
30.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 113.34 |
| 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 310 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 J. KAPPELLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Park
 City Springfield State MN Zip Code 56087
 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 ▼ 220.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.93595
 Amount of Each Receipt this Period 20.00

B. WILLIAM KAUFFMAN
 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 ▼ 266.22

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91639
 Amount of Each Receipt this Period 29.58

C. 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 ▼ 360.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92297
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.58
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 311 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JASON KAY | | | Date of Receipt |
| Mailing Address 2000 Cleveland | | | <input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92944 |
| Evanston | IL | 60202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="78.60"/> |
| Name of Employer | Occupation | | |
| AFSCME IL CN 31 | POLITICAL ACTION DIRECTOR | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="628.80"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. JASON KAY | | | Date of Receipt |
| Mailing Address 2000 Cleveland | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.93080 |
| Evanston | IL | 60202 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="78.60"/> |
| Name of Employer | Occupation | | |
| AFSCME IL CN 31 | POLITICAL ACTION DIRECTOR | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="707.40"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. ALAN E. KEARNEY | | | Date of Receipt |
| Mailing Address 9254 Highland Creek Road | | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92860 |
| Bloomington | MN | 55437 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="65.60"/> |
| 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="589.84"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="222.80"/> |
| 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 312 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 R. KEENEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2963 County Line Road
 Unit B
 City Kettering State OH Zip Code 45430
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 457.62

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93177
 Amount of Each Receipt this Period 52.42

B. DAVID E. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 So. Lime Street
 City Orange State CA Zip Code 92868
 Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.93375
 Amount of Each Receipt this Period 12.00

C. ROBERT E. KELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5428 78th Avenue NW
 City Olympia State WA Zip Code 98502
 Name of Employer AFSCME WA CN 28 Occupation FIELD SUPERVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 414.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92298
 Amount of Each Receipt this Period 46.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.42
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 313 OF 688
(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 ▼ 378.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92299
 Amount of Each Receipt this Period 42.00

B. 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 ▼ 270.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92658
 Amount of Each Receipt this Period 15.00

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 ▼ 285.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92746
 Amount of Each Receipt this Period 15.00

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 314 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ALISON KELLY | | Date of Receipt |
| Mailing Address 15 West Kellogg Blvd. #270 | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| St. Paul | MN | 55102 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.92861 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME MN CN 5/CN14 | STAFF REPRESENTATIVE | <input type="text" value="42.10"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="327.75"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DONALD JOSEPH KELLY | | Date of Receipt |
| Mailing Address 23 Glen Drive | | <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Troy | NY | 12180 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.93649 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME NY LOC 1000 | STAFF REPRESENTATIVE | <input type="text" value="19.24"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="384.80"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DONALD JOSEPH KELLY | | Date of Receipt |
| Mailing Address 23 Glen Drive | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Troy | NY | 12180 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.93661 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME NY LOC 1000 | STAFF REPRESENTATIVE | <input type="text" value="19.24"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="404.04"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="80.58"/> |
| 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 315 OF 688
(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. NADINE KENNEDY

Mailing Address 735 G U.S. Route 4E

City Rutland State VT Zip Code 05701-9029

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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.93558

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. ADRIENNE J. KERN

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 ▼ **509.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92862

Amount of Each Receipt this Period
56.64

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

Mailing Address 318 Hane Avenue

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 ▼ **209.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92032

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **87.64**

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 316 OF 688 |
| | <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. 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 ▼
459.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92181

Amount of Each Receipt this Period
27.00

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 ▼
487.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92300

Amount of Each Receipt this Period
28.00

C. MAUREEN S. KIMMERLE
Full Name (Last, First, Middle Initial)

Mailing Address 814 6th Avenue SW

| | | |
|----------------------|-------------|-------------------|
| 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 ▼
361.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.92659

Amount of Each Receipt this Period
20.83

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.83 |
| 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: PAGE 317 OF 688
(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. MAUREEN S. KIMMERLE

Mailing Address 814 6th Avenue SW

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 ▼ **382.49**

Date of Receipt **09 / 16 / 2015**

Transaction ID : SA11AI.92747

Amount of Each Receipt this Period **20.83**

Full Name (Last, First, Middle Initial)
B. MONA L. KING

Mailing Address 929 Rye Drive

City La Plata State MD Zip Code 20646

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 ▼ **425.00**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91073

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)
C. MONA L. KING

Mailing Address 929 Rye Drive

City La Plata State MD Zip Code 20646

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 ▼ **450.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91424

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **70.83**

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: | PAGE 318 OF 688 |
| | (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. SPENCER KING
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 ▼ 255.00

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.92182

Amount of Each Receipt this Period
15.00

B. SPENCER KING
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 ▼ 270.00

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92301

Amount of Each Receipt this Period
15.00

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 ▼ 240.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11AI.93372

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 319 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 D. KITTS
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Marion Road

| | | |
|---------|-------|----------|
| 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 | HIGHWAY TECHNICIAN 1 |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 04 | / | 2015 |

Transaction ID : SA11AI.91902

Amount of Each Receipt this Period

| |
|-------|
| 21.00 |
|-------|

B. RICHARD D. KITTS
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Marion Road

| | | |
|---------|-------|----------|
| 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 | HIGHWAY TECHNICIAN 1 |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92033

Amount of Each Receipt this Period

| |
|-------|
| 21.00 |
|-------|

C. MARGARET M. KIZINA
Full Name (Last, First, Middle Initial)

Mailing Address 45 Linden Lane

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Boyetown | PA | 19512 |

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

| | |
|-----------------------------|----------------------|
| Name of Employer | Occupation |
| AFSCME PA CN 13/STATE OF PA | STAFF 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 |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91641

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 82.00 |
| 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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 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. CAROLYN A. KLINGLESMTIH
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City State Zip Code
 South St. Paul MN 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 AREA ORGANIZING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 709.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92863
 Amount of Each Receipt this Period
 77.72

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 ▼
 793.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91074
 Amount of Each Receipt this Period
 47.56

C. 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 ▼
 841.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91425
 Amount of Each Receipt this Period
 47.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.84
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

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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. MARCIA R. KNOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Newton Avenue
 City Dayton State OH Zip Code 45406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **856.02**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.93179
 Amount of Each Receipt this Period **91.06**

B. MARCIA R. KNOX
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Newton Avenue
 City Dayton State OH Zip Code 45406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **861.02**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11AI.93180
 Amount of Each Receipt this Period **5.00**

C. 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 ▼ **270.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.92748
 Amount of Each Receipt this Period **30.00**

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

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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. JOHN KOHLHEPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 S. 2nd Street
 City Springfield State IL Zip Code 62705
 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 ▼ 580.64

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92945
 Amount of Each Receipt this Period 72.58

B. JOHN KOHLHEPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 S. 2nd Street
 City Springfield State IL Zip Code 62705
 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 ▼ 653.22

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93081
 Amount of Each Receipt this Period 72.58

C. QUENTIN KOOIKER
 Full Name (Last, First, Middle Initial)
 Mailing Address RR1 Box 20
 City Collins State IA Zip Code 50055
 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 ▼ 216.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92660
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 157.16
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 323 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. QUENTIN KOOIKER
Full Name (Last, First, Middle Initial)

Mailing Address RR1 Box 20

City Collins State IA Zip Code 50055

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 ▼ 228.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92749

Amount of Each Receipt this Period 12.00

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 ▼ 288.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91903

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 ▼ 304.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92034

Amount of Each Receipt this Period 16.00

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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 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. 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 ▼ 923.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.91296
 Amount of Each Receipt this Period
 102.78

B. RICHARD A. KOSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 576 Dyas Drive
 City Mansfield State OH Zip Code 44905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS CORD.
 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
 09 / 04 / 2015
Transaction ID : SA11AI.91904
 Amount of Each Receipt this Period
 15.00

C. RICHARD A. KOSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 576 Dyas Drive
 City Mansfield State OH Zip Code 44905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS CORD.
 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
 09 / 18 / 2015
Transaction ID : SA11AI.92035
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 132.78
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 325 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **800.54**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93181

Amount of Each Receipt this Period **89.34**

B. ANDREW KOZLOSKY
Full Name (Last, First, Middle Initial)

Mailing Address 55 West Savory Street

City Pottsville State PA Zip Code 17901

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 ▼ **286.94**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91644

Amount of Each Receipt this Period **36.86**

C. ALICA KRAEMER
Full Name (Last, First, Middle Initial)

Mailing Address 19395 Knowlton Parkway Apt. 202

City Strongsville State OH Zip Code 44149

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 ▼ **288.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91905

Amount of Each Receipt this Period **16.00**

SUBTOTAL of Receipts This Page (optional)..... **142.20**

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 326 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ALICA KRAEMER
Full Name (Last, First, Middle Initial)

Mailing Address 19395 Knowlton Parkway
Apt. 202

City Strongsville State OH Zip Code 44149

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 ▼ 304.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92036

Amount of Each Receipt this Period 16.00

B. 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 ▼ 396.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92661

Amount of Each Receipt this Period 22.00

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 ▼ 418.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92750

Amount of Each Receipt this Period 22.00

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 327 OF 688
(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. LORETTA K. KREIGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Circle Drive
 City Medina State OH Zip Code 44256
 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 ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91906
 Amount of Each Receipt this Period
 15.00

B. LORETTA K. KREIGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Circle Drive
 City Medina State OH Zip Code 44256
 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 ▼ 285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92037
 Amount of Each Receipt this Period
 15.00

C. BEVERLY KREISBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9954 Whitewater Drive
 City Burke State VA Zip Code 22015
 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 ▼ 567.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.91297
 Amount of Each Receipt this Period
 63.10

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.10
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 328 OF 688
(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 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 ▼
 1258.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91075
 Amount of Each Receipt this Period
 74.04

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 ▼
 1332.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91426
 Amount of Each Receipt this Period
 74.04

C. JEREMY S KRUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 SE Belmont St.
 Apt. 208
 City State Zip Code
 Portland OR 97214
 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 ▼
 388.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91076
 Amount of Each Receipt this Period
 23.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.42
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 329 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JEREMY S KRUSE
Full Name (Last, First, Middle Initial)

Mailing Address 1410 SE Belmont St.
Apt. 208

City Portland State OR Zip Code 97214

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 ▼ **412.12**

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91427

Amount of Each Receipt this Period
23.34

B. CAROLEE C KUBO
Full Name (Last, First, Middle Initial)

Mailing Address 1919 Young Street

City Honolulu State HI Zip Code 96826

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 ▼ **225.00**

Date of Receipt
09 / 02 / 2015
Transaction ID : SA11AI.93291

Amount of Each Receipt this Period
25.00

C. 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 ▼ **270.00**

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.92864

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **78.34**

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 330 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91907
 Amount of Each Receipt this Period
 18.00

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 ▼ 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92038
 Amount of Each Receipt this Period
 18.00

C. LEANNE KUNZE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8155 Scandia Road
 City Waconia State MN Zip Code 55387
 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 ▼ 682.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93575
 Amount of Each Receipt this Period
 80.11

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.11
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 331 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LEANNE KUNZE
Full Name (Last, First, Middle Initial)

Mailing Address 8155 Scandia Road

City Waconda State MN Zip Code 55387

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 ▼ **764.59**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : SA11AI.93596

Amount of Each Receipt this Period
82.00

B. 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 ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.92183

Amount of Each Receipt this Period
15.00

C. 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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.92302

Amount of Each Receipt this Period
15.00

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

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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 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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93423
 Amount of Each Receipt this Period
 20.00

B. 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 ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.93424
 Amount of Each Receipt this Period
 20.00

C. 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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.93425
 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 333 OF 688 |
| <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. HAROLD J. LACKING
Full Name (Last, First, Middle Initial)

Mailing Address 46 Mary Avenue

City Dayton State OH Zip Code 45405

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 ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91908

Amount of Each Receipt this Period 15.00

B. HAROLD J. LACKING
Full Name (Last, First, Middle Initial)

Mailing Address 46 Mary Avenue

City Dayton State OH Zip Code 45405

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 ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92039

Amount of Each Receipt this Period 15.00

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

Mailing Address 95 Smith Avenue

City Wayzata State MN Zip Code 55391

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 ▼ 315.75

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92865

Amount of Each Receipt this Period 42.10

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.10

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 334 OF 688 |
| | <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. EVA M. LAGOS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 Bold Ruler Court
 City Murfreesboro State TN Zip Code 37127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL RET CHPT 31 Occupation RETIREE
 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
 09 / 01 / 2015
Transaction ID : SA11AI.93144
 Amount of Each Receipt this Period
 300.00

B. FRANCIS M. LALLY III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Vansant Rd., Deacon's Walk
 City Newark State DE Zip Code 19711
 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 ▼ 596.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.93544
 Amount of Each Receipt this Period
 67.32

C. 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 ▼ 583.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.93545
 Amount of Each Receipt this Period
 67.32

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 434.64 |
| 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 335 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 LANCASTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 N High Street
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8/METROHEALTH STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 202.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : SA11AI.93248
 Amount of Each Receipt this Period
 9.62

B. MATTHEW LANGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 N Greenview Avenue
 City State Zip Code
 Chicago IL 60642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 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
 09 / 01 / 2015
Transaction ID : SA11AI.92946
 Amount of Each Receipt this Period
 59.00

C. MATTHEW LANGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 N Greenview Avenue
 City State Zip Code
 Chicago IL 60642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 517.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93082
 Amount of Each Receipt this Period
 59.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 127.62 |
| 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

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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. EDWARD LAPORTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5622 Columbia
 City State Zip Code
 St. Louis MO 63139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 544.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92947
 Amount of Each Receipt this Period
 68.02

B. EDWARD LAPORTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 5622 Columbia
 City State Zip Code
 St. Louis MO 63139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 612.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93083
 Amount of Each Receipt this Period
 68.02

C. JERRY S. LARICCHIUTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Van Buren Street
 City State Zip Code
 Massapequa Park NY 11762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NY LOC 1000/NASSAU CNTY STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.93650
 Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.28
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 337 OF 688 |
| | (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. 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 ▼ 404.04

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.93662

Amount of Each Receipt this Period 19.24

B. JAMES L. LAROCCA
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 93143

City Cleveland State OH Zip Code 44101

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation RESEARCHER III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91909

Amount of Each Receipt this Period 15.00

C. JAMES L. LAROCCA
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 93143

City Cleveland State OH Zip Code 44101

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation RESEARCHER III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92040

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.24

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 338 OF 688 |
| | (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. 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 ▼ **756.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92303

Amount of Each Receipt this Period
84.00

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 ▼ **306.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.91910

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 ▼ **323.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92041

Amount of Each Receipt this Period
17.00

| | |
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| 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 339 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **853.40**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91077

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 ▼ **903.60**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91428

Amount of Each Receipt this Period

| |
|-------|
| 50.20 |
|-------|

C. TIMOTHY F. LAVELLE
Full Name (Last, First, Middle Initial)

Mailing Address 14 Pawnee Court

| | | |
|----------------|-------------|-------------------|
| City Putnam | State IL | Zip Code 61560 |
|----------------|-------------|-------------------|

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 ▼ **568.04**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.92948

Amount of Each Receipt this Period

| |
|-------|
| 71.74 |
|-------|

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 172.14 |
| 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 340 OF 688
(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. TIMOTHY F. LAVELLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Pawnee Court
 City Putnam State IL Zip Code 61560
 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 ▼ 640.62

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93084
 Amount of Each Receipt this Period 72.58

B. DEBORAH A. LAWNICZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Hannum Avenue
 City Rossford State OH Zip Code 43460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92042
 Amount of Each Receipt this Period 11.00

C. ANDREA C. LAZO-RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3216 16th Avenue S.
 City Minneapolis State MN Zip Code 55407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92866
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.58
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 341 OF 688 |
| | <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. 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 **854.94**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91078
 Amount of Each Receipt this Period
50.48

B. 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 **905.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91429
 Amount of Each Receipt this Period
50.48

C. 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 **810.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93485
 Amount of Each Receipt this Period
90.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 190.96 |
| 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 342 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LUZ LE GALLEY
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 ▼ 204.00

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.92184

Amount of Each Receipt this Period
12.00

B. LUZ LE GALLEY
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 ▼ 216.00

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92304

Amount of Each Receipt this Period
12.00

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 ▼ 946.98

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.92867

Amount of Each Receipt this Period
105.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 129.22

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. 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 ▼ 326.91

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92562
 Amount of Each Receipt this Period 19.23

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 ▼ 346.14

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92584
 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 ▼ 365.37

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92585
 Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
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. JACQUALINE D. LEISURE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 28th Street NW
 City Canton State OH Zip Code 44709
 Name of Employer AFSCME OH LOC 4/CANTON CITY Occupation COOK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2015
 Transaction ID : SA11AI.92611
 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
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2015
 Transaction ID : SA11AI.91912
 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
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2015
 Transaction ID : SA11AI.92043
 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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 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. NEIL A. LEMASTER

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 ▼
 212.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.92752

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. DINO LEONE

Mailing Address 9115 Turkey Hollow Rd.

City State Zip Code
 Taylor Ridge IL 61284

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

Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 717.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : SA11AI.92949

Amount of Each Receipt this Period
 89.64

Full Name (Last, First, Middle Initial)
C. DINO LEONE

Mailing Address 9115 Turkey Hollow Rd.

City State Zip Code
 Taylor Ridge IL 61284

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

Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 806.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.93085

Amount of Each Receipt this Period
 89.64

SUBTOTAL of Receipts This Page (optional)..... ▶ 194.28

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. 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 ▼ 859.54

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91079
 Amount of Each Receipt this Period 51.86

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 ▼ 911.40

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91430
 Amount of Each Receipt this Period 51.86

C. 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 ▼ 403.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91647
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.72
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

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(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. 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 ▼ 316.64

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11AI.93610
 Amount of Each Receipt this Period 19.79

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 ▼ 336.43

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.93615
 Amount of Each Receipt this Period 19.79

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 ▼ 1358.81

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91080
 Amount of Each Receipt this Period 79.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.51
TOTAL This Period (last page this line number only)..... ▶

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

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(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. 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 ▼ 1438.74

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91431
 Amount of Each Receipt this Period 79.93

B. SARAH LEWERENZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6997 West Van Road
 City Duluth State MN Zip Code 55803
 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 ▼ 702.06

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93576
 Amount of Each Receipt this Period 75.96

C. SARAH LEWERENZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6997 West Van Road
 City Duluth State MN Zip Code 55803
 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 ▼ 778.02

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.93597
 Amount of Each Receipt this Period 75.96

SUBTOTAL of Receipts This Page (optional)..... ▶ 231.85
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 349 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 900.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.91298
 Amount of Each Receipt this Period 100.00

B. 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 ▼ 540.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92753
 Amount of Each Receipt this Period 60.00

C. JENNIE A. LEWIS
 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 ▼ 380.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.91814
 Amount of Each Receipt this Period 40.00

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: PAGE 350 OF 688
(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. 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92044
 Amount of Each Receipt this Period
 40.00

B. SANDRA D. LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4614 Kuendinger Avenue
 City State Zip Code
 Dayton OH 45417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK III
 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
 09 / 04 / 2015
Transaction ID : SA11AI.91913
 Amount of Each Receipt this Period
 12.00

C. SANDRA D. LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4614 Kuendinger Avenue
 City State Zip Code
 Dayton OH 45417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK III
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92045
 Amount of Each Receipt this Period
 12.00

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 351 OF 688 |
| <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. MICHELE A. LEWIS-MUZZATTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3705 Adams Drive
 City Silver Spring State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, CONF & TRAVEL SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2254.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91081
 Amount of Each Receipt this Period
 130.54

B. MICHELE A. LEWIS-MUZZATTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3705 Adams Drive
 City Silver Spring State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation DIRECTOR, CONF & TRAVEL SVCS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2384.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91432
 Amount of Each Receipt this Period
 130.54

C. MARGARET R. LEWIS-SIDIME
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 S Lyman Avenue
 City Oak Park State IL Zip Code 60304
 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 ▼ 580.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92950
 Amount of Each Receipt this Period
 72.58

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 333.66 |
| 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 352 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 R. LEWIS-SIDIME
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 S Lyman Avenue
 City State Zip Code
 Oak Park IL 60304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 653.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93086
 Amount of Each Receipt this Period
 72.58

B. VALERY LIGHT
 Full Name (Last, First, Middle Initial)
 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 ▼
 813.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91648
 Amount of Each Receipt this Period
 86.68

C. CHRISTINE L. LIGHTNER
 Full Name (Last, First, Middle Initial)
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91914
 Amount of Each Receipt this Period
 15.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 174.26 |
| 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 353 OF 688 |
| | <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 ▼ 285.00

Date of Receipt 09 / 18 / 2015
 Transaction ID : SA11AI.92046
 Amount of Each Receipt this Period 15.00

B. JOSEPH E. LILLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Main Avenue
 City Johnston State IA Zip Code 50131
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 08 / 2015
 Transaction ID : SA11AI.92663
 Amount of Each Receipt this Period 12.00

C. JOSEPH E. LILLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Main Avenue
 City Johnston State IA Zip Code 50131
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 16 / 2015
 Transaction ID : SA11AI.92754
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 39.00
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 354 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 M. LILLY
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 ▼
223.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2015 |

Transaction ID : SA11AI.92664

Amount of Each Receipt this Period
12.41

B. LINDA M. LILLY
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 ▼
235.79

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2015 |

Transaction ID : SA11AI.92755

Amount of Each Receipt this Period
12.41

C. ELLEN H. LIM
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1977

| | | |
|-----------------|-------------|-------------------|
| City Waianae | State HI | Zip Code 96792 |
|-----------------|-------------|-------------------|

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 ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93296

Amount of Each Receipt this Period
25.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 49.82 |
| 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 355 OF 688 |
| | <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. ANDERS LINDALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 West Hutchinson
 City Chicago State IL Zip Code 60618
 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 ▼ 645.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92951
 Amount of Each Receipt this Period
 80.74

B. ANDERS LINDALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 West Hutchinson
 City Chicago State IL Zip Code 60618
 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 ▼ 726.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93087
 Amount of Each Receipt this Period
 80.74

C. 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 ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92868
 Amount of Each Receipt this Period
 58.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 219.48 |
| 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 356 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 1200.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92869

Amount of Each Receipt this Period 1200.00

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

Mailing Address 5477 SE Clearbrook Street

City Hillsbora State OR Zip Code 97123

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation RESEARCH ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93486

Amount of Each Receipt this Period 25.00

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 ▼ 693.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91649

Amount of Each Receipt this Period 76.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.12

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 357 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **1166.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91650

Amount of Each Receipt this Period
134.75

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

Mailing Address 4645 Shriver Road

City North Canton State OH Zip Code 44720

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST

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
 09 / 04 / 2015
Transaction ID : SA11AI.91915

Amount of Each Receipt this Period
12.00

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

Mailing Address 4645 Shriver Road

City North Canton State OH Zip Code 44720

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92047

Amount of Each Receipt this Period
12.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 158.75 |
| 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 358 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **570.00**

Date of Receipt **09 / 08 / 2015**

Transaction ID : SA11AI.91815

Amount of Each Receipt this Period **60.00**

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 ▼ **630.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92048

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 ▼ **1153.38**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91651

Amount of Each Receipt this Period **121.56**

SUBTOTAL of Receipts This Page (optional)..... ▶ **241.56**

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 359 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 637.35

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92870
 Amount of Each Receipt this Period 70.88

B. MAGGIE LORENC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 W Summerdale Avenue
 City Chicago State IL Zip Code 60640
 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 ▼ 580.30

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92952
 Amount of Each Receipt this Period 73.08

C. MAGGIE LORENC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 W Summerdale Avenue
 City Chicago State IL Zip Code 60640
 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 ▼ 653.38

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93088
 Amount of Each Receipt this Period 73.08

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 217.04 |
| 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 360 OF 688 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 |
|---|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 17 | / | 2015 |

Transaction ID : SA11AI.93508

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 |
|------------------|-------------|-------------------|

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 ▼
446.59

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91084

Amount of Each Receipt this Period
26.27

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 ▼
472.86

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91435

Amount of Each Receipt this Period
26.27

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 152.54 |
| 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: PAGE 361 OF 688
(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 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/STATE STREET Occupation RETIREE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.78

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.91299
 Amount of Each Receipt this Period 95.47

B. CARLA KAY LOVERINK
 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 ▼ 223.38

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92665
 Amount of Each Receipt this Period 12.41

C. CARLA KAY LOVERINK
 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 ▼ 235.79

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92756
 Amount of Each Receipt this Period 12.41

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.29
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: PAGE 362 OF 688
(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. MIKE LOZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3737 Camino Del Rio South
 City San Diego State CA Zip Code 92108
 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 ▼ 203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.93399
 Amount of Each Receipt this Period
 21.00

B. EARL M. LUCERO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1896 Kinoole Street C Apt. C
 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 ▼ 237.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93298
 Amount of Each Receipt this Period
 37.50

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 ▼ 1062.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.93409
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.50
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 363 OF 688 |
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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. 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 ▼ 1076.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91267

Amount of Each Receipt this Period
 14.00

B. 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 ▼ 1652.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.91300

Amount of Each Receipt this Period
 183.89

C. 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92185

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 217.89

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

**SCHEDULE A (FEC Form 3X)
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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. 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 ▼ 360.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92306
 Amount of Each Receipt this Period 20.00

B. MATTHEW A. LUKOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Whisperglen Lane
 City Springfield State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONS OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93008
 Amount of Each Receipt this Period 42.00

C. MATTHEW A. LUKOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Whisperglen Lane
 City Springfield State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONS OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93089
 Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.00
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. 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 ▼ 498.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91654
 Amount of Each Receipt this Period
 58.92

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 ▼ 796.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91085
 Amount of Each Receipt this Period
 46.95

C. 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 ▼ 843.17

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91436
 Amount of Each Receipt this Period
 46.95

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.82
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 366 OF 688 |
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| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | <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 **1502.46**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91086
Amount of Each Receipt this Period **88.38**

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 **1590.84**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91437
Amount of Each Receipt this Period **88.38**

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 **1266.54**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.93182
Amount of Each Receipt this Period **130.36**

SUBTOTAL of Receipts This Page (optional)..... **307.12**
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 367 OF 688 |
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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. 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 ▼
1280.54

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2015 |

Transaction ID : SA11AI.91268

Amount of Each Receipt this Period
14.00

B. KATHRYN LYBARGER
Full Name (Last, First, Middle Initial)

Mailing Address 1548 Woolsey Street

| | | |
|------------------|-------------|-------------------|
| City Berkeley | State CA | Zip Code 94703 |
|------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer AFSCME CA LOC 3299 | Occupation PRESIDENT |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
564.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 04 | | 2015 |

Transaction ID : SA11AI.93385

Amount of Each Receipt this Period
40.00

C. KATHRYN LYBARGER
Full Name (Last, First, Middle Initial)

Mailing Address 1548 Woolsey Street

| | | |
|------------------|-------------|-------------------|
| City Berkeley | State CA | Zip Code 94703 |
|------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer AFSCME CA LOC 3299 | Occupation PRESIDENT |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 24 | | 2015 |

Transaction ID : SA11AI.93386

Amount of Each Receipt this Period
60.00

| | |
|--|--------|
| 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

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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. KATHRYN LYBARGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1548 Woolsey Street
 City Berkeley State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 3299 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 652.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91269
 Amount of Each Receipt this Period 28.00

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 ▼ 340.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93457
 Amount of Each Receipt this Period 40.00

C. 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 ▼ 355.00

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.93458
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.00
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 369 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **395.00**

Date of Receipt
09 / 24 / 2015
Transaction ID : SA11AI.93459

Amount of Each Receipt this Period
40.00

B. 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 ▼ **1078.72**

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11AI.92953

Amount of Each Receipt this Period
120.84

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 ▼ **1092.72**

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91270

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional)..... **174.84**

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 370 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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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. 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 ▼
1213.56

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.93090

Amount of Each Receipt this Period
120.84

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 | Occupation STAFF REPRESENTATIVE |
|-------------------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.67

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2015 |

Transaction ID : SA11AI.91655

Amount of Each Receipt this Period
31.26

C. MARGARET M. LYONS
Full Name (Last, First, Middle Initial)

Mailing Address 938 W Belle Plaine Avenue

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60613 |
|-----------------|-------------|-------------------|

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 ▼
449.60

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.92954

Amount of Each Receipt this Period
56.20

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 208.30 |
| TOTAL This Period (last page this line 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 371 OF 688
(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 M. LYONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 938 W Belle Plaine Avenue
 City Chicago State IL Zip Code 60613
 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 ▼ 505.80

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93091
 Amount of Each Receipt this Period 56.20

B. STEVENS D. LYONS
 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 ▼ 586.08

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93559
 Amount of Each Receipt this Period 73.26

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 ▼ 360.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91916
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.46
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 372 OF 688 |
| | <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. 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 ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92049

Amount of Each Receipt this Period
20.00

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 ▼ **1035.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.91917

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 ▼ **1165.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.91816

Amount of Each Receipt this Period
130.00

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: PAGE 373 OF 688
(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 ▼ 1190.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92050
 Amount of Each Receipt this Period
 25.00

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 ▼ 1320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92051
 Amount of Each Receipt this Period
 130.00

C. 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 ▼ 288.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93183
 Amount of Each Receipt this Period
 31.41

SUBTOTAL of Receipts This Page (optional)..... ▶ 186.41
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: PAGE 374 OF 688
(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. MADTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 SE 4th Court
 City State Zip Code
 Dania Beach FL 33004
 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 ▼
 1271.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91087
 Amount of Each Receipt this Period
 79.84

B. ANDRE J. MADTES
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 SE 4th Court
 City State Zip Code
 Dania Beach FL 33004
 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 ▼
 1351.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91438
 Amount of Each Receipt this Period
 79.84

C. JOHN MAGUIRE
 Full Name (Last, First, Middle Initial)
 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 ▼
 493.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93184
 Amount of Each Receipt this Period
 56.02

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.70
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 375 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 P. MAGUIRE
Full Name (Last, First, Middle Initial)

Mailing Address 20 Duffield Drive

City Lititz State PA Zip Code 17543

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 ▼ **792.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.91656

Amount of Each Receipt this Period
86.68

B. LOUIS J. MAHOLIC
Full Name (Last, First, Middle Initial)

Mailing Address 2726 Juno Place Apt. #2

City Fairlawn State OH Zip Code 44333

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 ▼ **590.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.93185

Amount of Each Receipt this Period
65.90

C. SHAWN T. MAKAR
Full Name (Last, First, Middle Initial)

Mailing Address 95 Mill Road

City Berwick State PA Zip Code 18603

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

Name of Employer AFSCME PA CN 13/LOCAL 2361 Occupation STAFF REPRESENTATIVE

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
09 / 01 / 2015

Transaction ID : SA11AI.93678

Amount of Each Receipt this Period
40.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 192.58 |
| 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 376 OF 688
(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. SHAWN T. MAKAR

Mailing Address 95 Mill Road

City State Zip Code
 Berwick PA 18603

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

Name of Employer Occupation
 AFSCME PA CN 13/LOCAL 2361 STAFF REPRESENTATIVE

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
 09 / 30 / 2015
Transaction ID : SA11AI.93679

Amount of Each Receipt this Period
 40.00

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

Mailing Address P.O. Box 1712

City State Zip Code
 Claremont CA 91711

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

Name of Employer Occupation
 AFSCME CA LOC 3930 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 602.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.93403

Amount of Each Receipt this Period
 84.00

Full Name (Last, First, Middle Initial)
C. CONSTANCE A. MALO

Mailing Address 92-633 Newa Street

City State Zip Code
 Kapolei HI 96707

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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93300

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.00

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 377 OF 688
(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. 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 ▼ 787.48

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92406
 Amount of Each Receipt this Period 40.44

B. 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 ▼ 827.92

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92460
 Amount of Each Receipt this Period 40.44

C. 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 ▼ 868.36

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92514
 Amount of Each Receipt this Period 40.44

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.32
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 378 OF 688 |
| | <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. 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 ▼ **980.73**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 02 | | 2015 |

Transaction ID : SA11Al.92407

Amount of Each Receipt this Period

| |
|-------|
| 57.69 |
|-------|

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 ▼ **1038.42**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2015 |

Transaction ID : SA11Al.92461

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 ▼ **1096.11**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2015 |

Transaction ID : SA11Al.92515

Amount of Each Receipt this Period

| |
|-------|
| 57.69 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 173.07 |
| 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 379 OF 688
(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. MOLLY MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Mainhart Drive
 City Grass Valley State CA Zip Code 95945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MA CN 93 Occupation PEOPLE CORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93561
 Amount of Each Receipt this Period
 60.00

B. MARK MANDICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Park
 City Springfield State MN Zip Code 56087
 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 ▼ 682.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93577
 Amount of Each Receipt this Period
 73.80

C. MARK MANDICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Park
 City Springfield State MN Zip Code 56087
 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 ▼ 756.46

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.93598
 Amount of Each Receipt this Period
 73.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.60
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 380 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **346.32**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 03 | / | 2015 |

Transaction ID : SA11AI.93651

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 ▼ **365.56**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 17 | / | 2015 |

Transaction ID : SA11AI.93663

Amount of Each Receipt this Period

| |
|-------|
| 19.24 |
|-------|

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 ▼ **530.95**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91088

Amount of Each Receipt this Period

| |
|-------|
| 28.70 |
|-------|

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 67.18 |
| 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 382 OF 688
(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. JULIE MARK
 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 ▼ 218.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91657
 Amount of Each Receipt this Period
 31.26

B. PHILIP I. MARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7043 W 73rd Place
 City Chicago State IL Zip Code 60638
 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 ▼ 323.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93009
 Amount of Each Receipt this Period
 38.00

C. PHILIP I. MARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7043 W 73rd Place
 City Chicago State IL Zip Code 60638
 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 ▼ 361.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93092
 Amount of Each Receipt this Period
 38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 107.26
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 383 OF 688
(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. TINA A. MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 577 Price Road
 City Newark State OH Zip Code 43055
 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 ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91918
 Amount of Each Receipt this Period
 16.00

B. TINA A. MARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 577 Price Road
 City Newark State OH Zip Code 43055
 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 ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92052
 Amount of Each Receipt this Period
 16.00

C. DAVID MARLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 W Adams Street Unit 432
 City Chicago State IL Zip Code 60607
 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 ▼ 476.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92955
 Amount of Each Receipt this Period
 59.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 91.86
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 384 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. DAVID MARLOW
Full Name (Last, First, Middle Initial)

Mailing Address 1040 W Adams Street
Unit 432

City Chicago State IL Zip Code 60607

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 ▼
536.02

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93093

Amount of Each Receipt this Period
59.86

B. LEAH M. MARQUIS
Full Name (Last, First, Middle Initial)

Mailing Address 308 s Franklin Street
Apt. 6

City Richwood State OH Zip Code 43344

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 ▼
360.00

Date of Receipt
09 / 04 / 2015
Transaction ID : SA11AI.91919

Amount of Each Receipt this Period
20.00

C. LEAH M. MARQUIS
Full Name (Last, First, Middle Initial)

Mailing Address 308 s Franklin Street
Apt. 6

City Richwood State OH Zip Code 43344

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 ▼
380.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11AI.92053

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.86

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 385 OF 688
(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. ALFRED J. MARRON
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 E Bloomington 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/UNIV OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92757
 Amount of Each Receipt this Period 30.00

B. ELIZA MARTIN
 Full Name (Last, First, Middle Initial)
 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 ▼ 225.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93302
 Amount of Each Receipt this Period 25.00

C. 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 ▼ 850.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92408
 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 386 OF 688 |
| <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. 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 ▼ **900.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92462

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

B. 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 ▼ **950.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92516

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

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 ▼ **822.48**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91091

Amount of Each Receipt this Period

| |
|-------|
| 48.86 |
|-------|

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|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 148.86 |
| 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 387 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 G. MARTIN | | Date of Receipt |
| Mailing Address 4621 28th Road S. Apt. C | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Arlington | VA | 22206 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91441 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME INT'L | EXECUTIVE OFFICE ASSISTANT | <input type="text" value="48.86"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="871.34"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KELLY MARTINEZ | | Date of Receipt |
| Mailing Address 444 E. Main Steet | | <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| New Britain | CT | 06051-0000 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.93411 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME CT CN 4 | STAFF REPRESENTATIVE | <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="205.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. PAULA MARTINEZ | | Date of Receipt |
| Mailing Address 3963 200th Avenue | | <input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Carlisle | IA | 50047 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.92666 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME IA CN 61/STATE OF IA | STAFF 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="540.00"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="98.86"/> |
| 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 388 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **570.00**

Date of Receipt **09 / 16 / 2015**

Transaction ID : SA11AI.92759

Amount of Each Receipt this Period **30.00**

B. 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 ▼ **450.00**

Date of Receipt **09 / 08 / 2015**

Transaction ID : SA11AI.93452

Amount of Each Receipt this Period **50.00**

C. NATALIE M. MASON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 203

City Maquon State IL Zip Code 61458

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation BUSINESS MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **403.20**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.93010

Amount of Each Receipt this Period **50.40**

SUBTOTAL of Receipts This Page (optional)..... **130.40**

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 389 OF 688
(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. NATALIE M. MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 203
 City Maquon State IL Zip Code 61458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation BUSINESS MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 453.60

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93094
 Amount of Each Receipt this Period 50.40

B. KIMBERLY A. MASSENGILL-BERNARDIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Brookpoint Place
 City Westerville State OH Zip Code 43081
 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 ▼ 669.72

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93186
 Amount of Each Receipt this Period 75.84

C. MELISSA MATOUSHEK
 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 ▼ 331.74

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91659
 Amount of Each Receipt this Period 36.86

SUBTOTAL of Receipts This Page (optional).....▶ 163.10
TOTAL This Period (last page this line number only).....▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 390 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JOSEPH R. MATTHES
Full Name (Last, First, Middle Initial)

Mailing Address 5319 Colorado Street

City Duluth State MN Zip Code 55804

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 ▼ **518.96**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91092

Amount of Each Receipt this Period **39.92**

B. JOSEPH R. MATTHES
Full Name (Last, First, Middle Initial)

Mailing Address 5319 Colorado Street

City Duluth State MN Zip Code 55804

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 ▼ **558.88**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91442

Amount of Each Receipt this Period **39.92**

C. 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 ▼ **839.25**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91093

Amount of Each Receipt this Period **48.51**

SUBTOTAL of Receipts This Page (optional)..... **128.35**

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

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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. 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 ▼ 887.76

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91443
 Amount of Each Receipt this Period 48.51

B. JAN P. MATUSAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 N. Alameda Street #2-219
 City Los Angeles State CA Zip Code 90012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1001 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.93368
 Amount of Each Receipt this Period 39.00

C. JAN P. MATUSAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 N. Alameda Street #2-219
 City Los Angeles State CA Zip Code 90012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1001 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11AI.93369
 Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.51
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 392 OF 688
(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 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 ▼ **858.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015
Transaction ID : SA11AI.91094
 Amount of Each Receipt this Period
50.48

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 ▼ **873.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015
Transaction ID : SA11AI.91317
 Amount of Each Receipt this Period
15.00

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 ▼ **923.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.91444
 Amount of Each Receipt this Period
50.48

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.96**
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 393 OF 688 |
| | <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 | <input type="checkbox"/> 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 ▼ **566.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2015

Transaction ID : SA11AI.93611

Amount of Each Receipt this Period
35.42

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 ▼ **602.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11AI.93616

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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.93519

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **100.84**

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 394 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. TIMOTHY W. MCALLISTER
Full Name (Last, First, Middle Initial)

Mailing Address 5379 Red Wynne Lane

| | | |
|------------------|-------------|-------------------|
| City Hilliard | State OH | Zip Code 43026 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation PROGRAMMER/ANALYST 5 |
|--|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 04 | / | 2015 |

Transaction ID : SA11AI.91920

Amount of Each Receipt this Period

| |
|-------|
| 14.00 |
|-------|

B. TIMOTHY W. MCALLISTER
Full Name (Last, First, Middle Initial)

Mailing Address 5379 Red Wynne Lane

| | | |
|------------------|-------------|-------------------|
| City Hilliard | State OH | Zip Code 43026 |
|------------------|-------------|-------------------|

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

| | |
|--|------------------------------------|
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation PROGRAMMER/ANALYST 5 |
|--|------------------------------------|

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 |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92054

Amount of Each Receipt this Period

| |
|-------|
| 14.00 |
|-------|

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 ▼ **1939.87**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91095

Amount of Each Receipt this Period

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| 114.11 |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 142.11 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 395 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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 ▼ 2053.98

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91445
 Amount of Each Receipt this Period 114.11

B. CYNTHIA R. MCCABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 Harvard Road
 City College Park State MD Zip Code 20740
 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 ▼ 980.89

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91096
 Amount of Each Receipt this Period 57.79

C. CYNTHIA R. MCCABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4608 Harvard Road
 City College Park State MD Zip Code 20740
 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 ▼ 1038.68

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91446
 Amount of Each Receipt this Period 57.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 229.69
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 396 OF 688 |
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| | <input type="checkbox"/> 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 State Zip Code
 Gahanna OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD EDUCATION COORDINATOR II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 808.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91097
 Amount of Each Receipt this Period
 48.24

B. BOYD B. MCCAMISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Woodtown Drive
 City State Zip Code
 Gahanna OH 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L FIELD EDUCATION COORDINATOR II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 856.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91447
 Amount of Each Receipt this Period
 48.24

C. MARGARET MCCANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Lynnmore Drive
 City State Zip Code
 Silver Spring MD 20901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSOCIATE GENERAL COUNSEL II
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1072.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91098
 Amount of Each Receipt this Period
 63.08

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| SUBTOTAL of Receipts This Page (optional).....▶ | 159.56 |
| 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

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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. 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 ▼ 1135.44

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91448
 Amount of Each Receipt this Period 63.08

B. 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 ▼ 357.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92186
 Amount of Each Receipt this Period 21.00

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 ▼ 378.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92308
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.08
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 398 OF 688 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. LEO B. MCCONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 620 Tunnelhill Street

City Gallitzin State PA Zip Code 16641

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 ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91660

Amount of Each Receipt this Period
 40.00

B. LEO B. MCCONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 620 Tunnelhill Street

City Gallitzin State PA Zip Code 16641

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 ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91661

Amount of Each Receipt this Period
 24.00

C. TERENCE MCCORMACK
Full Name (Last, First, Middle Initial)

Mailing Address 6221 Oak Tree Drive N

City Lorain State OH Zip Code 44053

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SAFETY & HEALTH COORDINATOR

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
 09 / 04 / 2015
Transaction ID : SA11AI.91921

Amount of Each Receipt this Period
 12.00

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| SUBTOTAL of Receipts This Page (optional).....▶ | 76.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 399 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. TERENCE MCCORMACK
Full Name (Last, First, Middle Initial)
Mailing Address 6221 Oak Tree Drive N
City Lorain State OH Zip Code 44053
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SAFETY & HEALTH COORDINATOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92055
Amount of Each Receipt this Period 12.00

B. MALINDA E. MCCORMICK
Full Name (Last, First, Middle Initial)
Mailing Address 5251 Greenville Drive
City Bryans Road State MD Zip Code 20616
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT III
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.79

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91099
Amount of Each Receipt this Period 17.27

C. MALINDA E. MCCORMICK
Full Name (Last, First, Middle Initial)
Mailing Address 5251 Greenville Drive
City Bryans Road State MD Zip Code 20616
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT III
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 239.06

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91449
Amount of Each Receipt this Period 17.27

SUBTOTAL of Receipts This Page (optional)..... ▶ 46.54
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 400 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 390.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91662
 Amount of Each Receipt this Period 60.00

B. TERESA L. MCCULLOUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 269082 Highway 101
 City Sequim State WA Zip Code 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92309
 Amount of Each Receipt this Period 15.00

C. WILLIAM R. MCDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26760 North Run Road
 City Albany State OH Zip Code 45710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TECHNICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91922
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.00
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 401 OF 688 |
| <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. WILLIAM R. MCDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26760 North Run Road
 City Albany State OH Zip Code 45710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TECHNICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92056
 Amount of Each Receipt this Period 12.00

B. BRIAN P. MCDONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Chestnut Lane
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.75

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91101
 Amount of Each Receipt this Period 54.75

C. BRIAN P. MCDONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Chestnut Lane
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 985.50

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91451
 Amount of Each Receipt this Period 54.75

SUBTOTAL of Receipts This Page (optional).....▶ 121.50
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

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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. GERALD MCENTEE

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 ▼
 1256.61

Date of Receipt
 09 / 02 / 2015
Transaction ID : SA11AI.91302

Amount of Each Receipt this Period
 139.80

Full Name (Last, First, Middle Initial)
B. JERI MCEWEN

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 ▼
 454.94

Date of Receipt
 09 / 09 / 2015
Transaction ID : SA11AI.91663

Amount of Each Receipt this Period
 51.14

Full Name (Last, First, Middle Initial)
C. THERESA MCGEE

Mailing Address P.O. Box 123

City Oak Harbor State WA Zip Code 98277

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 ▼
 204.00

Date of Receipt
 09 / 10 / 2015
Transaction ID : SA11AI.92187

Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.94

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 404 OF 688 |
| | <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. 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 ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92409
 Amount of Each Receipt this Period
 40.00

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 ▼ 820.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92463
 Amount of Each Receipt this Period
 40.00

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 ▼ 860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92517
 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**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 405 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. CARROLL J. MCGUIRE
Full Name (Last, First, Middle Initial)

Mailing Address 306 E. Marion

City Marion State IL Zip Code 62959

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC AID INVESTIGATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93011

Amount of Each Receipt this Period 30.00

B. CARROLL J. MCGUIRE
Full Name (Last, First, Middle Initial)

Mailing Address 306 E. Marion

City Marion State IL Zip Code 62959

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC AID INVESTIGATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93096

Amount of Each Receipt this Period 30.00

C. 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 ▼ 448.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92873

Amount of Each Receipt this Period 49.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.84

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 406 OF 688 |
| | <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. 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 ▼ 327.08

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92410
 Amount of Each Receipt this Period 19.24

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 ▼ 346.32

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92464
 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 ▼ 365.56

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92518
 Amount of Each Receipt this Period 19.24

| | |
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| 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: PAGE 407 OF 688
(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. CHERYL L. MCKINNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 E 65th Street
 City Tacoma State WA Zip Code 98404
 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
 09 / 10 / 2015
Transaction ID : SA11AI.92188
 Amount of Each Receipt this Period
 13.00

B. CHERYL L. MCKINNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 E 65th Street
 City Tacoma State WA Zip Code 98404
 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 ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92312
 Amount of Each Receipt this Period
 13.00

C. CAROL L. MCLAURIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2355 Mayfair Road
 City Dayton State OH Zip Code 45405
 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 ▼ 209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92057
 Amount of Each Receipt this Period
 11.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 37.00
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 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼
255.00

Date of Receipt

| | | | | |
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| M M | / | D D | / | Y Y Y Y |
| 09 | / | 10 | / | 2015 |

Transaction ID : SA11AI.92189

Amount of Each Receipt this Period
15.00

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 ▼
270.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 25 | / | 2015 |

Transaction ID : SA11AI.92313

Amount of Each Receipt this Period
15.00

C. CATHEY A. MCMURRY
Full Name (Last, First, Middle Initial)
Mailing Address 556 Mill Creek Road

| | | |
|-----------------|-------------|-------------------|
| City Raymond | State WA | Zip Code 98577 |
|-----------------|-------------|-------------------|

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 | / | D D | / | Y Y Y Y |
| 09 | / | 10 | / | 2015 |

Transaction ID : SA11AI.92190

Amount of Each Receipt this Period
14.00

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|---|-------|
| 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: PAGE 409 OF 688
(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. CATHEY A. MCMURRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 556 Mill Creek Road
 City Raymond State WA Zip Code 98577
 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 ▼ 252.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92314
 Amount of Each Receipt this Period 14.00

B. CONNIE MCPHERSON
 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 09 / 10 / 2015
Transaction ID : SA11AI.92191
 Amount of Each Receipt this Period 20.00

C. CONNIE MCPHERSON
 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 09 / 25 / 2015
Transaction ID : SA11AI.92315
 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 410 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. EVARN A. MCRAE
Full Name (Last, First, Middle Initial)

Mailing Address 802 N. Drexel Avenue

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 UNEMPLOYMENT CLAIMS REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91924

Amount of Each Receipt this Period 15.00

B. EVARN A. MCRAE
Full Name (Last, First, Middle Initial)

Mailing Address 802 N. Drexel Avenue

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 UNEMPLOYMENT CLAIMS REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92058

Amount of Each Receipt this Period 15.00

C. DIANNE MCTEER
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/MBR Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92637

Amount of Each Receipt this Period 25.00

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 411 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91925
 Amount of Each Receipt this Period
15.00

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 **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92059
 Amount of Each Receipt this Period
15.00

C. RANDY E. MEADE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3157 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 STAFF REPRESENTATIVE
 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
 09 / 18 / 2015
Transaction ID : SA11AI.92060
 Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional)..... **41.00**
TOTAL This Period (last page this line number only).....

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 412 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 240.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.93621

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 ▼ 640.87

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.91817

Amount of Each Receipt this Period 67.46

C. 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 ▼ 708.33

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92061

Amount of Each Receipt this Period 67.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.92

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 413 OF 688 |
| | <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. 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 ▼
881.62

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91102

Amount of Each Receipt this Period
51.86

B. 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 ▼
933.48

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91452

Amount of Each Receipt this Period
51.86

C. DONALD MEHREN
Full Name (Last, First, Middle Initial)

Mailing Address 6925 Woodland Blvd.

City Minnesota City State MN Zip Code 55959

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 ▼
600.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.92874

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶ 163.72

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

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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. 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 ▼ 252.32

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11AI.93612
 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 ▼ 268.09

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.93617
 Amount of Each Receipt this Period 15.77

C. STEPHEN M. MELLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 449 High Street #F
 City Somerset State MA Zip Code 02726-0000
 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 ▼ 360.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.93430
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.54
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 415 OF 688 |
| | <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. 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 ▼ 240.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.93622

Amount of Each Receipt this Period 15.00

B. 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 ▼ 340.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91103

Amount of Each Receipt this Period 20.00

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 ▼ 360.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91453

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**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 416 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. MARTHA J. MERRILL
Full Name (Last, First, Middle Initial)

Mailing Address 1433 W Belle Plaine Avenue

City Chicago State IL Zip Code 60613

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 ▼ 589.60

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92957

Amount of Each Receipt this Period 73.70

B. MARTHA J. MERRILL
Full Name (Last, First, Middle Initial)

Mailing Address 1433 W Belle Plaine Avenue

City Chicago State IL Zip Code 60613

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 ▼ 663.30

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93097

Amount of Each Receipt this Period 73.70

C. 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 ▼ 918.99

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91104

Amount of Each Receipt this Period 54.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 202.15

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 417 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
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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 ▼ **973.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91454

Amount of Each Receipt this Period
54.75

B. JULIE L. METHENA
Full Name (Last, First, Middle Initial)

Mailing Address 153 S Grove Street

City Bowling Green State OH Zip Code 43402

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 ▼ **209.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92062

Amount of Each Receipt this Period
11.00

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92760

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **105.75**

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 418 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | | <input type="checkbox"/> 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. 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/LOCAL 2998 Occupation REGISTERED NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **09 / 16 / 2015**

Transaction ID : SA11AI.92638

Amount of Each Receipt this Period **15.00**

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 ▼ **588.70**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93187

Amount of Each Receipt this Period **65.70**

C. JUDITH MICHAELSON
Full Name (Last, First, Middle Initial)

Mailing Address 20232 South St

City Hancock State MI Zip Code 49930

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

Name of Employer AFSCME MI CN 25 Occupation CENA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 16 / 2015**

Transaction ID : SA11AI.93437

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **105.70**

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

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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. 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 ▼ 506.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91272
 Amount of Each Receipt this Period 14.00

B. GARY W. MILLARD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 112
 City Oquawka State IL Zip Code 61469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.20

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93012
 Amount of Each Receipt this Period 30.40

C. GARY W. MILLARD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 112
 City Oquawka State IL Zip Code 61469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.60

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93098
 Amount of Each Receipt this Period 30.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 74.80
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 420 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 400.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92875

Amount of Each Receipt this Period 400.00

B. DORINDA K. MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1601 E Fairlawn Drive

City Urbana State IL Zip Code 61802

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SUPPORT STAFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.75

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93013

Amount of Each Receipt this Period 20.85

C. DORINDA K. MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 1601 E Fairlawn Drive

City Urbana State IL Zip Code 61802

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SUPPORT STAFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 354.45

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93099

Amount of Each Receipt this Period 41.70

SUBTOTAL of Receipts This Page (optional).....▶ 102.55

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

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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. MORGAN MILLER
 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 **255.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92761
 Amount of Each Receipt this Period
44.84

B. SCOTT D. MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2056 W Hutchinson 2nd Fl.
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **645.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92958
 Amount of Each Receipt this Period
80.74

C. SCOTT D. MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2056 W Hutchinson 2nd Fl.
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **726.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93100
 Amount of Each Receipt this Period
80.74

SUBTOTAL of Receipts This Page (optional)..... **206.32**
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

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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. TIMOTHY MILLER
 Full Name (Last, First, Middle Initial)
 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 ▼ 693.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91667
 Amount of Each Receipt this Period 76.12

B. KAREN L. MILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8616 Golden Given Road 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 ▼ 212.50

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92192
 Amount of Each Receipt this Period 12.50

C. KAREN L. MILTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8616 Golden Given Road 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 ▼ 225.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92316
 Amount of Each Receipt this Period 12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 101.12
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 423 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 D. MITCHELL
Full Name (Last, First, Middle Initial)

Mailing Address 538 Maple Avenue

City Madison State WI Zip Code 53704

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

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 872.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91271

Amount of Each Receipt this Period 100.00

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 ▼ 1038.37

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93188

Amount of Each Receipt this Period 118.14

C. VICTORIA MITCHELL
Full Name (Last, First, Middle Initial)

Mailing Address 420 West 45th Street

City New York State NY Zip Code 10036

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 ▼ 1330.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.93456

Amount of Each Receipt this Period 140.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 358.14

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 424 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 |
|---------------------|-------------|-------------------|

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 ▼
282.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2015 |

Transaction ID : SA11AI.92667

Amount of Each Receipt this Period
21.00

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 ▼
303.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2015 |

Transaction ID : SA11AI.92762

Amount of Each Receipt this Period
21.00

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 ▼
282.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 08 | / | 2015 |

Transaction ID : SA11AI.92668

Amount of Each Receipt this Period
21.00

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 63.00 |
| 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 425 OF 688
(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. JASON D. MOATS
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Spahr P.O. Box 95
 City State Zip Code
 Mount Union IA 52644
 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 ▼
 303.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.92763
 Amount of Each Receipt this Period
 21.00

B. JASON D. MOATS
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Spahr P.O. Box 95
 City State Zip Code
 Mount Union IA 52644
 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 ▼
 347.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92764
 Amount of Each Receipt this Period
 44.00

C. KELLY L. MOBLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3739 Elmlawn Drive
 City State Zip Code
 Toledo OH 43614
 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 ▼
 653.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92412
 Amount of Each Receipt this Period
 38.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.47
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: PAGE 426 OF 688
(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. 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 ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92466
 Amount of Each Receipt this Period
 38.47

B. 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 ▼ 730.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92520
 Amount of Each Receipt this Period
 38.47

C. DEBORAH MOEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1508 309th Avenue NW
 City Cambridge State MN Zip Code 55008-6939
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92876
 Amount of Each Receipt this Period
 24.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.94
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 427 OF 688
(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. ROBERT MOFFITT

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/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
09 / 08 / 2015

Transaction ID : **SA11AI.92669**

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. ROBERT MOFFITT

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/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
09 / 16 / 2015

Transaction ID : **SA11AI.92765**

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. MATTHEW J. MOLEK

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 ▼ **416.80**

Date of Receipt
09 / 17 / 2015

Transaction ID : **SA11AI.92626**

Amount of Each Receipt this Period
41.68

SUBTOTAL of Receipts This Page (optional)..... ▶ **101.68**

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 428 OF 688 |
| <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. 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 ▼ **569.50**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.92413

Amount of Each Receipt this Period

| |
|-------|
| 33.50 |
|-------|

B. 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 ▼ **603.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92467

Amount of Each Receipt this Period

| |
|-------|
| 33.50 |
|-------|

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 ▼ **636.50**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92521

Amount of Each Receipt this Period

| |
|-------|
| 33.50 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 100.50 |
| 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 429 OF 688 |
| | <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. KAREN MOMBERGER
Full Name (Last, First, Middle Initial)

Mailing Address 102 Manor Road

City New Kensington State PA Zip Code 15068

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 ▼ **917.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91670

Amount of Each Receipt this Period
103.18

B. 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 ▼ **357.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93488

Amount of Each Receipt this Period
42.00

C. JAY A. MONTGOMERY
Full Name (Last, First, Middle Initial)

Mailing Address 787 Green Hills Road

City Birdsboro State PA Zip Code 19508

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

Name of Employer AFSCME PA CN 13/NSP/LOCAL 2763 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
 09 / 09 / 2015
Transaction ID : SA11AI.91789

Amount of Each Receipt this Period
20.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 165.18 |
| 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 430 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 MONTUORI
Full Name (Last, First, Middle Initial)

Mailing Address 444 East Main Street

City New Britain State CT Zip Code 06051-0000

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 ▼ 203.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.93413

Amount of Each Receipt this Period
 16.70

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 BUSINESS MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93562

Amount of Each Receipt this Period
 110.00

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 ▼ 714.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.93404

Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.70

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 431 OF 688
(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 ▼ 728.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91273
 Amount of Each Receipt this Period
 14.00

B. ERIC D. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Wildwood Drive Apt 22
 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 STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : SA11AI.93613
 Amount of Each Receipt this Period
 22.50

C. ERIC D. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Wildwood Drive Apt 22
 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 STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11AI.93618
 Amount of Each Receipt this Period
 22.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.00
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 432 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 272.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015

Transaction ID : SA11AI.92193

Amount of Each Receipt this Period
 16.00

B. 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 ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.92317

Amount of Each Receipt this Period
 16.00

C. PATRICK G. MORAN
Full Name (Last, First, Middle Initial)

Mailing Address 415 U Street NW

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 488.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015

Transaction ID : SA11AI.93682

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 433 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 MORCK
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 ▼ **209.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : SA11AI.92767

Amount of Each Receipt this Period
11.00

B. FRANCIS MORONEY
Full Name (Last, First, Middle Initial)

Mailing Address 14 Jamaica Road

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 EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1043.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93563

Amount of Each Receipt this Period
120.00

C. 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 ▼ **674.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91674

Amount of Each Receipt this Period
76.12

SUBTOTAL of Receipts This Page (optional)..... ▶ **207.12**

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 434 OF 688
(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. MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 N. Bunchberry Court
 City Athens State IL Zip Code 62613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93014
 Amount of Each Receipt this Period 84.00

B. CHRISTOPHER A. MORRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 N. Bunchberry Court
 City Athens State IL Zip Code 62613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 426.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93101
 Amount of Each Receipt this Period 84.00

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 ▼ 627.81

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92414
 Amount of Each Receipt this Period 36.93

SUBTOTAL of Receipts This Page (optional)..... ▶ 204.93
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 435 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **664.74**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92468

Amount of Each Receipt this Period **36.93**

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 ▼ **701.67**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92522

Amount of Each Receipt this Period **36.93**

C. RODNEY D MOSBY
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Waterford Drive

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **738.63**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91105

Amount of Each Receipt this Period **44.10**

SUBTOTAL of Receipts This Page (optional)..... **117.96**

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 436 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼
782.73

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91455

Amount of Each Receipt this Period
44.10

B. LATASHIA N. MOSELEY
Full Name (Last, First, Middle Initial)

Mailing Address 1879 Biscayne Bay Circle

City State Zip Code
Jacksonville FL 32218

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 ▼
788.63

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91106

Amount of Each Receipt this Period
46.39

C. LATASHIA N. MOSELEY
Full Name (Last, First, Middle Initial)

Mailing Address 1879 Biscayne Bay Circle

City State Zip Code
Jacksonville FL 32218

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 ▼
835.02

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91456

Amount of Each Receipt this Period
46.39

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 437 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 W. MOSIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1076 Cairns 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91928
 Amount of Each Receipt this Period
 14.00

B. DOUGLAS W. MOSIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1076 Cairns 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 ▼ 266.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92064
 Amount of Each Receipt this Period
 14.00

C. MICHELLE MULHERIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2462 Cleveland Avenue
 City Reading State PA Zip Code 19609
 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 ▼ 674.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91678
 Amount of Each Receipt this Period
 76.12

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 104.12 |
| 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 438 OF 688 |
| | <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. MULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 544 Clermont Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation TRADES LABORER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1677.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91679
 Amount of Each Receipt this Period
 182.34

B. DEBORA L. MULROONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2911 SE 20th Avenue
 City Albany State OR Zip Code 97322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation COURT 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
 09 / 30 / 2015
Transaction ID : SA11AI.93465
 Amount of Each Receipt this Period
 25.00

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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92194
 Amount of Each Receipt this Period
 25.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 232.34 |
| 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 439 OF 688
(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 J MUNTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 Ray Nash Drive NW
 City State Zip Code
 Gig Harbor WA 98335
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92318
 Amount of Each Receipt this Period
 25.00

B. DEBORA A. MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5718 Mayfair Street SW
 City State Zip Code
 Cedar Rapids IA 52404
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.92670
 Amount of Each Receipt this Period
 25.00

C. DEBORA A. MURPHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5718 Mayfair Street SW
 City State Zip Code
 Cedar Rapids IA 52404
 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 ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.92768
 Amount of Each Receipt this Period
 25.00

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 440 OF 688 |
| | <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. 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 ▼ **853.40**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91107

Amount of Each Receipt this Period

| |
|-------|
| 50.20 |
|-------|

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 ▼ **903.60**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91457

Amount of Each Receipt this Period

| |
|-------|
| 50.20 |
|-------|

C. JO MUSEL-PARR
Full Name (Last, First, Middle Initial)

Mailing Address 2488 Woodcrest Drive

| | | |
|----------------|-------------|-------------------|
| City Chaska | State MN | Zip Code 55318 |
|----------------|-------------|-------------------|

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 ▼ **290.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93578

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

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| SUBTOTAL of Receipts This Page (optional).....▶ | 130.40 |
| 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 441 OF 688 |
| | <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. JO MUSEL-PARR
Full Name (Last, First, Middle Initial)

Mailing Address 2488 Woodcrest Drive

City Chaska State MN Zip Code 55318

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 ▼ 320.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.93599

Amount of Each Receipt this Period 30.00

B. RAMONE MYERS
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 ▼ 203.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92195

Amount of Each Receipt this Period 27.00

C. RAMONE MYERS
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 ▼ 219.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92320

Amount of Each Receipt this Period 16.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.00

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 442 OF 688
(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 ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92415
 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 ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92469
 Amount of Each Receipt this Period
 40.00

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 ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92523
 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: (check only one) | PAGE 443 OF 688 |
| <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 ▼ 470.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : SA11AI.92321

Amount of Each Receipt this Period
 52.26

B. REBECCA NASSARRE
Full Name (Last, First, Middle Initial)

Mailing Address 1701 S Norfolk Street

City San Mateo State CA Zip Code 94403

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

Name of Employer AFSCME CA CN 57/SAN MATEO CNTY Occupation SOCIAL WORKER

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
 09 / 08 / 2015

Transaction ID : SA11AI.93354

Amount of Each Receipt this Period
 75.00

C. EDWARD A. NASTARI
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 ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015

Transaction ID : SA11AI.93564

Amount of Each Receipt this Period
 72.50

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 199.76 |
| 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 444 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. RACHEL E. NAUMAN
Full Name (Last, First, Middle Initial)

Mailing Address 11021 Horseshoe Drive

City Frederick State MD Zip Code 21701-3397

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

Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.44

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91108

Amount of Each Receipt this Period 76.59

B. RACHEL E. NAUMAN
Full Name (Last, First, Middle Initial)

Mailing Address 11021 Horseshoe Drive

City Frederick State MD Zip Code 21701-3397

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

Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1302.03

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91458

Amount of Each Receipt this Period 76.59

C. NORMAN NEELY
Full Name (Last, First, Middle Initial)

Mailing Address 108 Iliad Drive

City Tinley Park State IL Zip Code 60477

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 ▼ 580.64

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92959

Amount of Each Receipt this Period 72.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.76

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: PAGE 445 OF 688
(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. NORMAN NEELY
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Iliad Drive
 City State Zip Code
 Tinley Park IL 60477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 653.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93102
 Amount of Each Receipt this Period
 72.58

B. CHELSA A. NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City State Zip Code
 South St. Paul MN 55075
 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 ▼
 484.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92877
 Amount of Each Receipt this Period
 53.84

C. CYNTHIA NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2648 Garfield Street NE
 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 ▼
 662.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92878
 Amount of Each Receipt this Period
 73.68

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.10
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 446 OF 688
(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 NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 909 Carmen Lane
 City Mendota Heights State MN Zip Code 55118
 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 ▼ 288.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92879
 Amount of Each Receipt this Period 32.00

B. RICHARD NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Park
 City Springfield State MN Zip Code 56087
 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 ▼ 660.76

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93579
 Amount of Each Receipt this Period 71.36

C. RICHARD NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 South Park
 City Springfield State MN Zip Code 56087
 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 ▼ 732.12

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.93600
 Amount of Each Receipt this Period 71.36

SUBTOTAL of Receipts This Page (optional)..... ▶ 174.72
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 447 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. RENEE NESTLER
Full Name (Last, First, Middle Initial)

Mailing Address 27 Fetzer Court
Unit 1

City Bloomington State IL Zip Code 61704

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 ▼
524.00

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11AI.92960

Amount of Each Receipt this Period
68.02

B. RENEE NESTLER
Full Name (Last, First, Middle Initial)

Mailing Address 27 Fetzer Court
Unit 1

City Bloomington State IL Zip Code 61704

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 ▼
592.02

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93103

Amount of Each Receipt this Period
68.02

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 ▼
936.96

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91681

Amount of Each Receipt this Period
99.78

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.82

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 448 OF 688 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <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. MICHAEL NEWMAN
Full Name (Last, First, Middle Initial)

Mailing Address 4031 N. Hermitage Avenue

City Chicago State IL Zip Code 60613

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

Name of Employer AFSCME IL CN 31 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **887.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92961

Amount of Each Receipt this Period
110.92

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

Mailing Address 4031 N. Hermitage Avenue

City Chicago State IL Zip Code 60613

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

Name of Employer AFSCME IL CN 31 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **998.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93104

Amount of Each Receipt this Period
110.92

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 ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92196

Amount of Each Receipt this Period
20.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 241.84 |
| 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 449 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **360.00**

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92322

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 ▼ **325.00**

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.92197

Amount of Each Receipt this Period
21.00

C. 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 ▼ **346.00**

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92323

Amount of Each Receipt this Period
21.00

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: PAGE 450 OF 688
(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. 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 ▼ 385.78

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93192
 Amount of Each Receipt this Period 41.30

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 ▼ 360.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92671
 Amount of Each Receipt this Period 20.00

C. 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 ▼ 380.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92769
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.30
TOTAL This Period (last page this line 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 451 OF 688
(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. CHARYN L. NIEMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Devonshire Road
 City State Zip Code
 Montesano WA 98563
 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 ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92198
 Amount of Each Receipt this Period
 12.00

B. CHARYN L. NIEMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Devonshire Road
 City State Zip Code
 Montesano WA 98563
 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 ▼
 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92324
 Amount of Each Receipt this Period
 12.00

C. JOSEPH NILSSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3215 Eastland Circle SE
 City State Zip Code
 Olympia WA 98501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/STATE OF WA CLERICAL
 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
 09 / 10 / 2015
Transaction ID : SA11AI.92199
 Amount of Each Receipt this Period
 21.00

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 452 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **378.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2015 |

Transaction ID : SA11AI.92325

Amount of Each Receipt this Period

| |
|-------|
| 21.00 |
|-------|

B. GARRY Y NITTA
Full Name (Last, First, Middle Initial)

Mailing Address 251 Nalani Street

| | | |
|-----------------|-------------|-------------------|
| City Makawao | State HI | Zip Code 96768 |
|-----------------|-------------|-------------------|

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 ▼ **225.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93308

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

C. JEREMY NOELLE
Full Name (Last, First, Middle Initial)

Mailing Address 1421 N 14th Street

| | | |
|----------------|-------------|-------------------|
| City Herrin | State IL | Zip Code 62948 |
|----------------|-------------|-------------------|

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 ▼ **567.20**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.92962

Amount of Each Receipt this Period

| |
|-------|
| 70.90 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 116.90 |
| 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 453 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JEREMY NOELLE
Full Name (Last, First, Middle Initial)

Mailing Address 1421 N 14th Street

City Herrin State IL Zip Code 62948

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 ▼ **638.10**

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93105

Amount of Each Receipt this Period
70.90

B. CAROL NOLAND
Full Name (Last, First, Middle Initial)

Mailing Address 860 Halekauwila Street Apt. 1107

City Honolulu State HI Zip Code 96813

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

Name of Employer AFSCME HI RET CHPT 646 Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.47**

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11AI.93343

Amount of Each Receipt this Period
25.83

C. CHARLES NOLAND
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Lae Lae Way

City Honolulu State HI Zip Code 96819

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

Name of Employer AFSCME HI RET CHPT 646 Occupation RETIREE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.47**

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11AI.93344

Amount of Each Receipt this Period
25.83

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

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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. MARCIA M. NORTHERN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1757 N. Rutherford
 City Chicago State IL Zip Code 60707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN
 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
 09 / 01 / 2015
Transaction ID : SA11AI.93015
 Amount of Each Receipt this Period
 26.00

B. MARCIA M. NORTHERN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1757 N. Rutherford
 City Chicago State IL Zip Code 60707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93106
 Amount of Each Receipt this Period
 26.00

C. WILLIAM NOWEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1382 Elbur 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 ▼ 494.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93193
 Amount of Each Receipt this Period
 56.02

SUBTOTAL of Receipts This Page (optional)..... ▶ 108.02
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 455 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 NUNEZ
Full Name (Last, First, Middle Initial)

Mailing Address 589 Americana Way
Unit 317

City Glendale State CA Zip Code 91210

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

Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
09 / 10 / 2015
Transaction ID : SA11AI.93378

Amount of Each Receipt this Period
30.00

B. VICTORIA M. NUZZI
Full Name (Last, First, Middle Initial)

Mailing Address 9506 Park Meridian Drive

City Indianapolis State IN Zip Code 46260

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 ▼
580.52

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91109

Amount of Each Receipt this Period
34.76

C. VICTORIA M. NUZZI
Full Name (Last, First, Middle Initial)

Mailing Address 9506 Park Meridian Drive

City Indianapolis State IN Zip Code 46260

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 ▼
615.28

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91459

Amount of Each Receipt this Period
34.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 99.52

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 456 OF 688 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. RYAN C. OCHMANEK
Full Name (Last, First, Middle Initial)

Mailing Address 2651 Point Pleasant Way

City Toledo State OH Zip Code 43611

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 09 / 04 / 2015
Transaction ID : SA11AI.91929

Amount of Each Receipt this Period 12.00

B. RYAN C. OCHMANEK
Full Name (Last, First, Middle Initial)

Mailing Address 2651 Point Pleasant Way

City Toledo State OH Zip Code 43611

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 ▼ 228.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92065

Amount of Each Receipt this Period 12.00

C. ZACHARY T. OGLE
Full Name (Last, First, Middle Initial)

Mailing Address 1945 State Route 271 S

City Lewisport State KY Zip Code 42351

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 ▼ 200.80

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91460

Amount of Each Receipt this Period 20.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 44.08

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 457 OF 688 |
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| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 ▼
491.85

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91111

Amount of Each Receipt this Period
29.49

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 ▼
521.34

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91461

Amount of Each Receipt this Period
29.49

C. TRAVIS OHM
Full Name (Last, First, Middle Initial)

Mailing Address 8 Highland Road

City State Zip Code
Seven Valleys PA 17360

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 ▼
917.84

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.91683

Amount of Each Receipt this Period
103.18

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 162.16 |
| 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

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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. ERIN S. OKANTEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Pepper Court
 City State Zip Code
 Westerville OH 43082
 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 ▼
 1041.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91112
 Amount of Each Receipt this Period
 75.72

B. ERIN S. OKANTEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Pepper Court
 City State Zip Code
 Westerville OH 43082
 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 ▼
 1117.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91462
 Amount of Each Receipt this Period
 75.72

C. RUSSELL K. OKATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 Wilder Avenue
 City State Zip Code
 Honolulu HI 96822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME HI LOC 152 RETIREE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93310
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 251.44
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 459 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. YVONNE OLIVARES-MALDONADO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4855 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 ▼ 466.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.93405
 Amount of Each Receipt this Period
 84.00

B. 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 ▼ 335.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93195
 Amount of Each Receipt this Period
 36.66

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 ▼ 1109.59

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91113
 Amount of Each Receipt this Period
 65.27

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 185.93 |
| 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. 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 ▼ 1174.86

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91463
 Amount of Each Receipt this Period 65.27

B. 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 ▼ 454.94

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91685
 Amount of Each Receipt this Period 51.14

C. KARMEN LEE ORTLOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 Embarcadero Suite 305
 City Oakland State CA Zip Code 94606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA CN 57/EAST BAY PARKS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.25

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11AI.93357
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional).....▶ 146.41
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. ROBIN C. ORTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3275 E Hook Waltz Road
 City State Zip Code
 Elida OH 45807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4/BATH LSD STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 217.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92612
 Amount of Each Receipt this Period
 19.24

B. NATHAN L. OSBON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 276th Avenue
 Apt. 6
 City State Zip Code
 Montrose IA 52639
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.92672
 Amount of Each Receipt this Period
 15.00

C. NATHAN L. OSBON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 276th Avenue
 Apt. 6
 City State Zip Code
 Montrose IA 52639
 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 ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.92771
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 49.24
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

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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. MARY E. OSBORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1823 25th Avenue N.
 City State Zip Code
 Minneapolis MN 55411
 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 ▼
 223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92880
 Amount of Each Receipt this Period
 22.30

B. PETER S. OSHIRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 95-1076 Pikokea Street
 City State Zip Code
 Mililani Town HI 96789
 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 ▼
 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93311
 Amount of Each Receipt this Period
 42.00

C. CURT A. OSTRANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 First Tavern Road
 City State Zip Code
 Jaffrey NH 03452-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L INT'L UNION BARGAINING REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 853.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91114
 Amount of Each Receipt this Period
 50.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 114.50
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 463 OF 688 |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> |

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

A. 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 ▼ 903.60

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91464

Amount of Each Receipt this Period 50.20

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 ▼ 798.49

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91115

Amount of Each Receipt this Period 47.33

C. 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 ▼ 845.82

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91465

Amount of Each Receipt this Period 47.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.86

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 464 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 K. OTTO
Full Name (Last, First, Middle Initial)

Mailing Address E 3717 County Road P

City Menomonie State WI Zip Code 54751

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

Name of Employer AFSCME WI CN 40/LOCAL 727 Occupation SERVICE WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.93512

Amount of Each Receipt this Period **25.00**

B. ROBERT W. OVERTURF
Full Name (Last, First, Middle Initial)

Mailing Address 1318 E. Rockwell Avenue

City Spokane State WA Zip Code 99207

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 **09 / 10 / 2015**

Transaction ID : SA11AI.92200

Amount of Each Receipt this Period **20.00**

C. ROBERT W. OVERTURF
Full Name (Last, First, Middle Initial)

Mailing Address 1318 E. Rockwell Avenue

City Spokane State WA Zip Code 99207

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 ▼ **341.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92326

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

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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. 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 Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93565
 Amount of Each Receipt this Period 40.00

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 ▼ 642.62

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92416
 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 ▼ 677.48

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92470
 Amount of Each Receipt this Period 34.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.72
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 466 OF 688
(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 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 ▼ 712.34

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92524
 Amount of Each Receipt this Period 34.86

B. KOREN PARKER
 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 ▼ 312.14

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91687
 Amount of Each Receipt this Period 36.86

C. TAMMY PARMLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Old Route 146 Loop
 City Vienna State IL Zip Code 62995
 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 ▼ 425.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93016
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.72
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

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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. TAMMY PARMLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Old Route 146 Loop
 City Vienna State IL Zip Code 62995
 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 ▼ 475.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93107
 Amount of Each Receipt this Period 50.00

B. 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 ▼ 408.14

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.93505
 Amount of Each Receipt this Period 20.00

C. KEITH PARSONS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7564 Cindell Street SE
 City Canton State OH Zip Code 44730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.09

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.93242
 Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.62
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 469 OF 688
(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. 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 ▼ 349.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92201
 Amount of Each Receipt this Period 21.00

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 ▼ 370.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92328
 Amount of Each Receipt this Period 21.00

C. ROSALYN O. PEACH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 79
 City Robinson State IL Zip Code 62454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.10

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93017
 Amount of Each Receipt this Period 29.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.40
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 470 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ROSALYN O. PEACH
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 79

City Robinson State IL Zip Code 62454

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93109

Amount of Each Receipt this Period
 29.40

B. 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 ▼ 674.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91689

Amount of Each Receipt this Period
 76.12

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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92202

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.52

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

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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. 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 ▼ 360.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92329
 Amount of Each Receipt this Period 20.00

B. GLORIA ANN PEGUES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 Carolwood Avenue
 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 ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91930
 Amount of Each Receipt this Period 12.00

C. GLORIA ANN PEGUES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 Carolwood Avenue
 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 ADMINISTRATIVE ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92067
 Amount of Each Receipt this Period 12.00

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 472 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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/STATE STREET | Occupation RETIREE |
|---|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **658.02**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 02 | | 2015 |

Transaction ID : SA11AI.91304

Amount of Each Receipt this Period

| |
|-------|
| 36.84 |
|-------|

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 ▼ **775.42**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 15 | | 2015 |

Transaction ID : SA11AI.92881

Amount of Each Receipt this Period

| |
|-------|
| 83.38 |
|-------|

C. 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 ▼ **810.42**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 21 | | 2015 |

Transaction ID : SA11AI.92882

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 155.22 |
| 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 474 OF 688 |
| | (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. 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 ▼ **665.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91466

Amount of Each Receipt this Period
36.96

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 ▼ **471.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.93528

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 ▼ **496.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.93529

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **88.18**

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 476 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 892.56

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91467
 Amount of Each Receipt this Period 50.48

B. MICHAEL S. PERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 Sheridan Road
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation DIRECTOR EMP. INV. DEV. & TRAINING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 647.68

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92964
 Amount of Each Receipt this Period 80.96

C. MICHAEL S. PERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 Sheridan Road
 City Wilmette State IL Zip Code 60091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation DIRECTOR EMP. INV. DEV. & TRAINING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 728.64

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93110
 Amount of Each Receipt this Period 80.96

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| SUBTOTAL of Receipts This Page (optional).....▶ | 212.40 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
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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. 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91931
 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 ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92068
 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 ▼ 1469.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91118
 Amount of Each Receipt this Period
 86.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.58
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 478 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **1555.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91468

Amount of Each Receipt this Period
86.58

B. TY PETERSEN
Full Name (Last, First, Middle Initial)

Mailing Address 370 Crescent Loop

City Vienna State IL Zip Code 62995

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 ▼ **580.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.92965

Amount of Each Receipt this Period
72.58

C. TY PETERSEN
Full Name (Last, First, Middle Initial)

Mailing Address 370 Crescent Loop

City Vienna State IL Zip Code 62995

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 ▼ **653.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93111

Amount of Each Receipt this Period
72.58

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 231.74 |
| 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 479 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **858.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91119

Amount of Each Receipt this Period
50.48

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 ▼ **908.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91469

Amount of Each Receipt this Period
50.48

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 ▼ **2560.37**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91120

Amount of Each Receipt this Period
150.61

SUBTOTAL of Receipts This Page (optional)..... ▶ **251.57**

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 480 OF 688
(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. 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 ▼ 2710.98

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91470
 Amount of Each Receipt this Period 150.61

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 ▼ 1219.58

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91121
 Amount of Each Receipt this Period 71.74

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 ▼ 1241.58

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.91318
 Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 244.35
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: (check only one) | PAGE 481 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼
1313.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91471

Amount of Each Receipt this Period
 71.74

B. STACY PFLUGMACHER
Full Name (Last, First, Middle Initial)

Mailing Address 4679 Timberview Drive

City Auburn State IL Zip Code 62615

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 ▼
632.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92966

Amount of Each Receipt this Period
 79.06

C. STACY PFLUGMACHER
Full Name (Last, First, Middle Initial)

Mailing Address 4679 Timberview Drive

City Auburn State IL Zip Code 62615

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 ▼
711.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93112

Amount of Each Receipt this Period
 79.06

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 229.86 |
| 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 482 OF 688 |
| | (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"/> 16 |
| | | <input type="checkbox"/> 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 ▼ 415.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91691

Amount of Each Receipt this Period 50.00

B. 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 ▼ 627.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.91820

Amount of Each Receipt this Period 66.00

C. 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 ▼ 693.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92069

Amount of Each Receipt this Period 66.00

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: (check only one) | PAGE 483 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. STEVAN P. PICKARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 Capricio Street, NE
 City State Zip Code
 Canton OH 44721-2702
 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 ▼
 588.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93196
 Amount of Each Receipt this Period
 65.70

B. MICHAEL PIEPSNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14300 Old Pleasant Road
 City State Zip Code
 Middleburg OH 44130
 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 ▼
 209.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93197
 Amount of Each Receipt this Period
 52.42

C. BRET L. PITTS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 4443
 City State Zip Code
 Sidney OH 45365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HIGHWAY TECH II
 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
 09 / 04 / 2015
Transaction ID : SA11AI.91932
 Amount of Each Receipt this Period
 20.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 138.12 |
| 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 484 OF 688
(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. BRET L. PITTS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 4443
 City State Zip Code
 Sidney OH 45365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HIGHWAY TECH II
 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
 09 / 18 / 2015
Transaction ID : SA11AI.92070
 Amount of Each Receipt this Period
 20.00

B. JOSEPH PLUGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 South Jackson
 City State Zip Code
 Gardner IL 60424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 580.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92967
 Amount of Each Receipt this Period
 72.58

C. JOSEPH PLUGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 South Jackson
 City State Zip Code
 Gardner IL 60424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 653.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93113
 Amount of Each Receipt this Period
 72.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 165.16
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 485 OF 688
(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. KEVAN L. PLUMLEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14039 Allen Road
 City Carterville State IL Zip Code 62918
 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 ▼ 584.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92968
 Amount of Each Receipt this Period
 74.76

B. KEVAN L. PLUMLEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14039 Allen Road
 City Carterville State IL Zip Code 62918
 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 ▼ 658.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93114
 Amount of Each Receipt this Period
 74.76

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 ▼ 360.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91692
 Amount of Each Receipt this Period
 40.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
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 486 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 340.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92204

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 ▼ 360.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92331

Amount of Each Receipt this Period 20.00

C. 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 ▼ 1072.36

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91122

Amount of Each Receipt this Period 63.08

SUBTOTAL of Receipts This Page (optional).....▶ 103.08

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 487 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 R. POLLARD | | | Date of Receipt |
| Mailing Address 9404 Nicklaus Lane | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.91472 |
| Laurel | MD | 20708 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="63.08"/> |
| 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="1135.44"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. MARY L. PORTER | | | Date of Receipt |
| Mailing Address 9800 Bellefontaine Road | | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.91123 |
| St. Louis | MO | 63137 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="38.48"/> |
| Name of Employer | Occupation | | |
| AFSCME INT'L | INTERNATIONAL UNION REPRESENTATIVE | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="634.28"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. MARY L. PORTER | | | Date of Receipt |
| Mailing Address 9800 Bellefontaine Road | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.91473 |
| St. Louis | MO | 63137 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="38.48"/> |
| Name of Employer | Occupation | | |
| AFSCME INT'L | INTERNATIONAL UNION REPRESENTATIVE | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="672.76"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="140.04"/> |
| 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: (check only one) | PAGE 488 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 POST-ALTHAUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Thompson Avenue
 City Des Moines State IA Zip Code 50316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/POLK CNTY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.28

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.92694
 Amount of Each Receipt this Period 13.33

B. BARBARA POST-ALTHAUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Thompson Avenue
 City Des Moines State IA Zip Code 50316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/POLK CNTY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.61

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.92775
 Amount of Each Receipt this Period 13.33

C. 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 ▼ 674.34

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91694
 Amount of Each Receipt this Period 76.12

SUBTOTAL of Receipts This Page (optional).....▶ 102.78
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 489 OF 688
(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. 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 ▼ 820.08

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91124
 Amount of Each Receipt this Period 48.24

B. 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 ▼ 868.32

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91474
 Amount of Each Receipt this Period 48.24

C. 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 ▼ 510.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92205
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional).....▶ 126.48
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 490 OF 688
(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. 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 ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92332
 Amount of Each Receipt this Period
 30.00

B. 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 ▼ 1011.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93581
 Amount of Each Receipt this Period
 97.92

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 ▼ 1109.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : SA11AI.93602
 Amount of Each Receipt this Period
 97.92

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.84
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 491 OF 688 |
| | <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. 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 ▼ **1123.24**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91276

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 ▼ **357.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : SA11AI.92206

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 ▼ **378.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.92333

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**

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 492 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. NEIL J. PRESTON
Full Name (Last, First, Middle Initial)

Mailing Address 845 Stinson Court

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43214 |
|------------------|-------------|-------------------|

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

| | |
|--|---------------------------------|
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation CLAIMS SPECIALIST |
|--|---------------------------------|

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 |
| 09 | / | 04 | / | 2015 |

Transaction ID : SA11AI.91933

Amount of Each Receipt this Period
12.00

B. NEIL J. PRESTON
Full Name (Last, First, Middle Initial)

Mailing Address 845 Stinson Court

| | | |
|------------------|-------------|-------------------|
| City Columbus | State OH | Zip Code 43214 |
|------------------|-------------|-------------------|

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

| | |
|--|---------------------------------|
| Name of Employer AFSCME OH LOC 11/STATE OF OH | Occupation CLAIMS SPECIALIST |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92071

Amount of Each Receipt this Period
12.00

C. 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 ▼
333.44

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.92564

Amount of Each Receipt this Period
20.84

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 44.84 |
| 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 493 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **354.28**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92586

Amount of Each Receipt this Period

| |
|-------|
| 20.84 |
|-------|

B. 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 ▼ **375.12**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.92613

Amount of Each Receipt this Period

| |
|-------|
| 20.84 |
|-------|

C. 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 ▼ **279.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.92883

Amount of Each Receipt this Period

| |
|-------|
| 31.00 |
|-------|

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 72.68 |
| 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 494 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ANASTASIA PRINCE
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 ▼ **210.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015

Transaction ID : SA11AI.92072

Amount of Each Receipt this Period
20.00

B. FRANK PROCHASKA
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1484

City Springfield State IL Zip Code 62705

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 ▼ **580.64**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.92969

Amount of Each Receipt this Period
72.58

C. FRANK PROCHASKA
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1484

City Springfield State IL Zip Code 62705

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 ▼ **653.22**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93115

Amount of Each Receipt this Period
72.58

SUBTOTAL of Receipts This Page (optional)..... **165.16**

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

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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. ALYSON PROUTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4651 Vibert Road
 City State Zip Code
 Saginaw MN 55779
 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 ▼
 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92884
 Amount of Each Receipt this Period
 32.00

B. MARIE A. PRUITT-GARNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7302 Clement Avenue
 City State Zip Code
 Cleveland OH 44105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH
 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
 09 / 18 / 2015
Transaction ID : SA11AI.92073
 Amount of Each Receipt this Period
 11.00

C. IRENE L. PUUOHAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 94-1149 Kaloli Loop
 City State Zip Code
 Waipahu HI 96797
 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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93313
 Amount of Each Receipt this Period
 25.00

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: PAGE 496 OF 688
(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. CARY R. QUICK JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Campground Road
 City State Zip Code
 Anna IL 62906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31/STATE OF IL MENTAL HEALTH TECH I
 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
 09 / 01 / 2015
Transaction ID : SA11AI.93018
 Amount of Each Receipt this Period
 40.00

B. CARY R. QUICK JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Campground Road
 City State Zip Code
 Anna IL 62906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31/STATE OF IL MENTAL HEALTH TECH I
 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
 09 / 30 / 2015
Transaction ID : SA11AI.93116
 Amount of Each Receipt this Period
 40.00

C. LLOYD L. RAINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 15829 Narraganset Oval
 City State Zip Code
 Middleburg Hts OH 44130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 REGIONAL DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92417
 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: (check only one) | PAGE 497 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **770.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92471

Amount of Each Receipt this Period **40.00**

B. 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 ▼ **810.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92525

Amount of Each Receipt this Period **40.00**

C. 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 ▼ **220.00**

Date of Receipt **09 / 24 / 2015**

Transaction ID : SA11AI.93422

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: (check only one) | PAGE 498 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. OSCAR A. RAMOS
Full Name (Last, First, Middle Initial)

Mailing Address 1290 23rd Street 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 MENTAL HEALTH REGISTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93489

Amount of Each Receipt this Period 25.00

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 ▼ 365.04

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91125

Amount of Each Receipt this Period 22.48

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 ▼ 387.52

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91475

Amount of Each Receipt this Period 22.48

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.96

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 499 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 RANDOLPH
Full Name (Last, First, Middle Initial)

Mailing Address 323 60th Street SE

| | | |
|-----------------|-------------|-------------------|
| City Everett | State WA | Zip Code 98203 |
|-----------------|-------------|-------------------|

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 ▼
229.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 10 | / | 2015 |

Transaction ID : SA11AI.92207

Amount of Each Receipt this Period
13.50

B. JOHN RANDOLPH
Full Name (Last, First, Middle Initial)

Mailing Address 323 60th Street SE

| | | |
|-----------------|-------------|-------------------|
| City Everett | State WA | Zip Code 98203 |
|-----------------|-------------|-------------------|

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 ▼
243.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2015 |

Transaction ID : SA11AI.92335

Amount of Each Receipt this Period
13.50

C. ERIK RAU
Full Name (Last, First, Middle Initial)

Mailing Address 721 5th Avenue SW

| | | |
|----------------|-------------|-------------------|
| City Albany | State OR | Zip Code 97321 |
|----------------|-------------|-------------------|

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 ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.93490

Amount of Each Receipt this Period
25.00

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 52.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 500 OF 688 |
| <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. 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 ▼ **674.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11Al.91696

Amount of Each Receipt this Period
76.12

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 ▼ **694.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11Al.91697

Amount of Each Receipt this Period
20.00

C. DENISE REED
Full Name (Last, First, Middle Initial)

Mailing Address 1394 Brookforest 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 EDUCATION SPECIALIST

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
 09 / 04 / 2015
Transaction ID : SA11Al.91935

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **111.12**

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

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 501 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 REED
Full Name (Last, First, Middle Initial)

Mailing Address 1394 Brookforest 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 EDUCATION SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92074

Amount of Each Receipt this Period 15.00

B. HARRISON REED
Full Name (Last, First, Middle Initial)

Mailing Address 2737 Yellowoak Place

City Hilliard State OH Zip Code 43026

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 ▼ 298.46

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93198

Amount of Each Receipt this Period 37.18

C. SHARON REESE
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 ▼ 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92075

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.18

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 502 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼
360.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.92885

Amount of Each Receipt this Period
40.00

B. PATRICK D. REGAN
Full Name (Last, First, Middle Initial)

Mailing Address 1730 37th Avenue NE

City State Zip Code
Minneapolis MN 55421

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

Name of Employer Occupation
AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.92886

Amount of Each Receipt this Period
30.00

C. 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 ▼
515.00

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11AI.93415

Amount of Each Receipt this Period
130.00

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

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 503 OF 688 |
| | <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. 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 **2614.56**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91126
 Amount of Each Receipt this Period **163.41**

B. 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 **2777.97**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91476
 Amount of Each Receipt this Period **163.41**

C. ANITA REYNA
 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 **238.00**

Date of Receipt **09 / 10 / 2015**
Transaction ID : SA11AI.92208
 Amount of Each Receipt this Period **14.00**

| | |
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| SUBTOTAL of Receipts This Page (optional)..... | 340.82 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 504 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="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. ANITA REYNA

Mailing Address 1212 Jefferson Street SE

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Olympia | WA | 98501 |

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 ▼ **252.00**

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92336

Amount of Each Receipt this Period
14.00

Full Name (Last, First, Middle Initial)
B. HARRY RHODES

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 ▼ **643.22**

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91699

Amount of Each Receipt this Period
76.12

Full Name (Last, First, Middle Initial)
C. TIFFANY A. RICCI

Mailing Address 1514 Hamilton Street NW

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

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

| | |
|------------------|------------------------------|
| Name of Employer | Occupation |
| AFSCME INT'L | FIELD COMMUNICATIONS MANAGER |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **745.92**

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91127

Amount of Each Receipt this Period
53.28

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 143.40 |
| 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 505 OF 688 |
| | <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. TIFFANY A. RICCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1514 Hamilton 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 FIELD COMMUNICATIONS MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 799.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91477
 Amount of Each Receipt this Period
 53.28

B. DEEARNEST RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2758 England Avenue
 City Dayton State OH Zip Code 45406
 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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91936
 Amount of Each Receipt this Period
 15.00

C. DEEARNEST RICE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2758 England Avenue
 City Dayton State OH Zip Code 45406
 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 ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92077
 Amount of Each Receipt this Period
 15.00

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|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 83.28 |
| 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 506 OF 688
(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. 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 ▼ 726.65

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91128
 Amount of Each Receipt this Period 43.15

B. 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 ▼ 769.80

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91478
 Amount of Each Receipt this Period 43.15

C. PATTY D. RICH
 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 ▼ 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92078
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 106.30
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 508 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. SHAWN E. RICHARDSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6688 Markwood Street
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH TRANSPORTATION TECHN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92080
 Amount of Each Receipt this Period
 40.00

B. ALAN RICHTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6807 Greenspring Avenue
 City State Zip Code
 Baltimore MD 21209
 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 ▼
 490.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91131
 Amount of Each Receipt this Period
 37.70

C. ALAN RICHTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6807 Greenspring Avenue
 City State Zip Code
 Baltimore MD 21209
 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 ▼
 527.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91480
 Amount of Each Receipt this Period
 37.70

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.40
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 509 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. MICHELLE RIDER
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 ▼ 1286.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91700

Amount of Each Receipt this Period
 152.24

B. CRYSTAL RILEY
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 ▼ 327.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91701

Amount of Each Receipt this Period
 36.98

C. LARRY ANTHONY RINCON
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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.92673

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 204.22

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 510 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LARRY ANTHONY RINCON
 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 ▼ 285.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92777
 Amount of Each Receipt this Period 15.00

B. JOY L. RING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1334 Haloa Drive
 City Honolulu State HI Zip Code 96818
 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 ▼ 760.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93314
 Amount of Each Receipt this Period 100.00

C. LONNIE RIPLEY
 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 ▼ 204.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92209
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.00
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 511 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LONNIE RIPLEY
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 ▼ 216.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92337

Amount of Each Receipt this Period 12.00

B. EVA RIPPETEAU
Full Name (Last, First, Middle Initial)

Mailing Address 7208 N Mowawk

City Portland State OR Zip Code 97203

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

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93491

Amount of Each Receipt this Period 40.00

C. THOMAS J. RITCHIE Sr.
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 REGIONAL DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 904.46

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93199

Amount of Each Receipt this Period 100.94

SUBTOTAL of Receipts This Page (optional).....▶ 152.94

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 512 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. THOMAS A. RIVERA
Full Name (Last, First, Middle Initial)

Mailing Address 388 Oaklyn Road

City Lebanon State PA Zip Code 17042

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 ▼ **309.34**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91703

Amount of Each Receipt this Period **36.86**

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 ▼ **1188.62**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91132

Amount of Each Receipt this Period **70.15**

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 ▼ **1258.77**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91481

Amount of Each Receipt this Period **70.15**

SUBTOTAL of Receipts This Page (optional)..... **177.16**

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 513 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. CLAUDIA ROBERSON
Full Name (Last, First, Middle Initial)

Mailing Address 7340 S. Yates
2nd Fl.

City Chicago State IL Zip Code 60649

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

Name of Employer AFSCME IL CN 31 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **812.64**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : SA11AI.92970

Amount of Each Receipt this Period
101.58

B. CLAUDIA ROBERSON
Full Name (Last, First, Middle Initial)

Mailing Address 7340 S. Yates
2nd Fl.

City Chicago State IL Zip Code 60649

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

Name of Employer AFSCME IL CN 31 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **914.22**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.93117

Amount of Each Receipt this Period
101.58

C. 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 ▼ **450.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.92338

Amount of Each Receipt this Period
50.00

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 253.16 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 514 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.92674

Amount of Each Receipt this Period
20.00

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 ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11AI.92779

Amount of Each Receipt this Period
20.00

C. 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 ▼ **1140.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.91825

Amount of Each Receipt this Period
120.00

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 515 OF 688
(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. 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 ▼ 1260.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92081
 Amount of Each Receipt this Period 120.00

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 ▼ 2144.89

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91133
 Amount of Each Receipt this Period 126.17

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 ▼ 2271.06

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91482
 Amount of Each Receipt this Period 126.17

SUBTOTAL of Receipts This Page (optional)..... ▶ 372.34
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 517 OF 688 |
| <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. 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 **399.00**

Date of Receipt **09 / 08 / 2015**
Transaction ID : SA11AI.91826
 Amount of Each Receipt this Period **42.00**

B. 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 **441.00**

Date of Receipt **09 / 25 / 2015**
Transaction ID : SA11AI.92082
 Amount of Each Receipt this Period **42.00**

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 **2340.08**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91279
 Amount of Each Receipt this Period **70.00**

SUBTOTAL of Receipts This Page (optional)..... **154.00**
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 518 OF 688
(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. 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 ▼ 380.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91707
 Amount of Each Receipt this Period 40.00

B. JEANETTE I. ROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 Adderbury Drive
 City Grove City State OH Zip Code 43123
 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 ▼ 208.40

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92614
 Amount of Each Receipt this Period 20.84

C. MICHAEL ROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 841
 City Mays Landing State NJ Zip Code 08330-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 71/LOCAL 2303 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.93522
 Amount of Each Receipt this Period 63.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.84
TOTAL This Period (last page this line number only)..... ▶

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 519 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ROTH
Full Name (Last, First, Middle Initial)

Mailing Address 6800 N. High Street

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 ▼
797.95

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.93201

Amount of Each Receipt this Period
88.82

B. SUSAN L. ROWE
Full Name (Last, First, Middle Initial)

Mailing Address 207 9th Avenue

City State Zip Code
Slater IA 50244

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 ▼
1020.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.92675

Amount of Each Receipt this Period
55.00

C. SUSAN L. ROWE
Full Name (Last, First, Middle Initial)

Mailing Address 207 9th Avenue

City State Zip Code
Slater IA 50244

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 ▼
1075.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2015

Transaction ID : SA11AI.92780

Amount of Each Receipt this Period
55.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 198.82 |
| 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 520 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <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. COLLEEN RUDDY
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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91710

Amount of Each Receipt this Period
 25.00

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 ▼ 1982.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92418

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 ▼ 1996.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91280

Amount of Each Receipt this Period
 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 149.00

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 688 |
| <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 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 ▼ 2106.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92472
 Amount of Each Receipt this Period 110.00

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 ▼ 2216.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92526
 Amount of Each Receipt this Period 110.00

C. 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 ▼ 1125.81

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91134
 Amount of Each Receipt this Period 66.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 286.46
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 522 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 1192.27

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.91483

Amount of Each Receipt this Period
66.46

B. PAMELA S. RUSSELL
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 ▼ 270.00

Date of Receipt
09 / 08 / 2015
Transaction ID : SA11AI.92676

Amount of Each Receipt this Period
15.00

C. PAMELA S. RUSSELL
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 ▼ 285.00

Date of Receipt
09 / 16 / 2015
Transaction ID : SA11AI.92781

Amount of Each Receipt this Period
15.00

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 | FOR LINE NUMBER: (check only one) | PAGE 523 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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| | <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. 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 ▼ 315.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92639
 Amount of Each Receipt this Period 35.00

B. TURESSA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3567 LEGENDARY DR
 City LAS VEGAS State NV Zip Code 89121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NV LOC 4041 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93454
 Amount of Each Receipt this Period 15.00

C. TURESSA RUSSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3567 LEGENDARY DR
 City LAS VEGAS State NV Zip Code 89121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NV LOC 4041 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.93455
 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 524 OF 688 |
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| <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. 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 **315.00**

Date of Receipt **09 / 08 / 2015**
Transaction ID : SA11AI.91827
Amount of Each Receipt this Period **40.00**

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 **355.00**

Date of Receipt **09 / 25 / 2015**
Transaction ID : SA11AI.92083
Amount of Each Receipt this Period **40.00**

C. LAWRENCE RYAN
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/STATE OF MN Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 29 / 2015**
Transaction ID : SA11AI.92887
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: (check only one) | PAGE 525 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 C. SABIN
Full Name (Last, First, Middle Initial)

Mailing Address 624 Cleveland Street

City State Zip Code
Eveleth MN 55734

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 ▼
449.46

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015
Transaction ID : SA11AI.92888

Amount of Each Receipt this Period
49.94

B. BRIA D. SADDLER
Full Name (Last, First, Middle Initial)

Mailing Address 1999 Hidden gate

City State Zip Code
Columbus OH 43228

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 ▼
209.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015
Transaction ID : SA11AI.92084

Amount of Each Receipt this Period
11.00

C. EDWARD SADLOWSKI
Full Name (Last, First, Middle Initial)

Mailing Address 4400 N Juniper Drive

City State Zip Code
Janesville WI 53545

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

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015
Transaction ID : SA11AI.92972

Amount of Each Receipt this Period
72.58

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 133.52 |
| 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 526 OF 688
(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 SADLOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4400 N Juniper Drive
 City Janesville State WI Zip Code 53545
 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 ▼ 653.22

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93119
 Amount of Each Receipt this Period 72.58

B. 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 ▼ 563.34

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92677
 Amount of Each Receipt this Period 41.67

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 ▼ 605.01

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92782
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.92
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 527 OF 688
(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. 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 ▼ 450.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92678
 Amount of Each Receipt this Period 25.00

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 ▼ 475.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92783
 Amount of Each Receipt this Period 25.00

C. 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/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92889
 Amount of Each Receipt this Period 32.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.00
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 528 OF 688 |
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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. PATRIA L. SAMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Maple Street
Unit C121

City State Zip Code
Bremerton WA 98310

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 ▼
340.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015
Transaction ID : SA11AI.92210

Amount of Each Receipt this Period
20.00

B. PATRIA L. SAMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Maple Street
Unit C121

City State Zip Code
Bremerton WA 98310

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 ▼
360.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2015
Transaction ID : SA11AI.92340

Amount of Each Receipt this Period
20.00

C. PUALEILANI SANBORN
Full Name (Last, First, Middle Initial)

Mailing Address 1374 Mailani Street

City State Zip Code
Hilo HI 96720

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 ▼
232.65

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015
Transaction ID : SA11AI.93315

Amount of Each Receipt this Period
25.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.85

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: PAGE 529 OF 688
(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. 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92211
 Amount of Each Receipt this Period
 20.00

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 ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92341
 Amount of Each Receipt this Period
 20.00

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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92212
 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 530 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 450.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92342

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 ▼ 360.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91940

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 ▼ 380.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92085

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 531 OF 688
(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 ▼
 2178.89

Date of Receipt
 09 / 15 / 2015
Transaction ID : SA11Al.91136

Amount of Each Receipt this Period
 128.17

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 ▼
 2307.06

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11Al.91485

Amount of Each Receipt this Period
 128.17

Full Name (Last, First, Middle Initial)
C. SHELLIE A. SAVAGE

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 ▼
 510.00

Date of Receipt
 09 / 10 / 2015
Transaction ID : SA11Al.92213

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 286.34

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 532 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 SCHEFFER
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 ▼ **210.00**

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.92086

Amount of Each Receipt this Period
20.00

B. 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 ▼ **459.83**

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91711

Amount of Each Receipt this Period
51.14

C. CONTANCE E. SCHLESKY
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 ▼ **223.38**

Date of Receipt
09 / 08 / 2015
Transaction ID : SA11AI.92679

Amount of Each Receipt this Period
12.41

SUBTOTAL of Receipts This Page (optional)..... **83.55**

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 533 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. CONTANCE E. SCHLESKY
 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 **235.79**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11AI.92785
 Amount of Each Receipt this Period **12.41**

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 **577.14**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.91307
 Amount of Each Receipt this Period **64.21**

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 **454.94**

Date of Receipt **09 / 09 / 2015**
Transaction ID : SA11AI.91714
 Amount of Each Receipt this Period **51.14**

SUBTOTAL of Receipts This Page (optional)..... **127.76**
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: PAGE 534 OF 688
(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 ▼ 340.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92214
 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 ▼ 360.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92343
 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 08610-0000
 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 ▼ 240.00

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.93624
 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 535 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. SHANNON SCHROEDER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 207
 City St. Joseph State MN Zip Code 56374
 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 **220.00**

Date of Receipt **09 / 29 / 2015**
Transaction ID : SA11AI.93604
 Amount of Each Receipt this Period **200.00**

B. KENNETH C. SCHROTH JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 Martin Road
 City Indiana State PA Zip Code 15701
 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 **350.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91715
 Amount of Each Receipt this Period **40.00**

C. 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 **674.34**

Date of Receipt **09 / 09 / 2015**
Transaction ID : SA11AI.91716
 Amount of Each Receipt this Period **76.12**

SUBTOTAL of Receipts This Page (optional)..... **136.12**
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 536 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JULIE SCHULTZ | | Date of Receipt |
| Mailing Address 1325 Meadowview Apt. #1 | | <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/> |
| City Marioun State IA Zip Code 52302 | | Transaction ID : SA11AI.92695 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE | | <input type="text" value="17.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="323.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JULIE SCHULTZ | | Date of Receipt |
| Mailing Address 1325 Meadowview Apt. #1 | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2015"/> |
| City Marioun State IA Zip Code 52302 | | Transaction ID : SA11AI.92786 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE | | <input type="text" value="17.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="340.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. LINDSAY M. SCHWAB | | Date of Receipt |
| Mailing Address 1532 Hague Avenue | | <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> |
| City St. Paul State MN Zip Code 55104 | | Transaction ID : SA11AI.92890 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE | | <input type="text" value="16.78"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="216.78"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="50.78"/> |
| 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 537 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 SCHWANGER
Full Name (Last, First, Middle Initial)

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 ▼ **1081.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA11AI.91717

Amount of Each Receipt this Period
121.56

B. PAUL D. SCHWARZ
Full Name (Last, First, Middle Initial)

Mailing Address 24 N. Munsterman

City Appleton State MN Zip Code 56208

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 ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015

Transaction ID : SA11AI.93605

Amount of Each Receipt this Period
20.00

C. 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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015

Transaction ID : SA11AI.93449

Amount of Each Receipt this Period
40.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 181.56 |
| 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 538 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **367.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.93202

Amount of Each Receipt this Period
39.33

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 ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.91941

Amount of Each Receipt this Period
40.00

C. 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 ▼ **760.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92087

Amount of Each Receipt this Period
40.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 119.33 |
| 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 539 OF 688
(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. 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 ▼ 327.08

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92566
 Amount of Each Receipt this Period 19.24

B. 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 ▼ 346.32

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92615
 Amount of Each Receipt this Period 19.24

C. KAYLA SCRIVNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2419B Hyde Park Road
 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 STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.24

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11AI.93614
 Amount of Each Receipt this Period 15.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.64
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 540 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. KAYLA SCRIVNER
Full Name (Last, First, Middle Initial)

Mailing Address 2419B Hyde Park Road

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 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2015

Transaction ID : SA11AI.93619

Amount of Each Receipt this Period
16.67

B. 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 ▼ **1029.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91137

Amount of Each Receipt this Period
53.74

C. 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 ▼ **1083.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91486

Amount of Each Receipt this Period
53.74

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 124.15 |
| 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: PAGE 541 OF 688
(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. ELIOT A. SEIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City State Zip Code
 South St. Paul MN 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 997.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92891
 Amount of Each Receipt this Period
 98.52

B. ELIOT A. SEIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City State Zip Code
 South St. Paul MN 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1012.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.92892
 Amount of Each Receipt this Period
 15.00

C. ELIOT A. SEIDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 City State Zip Code
 South St. Paul MN 55075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1026.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91281
 Amount of Each Receipt this Period
 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.52
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 542 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JERRY SERFLING
Full Name (Last, First, Middle Initial)

Mailing Address 2388 Hidden Valley Lane

City Stillwater State MN Zip Code 55082

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.91308

Amount of Each Receipt this Period
25.00

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 ▼ **677.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SA11AI.91138

Amount of Each Receipt this Period
40.66

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 ▼ **718.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91487

Amount of Each Receipt this Period
40.66

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 106.32 |
| 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 543 OF 688 |
| | <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. MICHELLE A. SFORZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 U 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 DIRECTOR, CORPORATE AFFA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1009.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91139
 Amount of Each Receipt this Period
 59.37

B. MICHELLE A. SFORZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 U 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 DIRECTOR, CORPORATE AFFA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1068.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91488
 Amount of Each Receipt this Period
 59.37

C. DOMINIC SGRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Stormer Road
 City Indiana State PA Zip Code 15701-0144
 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 ▼ 1111.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91718
 Amount of Each Receipt this Period
 121.56

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 240.30 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 688 |
| <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. TIMOTHY P. SHAFER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 322

City Waverly State OH Zip Code 45690

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 ▼ **665.00**

Date of Receipt **09 / 08 / 2015**

Transaction ID : SA11AI.91829

Amount of Each Receipt this Period **70.00**

B. TIMOTHY P. SHAFER
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 322

City Waverly State OH Zip Code 45690

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 ▼ **735.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92088

Amount of Each Receipt this Period **70.00**

C. NOEL SHANAHAN
Full Name (Last, First, Middle Initial)

Mailing Address 700 North Alameda Street

City Los Angeles State CA Zip Code 90012

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

Name of Employer AFSCME CA LOC 1001 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **09 / 23 / 2015**

Transaction ID : SA11AI.93365

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: (check only one) | PAGE 545 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 04 | / | 2015 |

Transaction ID : SA11AI.91942

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

B. 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 ▼ **475.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92089

Amount of Each Receipt this Period

| |
|-------|
| 25.00 |
|-------|

C. RANDY E. SHARP
Full Name (Last, First, Middle Initial)

Mailing Address 2533 Eargle Road

| | | |
|-------------------|-------------|-------------------|
| 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 ▼ **451.88**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91140

Amount of Each Receipt this Period

| |
|-------|
| 34.76 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 84.76 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 546 OF 688 |
| | <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. RANDY E. SHARP
 Full Name (Last, First, Middle Initial)
 Mailing Address 2533 Eargle Road
 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 **486.64**

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11AI.91489
 Amount of Each Receipt this Period
34.76

B. PAMELA S. SHELTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4471 North Leavitt Road NW
 City Warren State OH Zip Code 44485
 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 **258.93**

Date of Receipt
 09 / 02 / 2015
Transaction ID : SA11AI.93203
 Amount of Each Receipt this Period
9.50

C. PAMELA S. SHELTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4471 North Leavitt Road NW
 City Warren State OH Zip Code 44485
 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 **268.55**

Date of Receipt
 09 / 28 / 2015
Transaction ID : SA11AI.93221
 Amount of Each Receipt this Period
9.62

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 53.88 |
| 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 547 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 N. SHENEFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 46 Oakwood Drive
Apt. #7

City Delaware State OH Zip Code 43015

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

Name of Employer AFSCME OH LOC 4/BUCKEYE VLSD Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.92616

Amount of Each Receipt this Period
208.40

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 ▼ 270.00

Date of Receipt
09 / 04 / 2015
Transaction ID : SA11AI.91943

Amount of Each Receipt this Period
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 ▼ 285.00

Date of Receipt
09 / 18 / 2015
Transaction ID : SA11AI.92090

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.84

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 548 OF 688
(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. 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 ▼ 230.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93222
 Amount of Each Receipt this Period
 9.62

B. 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 ▼ 239.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93204
 Amount of Each Receipt this Period
 9.50

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 ▼ 249.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2015
Transaction ID : SA11AI.93223
 Amount of Each Receipt this Period
 9.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 28.74
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 549 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **258.90**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 24 | / | 2015 |

Transaction ID : SA11AI.93224

Amount of Each Receipt this Period

| |
|------|
| 9.62 |
|------|

B. ROBERT D. SHORT
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Pennsylvania Street NE

| | | |
|---------------------|-------------|-------------------|
| City Albuquerque | State NM | Zip Code 87110 |
|---------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME NM CN 18/ALBUQUERQUE | Occupation STAFF REPRESENTATIVE |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 21 | / | 2015 |

Transaction ID : SA11AI.93533

Amount of Each Receipt this Period

| |
|--------|
| 139.00 |
|--------|

C. ROBERT D. SHORT
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Pennsylvania Street NE

| | | |
|---------------------|-------------|-------------------|
| City Albuquerque | State NM | Zip Code 87110 |
|---------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME NM CN 18/ALBUQUERQUE | Occupation STAFF REPRESENTATIVE |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.93534

Amount of Each Receipt this Period

| |
|-------|
| 10.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 158.62 |
| 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 550 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼
762.00

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.93513

Amount of Each Receipt this Period
84.00

B. SHERYL SIMATOVICH
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 14
220 1st Street

City Ferguson State IA Zip Code 50078

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

Name of Employer AFSCME IA CN 61/JASPER COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.23

Date of Receipt
09 / 28 / 2015
Transaction ID : SA11AI.92788

Amount of Each Receipt this Period
10.42

C. 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 ▼
540.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93492

Amount of Each Receipt this Period
60.00

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 551 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **450.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.92344

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

B. TODD L. SINGER
Full Name (Last, First, Middle Initial)

Mailing Address 1030 6th Avenue

| | | |
|------------------|-------------|-------------------|
| City Steelton | State PA | Zip Code 17113 |
|------------------|-------------|-------------------|

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

| | |
|---|---------------------------------------|
| Name of Employer AFSCME PA CN 13/STATE OF PA | Occupation ADMINISTRATIVE/CLERICAL |
|---|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91723

Amount of Each Receipt this Period

| |
|-------|
| 42.00 |
|-------|

C. RACHEL Z. SISTOZA
Full Name (Last, First, Middle Initial)

Mailing Address 13164 Oak Farm Drive

| | | |
|--------------------|-------------|-------------------|
| City Woodbridge | State VA | Zip Code 22192 |
|--------------------|-------------|-------------------|

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

| | |
|----------------------------------|-----------------------------------|
| Name of Employer AFSCME INT'L | Occupation OFFICE ASSISTANT IV |
|----------------------------------|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **572.32**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91141

Amount of Each Receipt this Period

| |
|-------|
| 33.83 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.83 |
| 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: PAGE 552 OF 688
(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 Z. SISTOZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 13164 Oak Farm Drive
 City Woodbridge State VA Zip Code 22192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 606.15

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91490
 Amount of Each Receipt this Period 33.83

B. ROBERTA J. SKOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 775 Township Road #2204
 City Perrysville State OH Zip Code 44864
 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 ▼ 801.04

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93205
 Amount of Each Receipt this Period 89.34

C. TERRY SKULTETY
 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 ▼ 711.66

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91724
 Amount of Each Receipt this Period 76.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.29
TOTAL This Period (last page this line number only)..... ▶

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

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|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 553 OF 688 |
| <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. SUSAN J. SLABAUGH
Full Name (Last, First, Middle Initial)

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 ▼
293.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.92419

Amount of Each Receipt this Period
17.25

B. SUSAN J. SLABAUGH
Full Name (Last, First, Middle Initial)

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 ▼
310.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92473

Amount of Each Receipt this Period
17.25

C. SUSAN J. SLABAUGH
Full Name (Last, First, Middle Initial)

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 ▼
327.75

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92527

Amount of Each Receipt this Period
17.25

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 51.75 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 554 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 SMALLWOOD
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Drive
Suite A

City Madison State WI Zip Code 53717

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

Name of Employer AFSCME WI CN 32 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.93516

Amount of Each Receipt this Period
40.00

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 ▼
527.94

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.92789

Amount of Each Receipt this Period
58.66

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

Mailing Address 1 Riverside Drive

City Athens State OH Zip Code 45701

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 ▼
242.46

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11AI.93236

Amount of Each Receipt this Period
13.47

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.13

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 555 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. DAVID SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1 Riverside Drive

City Athens State OH Zip Code 45701

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 ▼ 255.93

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.93243

Amount of Each Receipt this Period 13.47

B. DAVID SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1 Riverside Drive

City Athens State OH Zip Code 45701

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 ▼ 269.40

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.93250

Amount of Each Receipt this Period 13.47

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 ▼ 826.54

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91142

Amount of Each Receipt this Period 48.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.56

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 556 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **875.16**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91491

Amount of Each Receipt this Period **48.62**

B. MICHELLE L. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Stonepath Street

City Lorain State OH Zip Code 44052

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 ▼ **450.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91944

Amount of Each Receipt this Period **25.00**

C. MICHELLE L. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Stonepath Street

City Lorain State OH Zip Code 44052

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 ▼ **475.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.92091

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **98.62**

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 557 OF 688
(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 SMUDDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 Clearview Drive
 City Springfield State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation MIS SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92973
 Amount of Each Receipt this Period
 78.60

B. CHRISTOPHER SMUDDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 Clearview Drive
 City Springfield State IL Zip Code 62704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation MIS SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 706.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93120
 Amount of Each Receipt this Period
 78.60

C. JOYCE M. SNIDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 Easy Street
 City Urbana State IL Zip Code 61802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SECRETARY IV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93019
 Amount of Each Receipt this Period
 20.85

SUBTOTAL of Receipts This Page (optional)..... ▶ 178.05
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. JOYCE M. SNIDER
Full Name (Last, First, Middle Initial)

Mailing Address 1907 Easy Street

City Urbana State IL Zip Code 61802

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SECRETARY IV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **354.45**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93121

Amount of Each Receipt this Period **41.70**

B. 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 ▼ **990.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92893

Amount of Each Receipt this Period **110.00**

C. DOUGLAS SOLLITTO
Full Name (Last, First, Middle Initial)

Mailing Address 210 Robins Avenue

City Niles State OH Zip Code 44446

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

Name of Employer AFSCME OH LOC 11 Occupation CORRECTIONAL LAUNDRY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 08 / 2015**

Transaction ID : SA11AI.91830

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **191.70**

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 559 OF 688 |
| <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. 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 ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92092
 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 ▼
 1007.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91728
 Amount of Each Receipt this Period
 103.18

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 ▼
 1022.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2015
Transaction ID : SA11AI.91729
 Amount of Each Receipt this Period
 15.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 158.18 |
| 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 560 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **438.42**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91143

Amount of Each Receipt this Period

| |
|-------|
| 23.34 |
|-------|

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 ▼ **461.76**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91492

Amount of Each Receipt this Period

| |
|-------|
| 23.34 |
|-------|

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 ▼ **552.86**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93206

Amount of Each Receipt this Period

| |
|-------|
| 61.70 |
|-------|

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 108.38 |
| 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

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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. 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 ▼ 678.64

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91144
 Amount of Each Receipt this Period 39.92

B. 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 ▼ 718.56

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91493
 Amount of Each Receipt this Period 39.92

C. MELISSA SPEED
 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 ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.22

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92790
 Amount of Each Receipt this Period 47.58

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 562 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **333.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2015 |

Transaction ID : SA11AI.93506

Amount of Each Receipt this Period

| |
|-------|
| 37.00 |
|-------|

B. HARRIETT SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 49 Fulliam Circle

| | | |
|-------------------|-------------|------------------------|
| City Allentown | 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 ▼ **645.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 02 | / | 2015 |

Transaction ID : SA11AI.93566

Amount of Each Receipt this Period

| |
|-------|
| 80.00 |
|-------|

C. KYLE A. SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 524 North West Street

| | | |
|-------------------|-------------|-------------------|
| City Galesburg | State IL | Zip Code 61401 |
|-------------------|-------------|-------------------|

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME IL CN 31/STATE OF IL | Occupation CORRECTIONAL OFFICER |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **496.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.93020

Amount of Each Receipt this Period

| |
|-------|
| 62.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 179.00 |
| 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 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. KYLE A. SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 524 North West Street

City Galesburg State IL Zip Code 61401

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 558.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93122

Amount of Each Receipt this Period 62.00

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 ▼ 880.62

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92421

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 ▼ 929.48

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92475

Amount of Each Receipt this Period 48.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 159.72

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 564 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. BEVERLY J. SPETZ
Full Name (Last, First, Middle Initial)

Mailing Address 112 Elmwood Street

City State Zip Code
Delta OH 43515

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 ▼
978.34

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015
Transaction ID : SA11AI.92529

Amount of Each Receipt this Period
48.86

B. JOHN R. SPIEGELHOFF
Full Name (Last, First, Middle Initial)

Mailing Address 430 Galena Street

City State Zip Code
Worthington MN 56187

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

Name of Employer Occupation
AFSCME MN CN 65 STAFF REPRESENTATIVE

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
09 / 02 / 2015
Transaction ID : SA11AI.93585

Amount of Each Receipt this Period
40.00

C. JOHN R. SPIEGELHOFF
Full Name (Last, First, Middle Initial)

Mailing Address 430 Galena Street

City State Zip Code
Worthington MN 56187

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

Name of Employer Occupation
AFSCME MN CN 65 STAFF 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
09 / 29 / 2015
Transaction ID : SA11AI.93606

Amount of Each Receipt this Period
40.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 128.86 |
| 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 565 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LARRY SPIVACK
Full Name (Last, First, Middle Initial)

Mailing Address 733 S. Lombard Avenue

| | | |
|------------------|-------------|------------------------|
| City Oak Park | State IL | Zip Code 60304-1607 |
|------------------|-------------|------------------------|

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

| | |
|-------------------------------------|--|
| Name of Employer AFSCME IL CN 31 | Occupation COLLECTIVE BARGAINING SUPERVISOR |
|-------------------------------------|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
717.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92974

Amount of Each Receipt this Period
 89.64

B. LARRY SPIVACK
Full Name (Last, First, Middle Initial)

Mailing Address 733 S. Lombard Avenue

| | | |
|------------------|-------------|------------------------|
| City Oak Park | State IL | Zip Code 60304-1607 |
|------------------|-------------|------------------------|

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

| | |
|-------------------------------------|--|
| Name of Employer AFSCME IL CN 31 | Occupation COLLECTIVE BARGAINING SUPERVISOR |
|-------------------------------------|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
806.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93123

Amount of Each Receipt this Period
 89.64

C. 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 ▼
425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92215

Amount of Each Receipt this Period
 25.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 204.28 |
| 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 566 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 450.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92349

Amount of Each Receipt this Period 25.00

B. 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 ▼ 982.43

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91145

Amount of Each Receipt this Period 57.79

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 ▼ 1040.22

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91494

Amount of Each Receipt this Period 57.79

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.58

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 567 OF 688
(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. THERESA A. ST. AORO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 Hamline Avenue N
 West Unit
 City State Zip Code
 St. Paul MN 55108
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92894
 Amount of Each Receipt this Period
 500.00

B. BEATRICE E. STANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 116
 City State Zip Code
 Dwight IL 60420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31/STATE OF IL LIBRARIAN I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93021
 Amount of Each Receipt this Period
 42.00

C. BEATRICE E. STANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 116
 City State Zip Code
 Dwight IL 60420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31/STATE OF IL LIBRARIAN I
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93124
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.00
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 568 OF 688
(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 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 ▼ 620.84

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91147
 Amount of Each Receipt this Period 37.32

B. 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 ▼ 658.16

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91496
 Amount of Each Receipt this Period 37.32

C. JOSH STANLEY
 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 ▼ 214.16

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92895
 Amount of Each Receipt this Period 8.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.64
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 569 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 817 E 15th Circle

| | | |
|-------------------|-------------|-------------------|
| City La Center | State WA | Zip Code 98629 |
|-------------------|-------------|-------------------|

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 ▼
212.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 10 | / | 2015 |

Transaction ID : SA11AI.92216

Amount of Each Receipt this Period

| |
|-------|
| 12.50 |
|-------|

B. TRACY STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 817 E 15th Circle

| | | |
|-------------------|-------------|-------------------|
| City La Center | State WA | Zip Code 98629 |
|-------------------|-------------|-------------------|

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 ▼
225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 25 | / | 2015 |

Transaction ID : SA11AI.92350

Amount of Each Receipt this Period

| |
|-------|
| 12.50 |
|-------|

C. CHARLES K. STEELE
Full Name (Last, First, Middle Initial)

Mailing Address 923 W Woodruff Avenue

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

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 ▼
209.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92093

Amount of Each Receipt this Period

| |
|-------|
| 11.00 |
|-------|

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 36.00 |
| 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 570 OF 688
(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. MARIANNE STEGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2930 Woodson Drive
 City Hilliard State OH Zip Code 43026
 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 ▼ 225.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.91310
 Amount of Each Receipt this Period 25.00

B. KATHY A. STEICHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 W. 18th Street 3rd Fl.
 City Chicago State IL Zip Code 60608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation PROJECT STAFF ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92975
 Amount of Each Receipt this Period 83.34

C. KATHY A. STEICHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 W. 18th Street 3rd Fl.
 City Chicago State IL Zip Code 60608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation PROJECT STAFF ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93125
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 191.68
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 571 OF 688 |
| | <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. MICHELE STELOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 21114 77th Place West
 Apt. #102
 City Edmonds State WA Zip Code 98026
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt 09 / 10 / 2015
 Transaction ID : SA11AI.92217
 Amount of Each Receipt this Period 22.00

B. MICHELE STELOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 21114 77th Place West
 Apt. #102
 City Edmonds State WA Zip Code 98026
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 25 / 2015
 Transaction ID : SA11AI.92352
 Amount of Each Receipt this Period 22.00

C. BECKY STEPHENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4637 Olympia Way
 City Longview State WA Zip Code 98632
 Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2015
 Transaction ID : SA11AI.92370
 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: | PAGE 572 OF 688 |
| | (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. 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 ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.92680

Amount of Each Receipt this Period
 16.00

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 ▼ 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.92791

Amount of Each Receipt this Period
 16.00

C. BILLY E. STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 137 Sherbrook Road

City Mansfield State OH Zip Code 44907

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 ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015

Transaction ID : SA11AI.91946

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 573 OF 688 |
| | <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. BILLY E. STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 137 Sherbrook Road

City Mansfield State OH Zip Code 44907

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 ▼ 285.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92094

Amount of Each Receipt this Period 15.00

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 ▼ 263.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91148

Amount of Each Receipt this Period 13.00

C. 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 ▼ 276.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91497

Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.00

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 574 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 M. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 7326 State Route 19

| | | |
|----------------------|-------------|-------------------|
| City Mount Gilead | State OH | Zip Code 43338 |
|----------------------|-------------|-------------------|

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 ▼ **360.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2015 |

Transaction ID : SA11AI.91947

Amount of Each Receipt this Period

| |
|-------|
| 98.92 |
|-------|

20.00

B. KATHLEEN M. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 7326 State Route 19

| | | |
|----------------------|-------------|-------------------|
| City Mount Gilead | State OH | Zip Code 43338 |
|----------------------|-------------|-------------------|

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 ▼ **380.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 18 | | 2015 |

Transaction ID : SA11AI.92095

Amount of Each Receipt this Period

| |
|-------|
| 98.92 |
|-------|

20.00

C. GREGORY S. STIGER
Full Name (Last, First, Middle Initial)

Mailing Address 3320 Plank Road

| | | |
|--------------------|-------------|-------------------|
| City New Castle | State PA | Zip Code 16105 |
|--------------------|-------------|-------------------|

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 ▼ **493.10**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 09 | | 2015 |

Transaction ID : SA11AI.91731

Amount of Each Receipt this Period

| |
|-------|
| 98.92 |
|-------|

58.92

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 98.92 |
| 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 575 OF 688
(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 R. STOCKINGER
 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/UNIV OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92792
 Amount of Each Receipt this Period 25.00

B. DIANE STOKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 7043 W 73rd Place
 City Chicago State IL Zip Code 60638
 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 ▼ 304.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93022
 Amount of Each Receipt this Period 19.00

C. DIANE STOKES
 Full Name (Last, First, Middle Initial)
 Mailing Address 7043 W 73rd Place
 City Chicago State IL Zip Code 60638
 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 ▼ 342.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93126
 Amount of Each Receipt this Period 38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.00
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 576 OF 688
(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. CHUCK B. STOUT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3073 Twin Lakes Drive
 City Springfield State IL Zip Code 62707-9312
 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 ▼ 582.14

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92976
 Amount of Each Receipt this Period 73.08

B. CHUCK B. STOUT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3073 Twin Lakes Drive
 City Springfield State IL Zip Code 62707-9312
 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 ▼ 622.14

Date of Receipt 09 / 21 / 2015
Transaction ID : SA11AI.92977
 Amount of Each Receipt this Period 40.00

C. CHUCK B. STOUT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3073 Twin Lakes Drive
 City Springfield State IL Zip Code 62707-9312
 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 ▼ 695.22

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93127
 Amount of Each Receipt this Period 73.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 186.16
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 577 OF 688
(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. RYNDA STOVER

Mailing Address 774 Larri Court

City W. Jefferson State OH Zip Code 43162

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

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE ASST. TO EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
09 / 16 / 2015

Transaction ID : SA11AI.92627

Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. ANDREA STRADER

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 ▼ **879.07**

Date of Receipt
09 / 15 / 2015

Transaction ID : SA11AI.91149

Amount of Each Receipt this Period
51.71

Full Name (Last, First, Middle Initial)
C. ANDREA STRADER

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 ▼ **930.78**

Date of Receipt
09 / 30 / 2015

Transaction ID : SA11AI.91498

Amount of Each Receipt this Period
51.71

SUBTOTAL of Receipts This Page (optional)..... **145.42**

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 578 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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 STRAUSSER
Full Name (Last, First, Middle Initial)

Mailing Address 217 Driftwood Drive

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.11**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91150

Amount of Each Receipt this Period **33.83**

B. TRACY STRAUSSER
Full Name (Last, First, Middle Initial)

Mailing Address 217 Driftwood Drive

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **608.94**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91499

Amount of Each Receipt this Period **33.83**

C. MARVA J. STROUD
Full Name (Last, First, Middle Initial)

Mailing Address 1055 5th Street

City Aurora State IL Zip Code 60505

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SPECIAL THERAPY AIDE I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **234.77**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.93023

Amount of Each Receipt this Period **27.62**

SUBTOTAL of Receipts This Page (optional)..... **95.28**

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 579 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. MARVA J. STROUD
Full Name (Last, First, Middle Initial)

Mailing Address 1055 5th Street

City Aurora State IL Zip Code 60505

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SPECIAL THERAPY AIDE I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.39

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93128

Amount of Each Receipt this Period 27.62

B. BARBARA STRUNGE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1068

City Anoka State MN Zip Code 55303

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 ▼ 240.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92896

Amount of Each Receipt this Period 24.00

C. MARY J. STUCKERT
Full Name (Last, First, Middle Initial)

Mailing Address 814 S. Spring Street

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 ODJFS CUSTOMER SERVICE REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91948

Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.62

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 580 OF 688
(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. 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 ▼
 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92096
 Amount of Each Receipt this Period
 21.00

B. VALERIE STUCKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 26333 President Avenue
 City State Zip Code
 Harbor City CA 90710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME CA LOC 1902 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
 09 / 10 / 2015
Transaction ID : SA11AI.93379
 Amount of Each Receipt this Period
 20.00

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 ▼
 565.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91151
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
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 581 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ **600.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91500

Amount of Each Receipt this Period **35.00**

B. AMANDA K. STYS
Full Name (Last, First, Middle Initial)

Mailing Address 2474 S. Kinnickinnic Avenue

City Milwaukee State WI Zip Code 53207

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 ▼ **314.00**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91152

Amount of Each Receipt this Period **30.12**

C. AMANDA K. STYS
Full Name (Last, First, Middle Initial)

Mailing Address 2474 S. Kinnickinnic Avenue

City Milwaukee State WI Zip Code 53207

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 ▼ **344.12**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91501

Amount of Each Receipt this Period **30.12**

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: | PAGE 582 OF 688 |
| | (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. 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 ▼ **629.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91153

Amount of Each Receipt this Period

| |
|-------|
| 37.00 |
|-------|

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 ▼ **666.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SA11AI.91502

Amount of Each Receipt this Period

| |
|-------|
| 37.00 |
|-------|

C. 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 ▼ **1379.21**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.91154

Amount of Each Receipt this Period

| |
|-------|
| 81.13 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 155.13 |
| 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 583 OF 688 |
| | <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. 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 **1460.34**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91503
 Amount of Each Receipt this Period **81.13**

B. 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 **1300.00**

Date of Receipt **09 / 11 / 2015**
Transaction ID : SA11AI.93653
 Amount of Each Receipt this Period **25.00**

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 **1325.00**

Date of Receipt **09 / 28 / 2015**
Transaction ID : SA11AI.93665
 Amount of Each Receipt this Period **25.00**

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 131.13 |
| 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: PAGE 584 OF 688 |
| | (check only one) |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <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. MARY E. SULLIVAN | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015 Transaction ID : SA11AI.91282 |
| Mailing Address 1880 9th Avenue | Amount of Each Receipt this Period 100.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1425.00 |

| | |
|---|--|
| Full Name (Last, First, Middle Initial) B. SARA SUMMERS | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2015 Transaction ID : SA11AI.91949 |
| Mailing Address 3418 Weyburn Court | Amount of Each Receipt this Period 13.06 |
| City State Zip Code Columbus OH 43232 | |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 235.08 |

| | |
|---|--|
| Full Name (Last, First, Middle Initial) C. SARA SUMMERS | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2015 Transaction ID : SA11AI.92097 |
| Mailing Address 3418 Weyburn Court | Amount of Each Receipt this Period 13.06 |
| City State Zip Code Columbus OH 43232 | |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 248.14 |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 126.12 |
| 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 585 OF 688
(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. SHIRLEY SUNDY
 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 ▼ 370.09

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91733
 Amount of Each Receipt this Period 40.48

B. RICHARD J. SURBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6449 N Seeley Avenue Unit B1
 City Chicago State IL Zip Code 60645
 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 ▼ 526.40

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92978
 Amount of Each Receipt this Period 65.80

C. RICHARD J. SURBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6449 N Seeley Avenue Unit B1
 City Chicago State IL Zip Code 60645
 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 ▼ 592.20

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93129
 Amount of Each Receipt this Period 65.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 172.08
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 586 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 SVEDA
Full Name (Last, First, Middle Initial)

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 ▼ **643.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91734

Amount of Each Receipt this Period
76.12

B. STEPHANIE SWAN
Full Name (Last, First, Middle Initial)

Mailing Address 11850 S.E. Broyles Court

City Clackamas State OR Zip Code 97015

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

Name of Employer AFSCME OR CN 75 Occupation EXECUTIVE ASSISTANT

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
 09 / 30 / 2015
Transaction ID : SA11AI.93493

Amount of Each Receipt this Period
25.00

C. ADAM SWIHART
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 ▼ **277.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92793

Amount of Each Receipt this Period
30.82

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 131.94 |
| 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 587 OF 688
(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. ADAM SWIHART

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 STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
292.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92794

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. JAMES R. TACKETT

Mailing Address 517 S. High Street

City State Zip Code
Yellow Springs OH 45387

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 ▼
588.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92422

Amount of Each Receipt this Period
 34.62

Full Name (Last, First, Middle Initial)
C. JAMES R. TACKETT

Mailing Address 517 S. High Street

City State Zip Code
Yellow Springs OH 45387

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 ▼
623.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92476

Amount of Each Receipt this Period
 34.62

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.24

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 588 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **657.78**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92530

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 DIRECTOR, ACCOUTNG & AUDITING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2157.92**

Date of Receipt **09 / 15 / 2015**

Transaction ID : SA11AI.91155

Amount of Each Receipt this Period **66.46**

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 DIRECTOR, ACCOUTNG & AUDITING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2224.38**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.91504

Amount of Each Receipt this Period **66.46**

SUBTOTAL of Receipts This Page (optional)..... **167.54**

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: PAGE 589 OF 688
(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. IAN K. TAKASHIBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4891 Nunu Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 527.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93322
 Amount of Each Receipt this Period
 90.00

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 ▼ 546.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92424
 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 ▼ 575.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92478
 Amount of Each Receipt this Period
 29.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 148.40
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 590 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **604.80**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.92532

Amount of Each Receipt this Period **29.20**

B. SCOTT TAVEIRA
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 ▼ **319.50**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93567

Amount of Each Receipt this Period **10.00**

C. 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 ▼ **329.00**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93208

Amount of Each Receipt this Period **39.33**

SUBTOTAL of Receipts This Page (optional)..... **78.53**

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: PAGE 591 OF 688
(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. 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 ▼ 360.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92795
 Amount of Each Receipt this Period 40.00

B. PATRICIA A. TEBBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2302 Middlesex Drive
 City Toledo State OH Zip Code 43606
 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 ▼ 250.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91791
 Amount of Each Receipt this Period 50.00

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 OPERAT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 926.34

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91156
 Amount of Each Receipt this Period 54.75

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.75
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 592 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 981.09

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91505

Amount of Each Receipt this Period 54.75

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 ▼ 462.23

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91157

Amount of Each Receipt this Period 27.19

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 ▼ 489.42

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91506

Amount of Each Receipt this Period 27.19

SUBTOTAL of Receipts This Page (optional)..... ▶ 109.13

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

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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
 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 ▼ 208.24

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.92697
 Amount of Each Receipt this Period 10.42

B. PHYLLIS THEDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2343 Hawthorne Court
 City Bettendorf State IA Zip Code 52722
 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 ▼ 229.06

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92641
 Amount of Each Receipt this Period 20.82

C. PHYLLIS THEDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2343 Hawthorne Court
 City Bettendorf State IA Zip Code 52722
 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 ▼ 239.48

Date of Receipt 09 / 24 / 2015
Transaction ID : SA11AI.92796
 Amount of Each Receipt this Period 10.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 41.66
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 594 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. COLIN M. THEIS
Full Name (Last, First, Middle Initial)

Mailing Address 2406 W Farragut Avenue #3B

City Chicago State IL Zip Code 60625

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 ▼ **478.88**

Date of Receipt **09 / 01 / 2015**

Transaction ID : SA11AI.92979

Amount of Each Receipt this Period **59.86**

B. COLIN M. THEIS
Full Name (Last, First, Middle Initial)

Mailing Address 2406 W Farragut Avenue #3B

City Chicago State IL Zip Code 60625

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 ▼ **538.74**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93130

Amount of Each Receipt this Period **59.86**

C. 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 ▼ **324.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91950

Amount of Each Receipt this Period **18.00**

SUBTOTAL of Receipts This Page (optional)..... **137.72**

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 595 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **342.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.92100

Amount of Each Receipt this Period **18.00**

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 ▼ **417.74**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.93210

Amount of Each Receipt this Period **46.62**

C. MATTHEW THOMAS
Full Name (Last, First, Middle Initial)

Mailing Address 236 N Abington Road

City Clarks Green State PA Zip Code 18411

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 ▼ **208.43**

Date of Receipt **09 / 09 / 2015**

Transaction ID : SA11AI.91737

Amount of Each Receipt this Period **29.58**

SUBTOTAL of Receipts This Page (optional)..... **94.20**

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

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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. PATRICK S. THOMASSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1347 Marot Drive
 City Trotwood State OH Zip Code 45427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation LEAD STAFF ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.70

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93211
 Amount of Each Receipt this Period 65.70

B. BRUCE E. THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 531 Tanya Avenue NW
 City Massillon State OH Zip Code 44646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91951
 Amount of Each Receipt this Period 20.00

C. BRUCE E. THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 531 Tanya Avenue NW
 City Massillon State OH Zip Code 44646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92101
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.70
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 597 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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 ▼
270.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 04 | / | 2015 |

Transaction ID : SA11AI.91952

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 ▼
285.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 18 | / | 2015 |

Transaction ID : SA11AI.92102

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 ▼
255.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 10 | / | 2015 |

Transaction ID : SA11AI.92218

Amount of Each Receipt this Period
15.00

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 45.00 |
| 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. HELEN THORNTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 N. Elmwood
 City State Zip Code
 Oak Park IL 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 717.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92980
 Amount of Each Receipt this Period
 89.64

B. HELEN THORNTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 N. Elmwood
 City State Zip Code
 Oak Park IL 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 806.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93131
 Amount of Each Receipt this Period
 89.64

C. GINGER THRASHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13807 Oink Joint Road
 City State Zip Code
 Wadena MN 56482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 65 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 682.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93587
 Amount of Each Receipt this Period
 73.80

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.08
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. GINGER THRASHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13807 Oink Joint Road
 City Wadena State MN Zip Code 56482
 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 ▼ 756.46

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.93608
 Amount of Each Receipt this Period 73.80

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 ▼ 1140.37

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91159
 Amount of Each Receipt this Period 74.34

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 ▼ 1214.71

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91508
 Amount of Each Receipt this Period 74.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.48
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 601 OF 688 |
| | <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. JONATHAN TOLAR
 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 ▼ 331.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91740
 Amount of Each Receipt this Period
 36.86

B. 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 ▼ 496.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92567
 Amount of Each Receipt this Period
 57.69

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 ▼ 534.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92617
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶ 133.01
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

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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. 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 ▼ 1123.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91742
 Amount of Each Receipt this Period
 121.56

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 ▼ 1241.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91160
 Amount of Each Receipt this Period
 74.04

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 ▼ 1315.89

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91509
 Amount of Each Receipt this Period
 74.04

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.64
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

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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. NEAL E. TRACY

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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015

Transaction ID : SA11AI.92681

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. NEAL E. TRACY

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 ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.92798

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. VON TREAS

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 ▼
 643.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA11AI.91743

Amount of Each Receipt this Period
 76.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 106.12

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

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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. VON TREAS

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 ▼ **740.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.91744

Amount of Each Receipt this Period
97.00

Full Name (Last, First, Middle Initial)
B. VON TREAS

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 ▼ **760.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : SA11AI.91745

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. JOSEPH B. TRELOAR

Mailing Address 741 Alpine Drive

City Iowa City State IA Zip Code 52245

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 ▼ **208.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.92799

Amount of Each Receipt this Period
10.41

SUBTOTAL of Receipts This Page (optional)..... ▶ **127.41**

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: PAGE 605 OF 688
(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. RAYMOND L. TRICE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 25713 36th Place S
 City Kent State WA Zip Code 98032
 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 ▼ 221.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92373
 Amount of Each Receipt this Period 13.00

B. RAYMOND L. TRICE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 25713 36th Place S
 City Kent State WA Zip Code 98032
 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 ▼ 234.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92374
 Amount of Each Receipt this Period 13.00

C. ROB TROMBLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7117 Marilyn NE
 City Albuquerque State NM Zip Code 87109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NM CN 18 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 17 / 2015
Transaction ID : SA11AI.93538
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.00
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 606 OF 688
(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. ROB TROMBLEY

Mailing Address 7117 Marilyn NE

City State Zip Code
Albuquerque NM 87109

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

Name of Employer Occupation
AFSCME NM CN 18 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
 09 / 21 / 2015
Transaction ID : SA11AI.93539

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. ROBERT TROYER

Mailing Address 1212 Jefferson Street SE

City State Zip Code
Olympia WA 98501

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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.92219

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. ROBERT TROYER

Mailing Address 1212 Jefferson Street SE

City State Zip Code
Olympia WA 98501

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 ▼
255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA11AI.92356

Amount of Each Receipt this Period
 15.00

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

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

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

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|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 607 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. HARVEY E. TRUITT
Full Name (Last, First, Middle Initial)

Mailing Address 1180 Sportsman Road

City Penn Run State PA Zip Code 15765

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 ▼ 228.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91747

Amount of Each Receipt this Period 24.00

B. JOHN TUCKER
Full Name (Last, First, Middle Initial)

Mailing Address 1150 N First Street #101

City San Jose State CA Zip Code 95112

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

Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt 09 / 23 / 2015
Transaction ID : SA11AI.93361

Amount of Each Receipt this Period 22.00

C. M J. TUMMLER-MACKENZ
Full Name (Last, First, Middle Initial)

Mailing Address 2840 Deerhaven Drive

City Cincinnati State OH Zip Code 45244

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLAIMS EXAMINER III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91954

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional).....▶ 61.00

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

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 608 OF 688 |
| | (check only one) | |
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| <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. M J. TUMMLER-MACKENZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2840 Deerhaven Drive
 City Cincinnati State OH Zip Code 45244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLAIMS EXAMINER III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 18 / 2015**
Transaction ID : SA11AI.92103
 Amount of Each Receipt this Period **15.00**

B. 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 **378.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.92357
 Amount of Each Receipt this Period **42.00**

C. 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 **375.12**

Date of Receipt **09 / 02 / 2015**
Transaction ID : SA11AI.92631
 Amount of Each Receipt this Period **41.68**

SUBTOTAL of Receipts This Page (optional)..... **98.68**
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

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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. JENNIFER D. TURNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1339 S Pickaway Street
 City State Zip Code
 Circlevile OH 43113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4/FRANKLIN CNTY STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92618
 Amount of Each Receipt this Period
 41.68

B. TIMM TWARDOSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1897 Wooten Road
 City State Zip Code
 Helena MT 59602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MT CN 9 STAFF REPRESENTATIVE
 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
 09 / 16 / 2015
Transaction ID : SA11AI.93450
 Amount of Each Receipt this Period
 50.00

C. JOHN TWIFORD
 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 ▼
 589.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91750
 Amount of Each Receipt this Period
 66.56

SUBTOTAL of Receipts This Page (optional)..... ▶ 158.24
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 610 OF 688
(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 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 ASSOCIATE DIRECTOR, AUDITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 947.25

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91161
 Amount of Each Receipt this Period 56.25

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 ASSOCIATE DIRECTOR, AUDITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1003.50

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91510
 Amount of Each Receipt this Period 56.25

C. JAMES ULLMER Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6911 58th Avenue N.
 City Crystal State MN Zip Code 55428-3411
 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 ▼ 220.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.92897
 Amount of Each Receipt this Period 22.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.50
TOTAL This Period (last page this line number only)..... ▶

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

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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 611 OF 688 |
| | <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. TROY A. ULREY
Full Name (Last, First, Middle Initial)

Mailing Address 308 N. Division

City Oblong State IL Zip Code 62449

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.20

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93024

Amount of Each Receipt this Period 29.40

B. TROY A. ULREY
Full Name (Last, First, Middle Initial)

Mailing Address 308 N. Division

City Oblong State IL Zip Code 62449

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.60

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93132

Amount of Each Receipt this Period 29.40

C. JOHN UMPHRESS
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Centre Creek Drive #310

City Austin State TX Zip Code 78754

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 ▼ 320.00

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.93501

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.80

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 612 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
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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. JOHN UMPHRESS
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Centre Creek Drive
#310

City Austin State TX Zip Code 78754

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 ▼ 340.00

Date of Receipt
09 / 23 / 2015
Transaction ID : SA11AI.93502

Amount of Each Receipt this Period
20.00

B. CARRIE ANN UMPIERRE
Full Name (Last, First, Middle Initial)

Mailing Address 118 Central Avenue

City Nashwauk State MN Zip Code 55769

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

Name of Employer AFSCME MN CN 65/CARLTON COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
09 / 25 / 2015
Transaction ID : SA11AI.93442

Amount of Each Receipt this Period
20.00

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 ▼ 396.78

Date of Receipt
09 / 15 / 2015
Transaction ID : SA11AI.91162

Amount of Each Receipt this Period
23.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.34

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 613 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
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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. JOSE URIBE
Full Name (Last, First, Middle Initial)

Mailing Address 1707 Lindig Street
Apt. 7

City State Zip Code
St. Paul MN 55113

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 ▼
420.12

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.91511

Amount of Each Receipt this Period
23.34

B. BARBARA S. UWEKOOLANI
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 ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Transaction ID : SA11AI.93329

Amount of Each Receipt this Period
25.00

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

Mailing Address 702 Ponderosa Road

City State Zip Code
Magnolia DE 19962

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 ▼
596.64

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11AI.93546

Amount of Each Receipt this Period
67.32

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| SUBTOTAL of Receipts This Page (optional).....▶ | 115.66 |
| 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 614 OF 688
(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. SHERI S. VAN HORSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 E. Sunset Road #2117
 City Las Vegas State NV Zip Code 89120
 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 ▼ 382.36

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91163
 Amount of Each Receipt this Period 34.76

B. SHERI S. VAN HORSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 E. Sunset Road #2117
 City Las Vegas State NV Zip Code 89120
 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 ▼ 417.36

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.91319
 Amount of Each Receipt this Period 35.00

C. SHERI S. VAN HORSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3900 E. Sunset Road #2117
 City Las Vegas State NV Zip Code 89120
 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 ▼ 452.12

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91512
 Amount of Each Receipt this Period 34.76

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.52
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
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| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 615 OF 688 |
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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. KATHRYN VANIER
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 ▼ 421.66

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91752

Amount of Each Receipt this Period 51.14

B. DONALD L. VAUGHAN
Full Name (Last, First, Middle Initial)

Mailing Address 7614 187th Avenue SW

City Rochester State WA Zip Code 98579

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

Name of Employer AFSCME WA CN 28 Occupation WORKERS COMPENSATION TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 434.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92220

Amount of Each Receipt this Period 27.00

C. DONALD L. VAUGHAN
Full Name (Last, First, Middle Initial)

Mailing Address 7614 187th Avenue SW

City Rochester State WA Zip Code 98579

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

Name of Employer AFSCME WA CN 28 Occupation WORKERS COMPENSATION TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92358

Amount of Each Receipt this Period 27.00

SUBTOTAL of Receipts This Page (optional).....▶ 105.14

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 616 OF 688
(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. LEONARDO VERGIL
 Full Name (Last, First, Middle Initial)
 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/UNIV OF CA STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.93391
 Amount of Each Receipt this Period
 54.00

B. LEONARDO VERGIL
 Full Name (Last, First, Middle Initial)
 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/UNIV OF CA 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
 09 / 24 / 2015
Transaction ID : SA11AI.93392
 Amount of Each Receipt this Period
 27.00

C. ANTHONY VERNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Meadow Lane
 City State Zip Code
 Athens OH 45701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 REGIONAL DIRECTOR
 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
 09 / 02 / 2015
Transaction ID : SA11AI.92425
 Amount of Each Receipt this Period
 30.00

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: PAGE 617 OF 688
(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 ▼ 540.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92479
 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 ▼ 570.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92533
 Amount of Each Receipt this Period 30.00

C. ETHAN J.W. VOGEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Hardman Avenue South
 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 ▼ 273.65

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92898
 Amount of Each Receipt this Period 42.10

SUBTOTAL of Receipts This Page (optional).....▶ 102.10
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 618 OF 688
(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 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 ▼ 266.76

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.92682
 Amount of Each Receipt this Period 14.82

B. 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 ▼ 281.58

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.92800
 Amount of Each Receipt this Period 14.82

C. MARIANNE P. VON NORDECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Van Ness Street NW Apt. S1024
 City Washington State DC Zip Code 20008
 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 ▼ 504.00

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91165
 Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.64
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: PAGE 619 OF 688
(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. MARIANNE P. VON NORDECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Van Ness Street NW
 Apt. S1024
 City Washington State DC Zip Code 20008
 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 ▼ 546.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91514
 Amount of Each Receipt this Period 42.00

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 ▼ 350.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.93507
 Amount of Each Receipt this Period 50.00

C. MELVIN H. WADE
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Gerritt
 City Philadelphia State PA Zip Code 19147
 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 ▼ 208.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91753
 Amount of Each Receipt this Period 22.00

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 620 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. NAMITA WAGHRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 28310 Center Ridge Road
 City Westlake State OH Zip Code 44145
 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 ▼ 201.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91166
 Amount of Each Receipt this Period
 25.17

B. NAMITA WAGHRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 28310 Center Ridge Road
 City Westlake State OH Zip Code 44145
 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 ▼ 226.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91515
 Amount of Each Receipt this Period
 25.17

C. 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 ▼ 689.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93213
 Amount of Each Receipt this Period
 77.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.34
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 621 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 240.00

Date of Receipt 09 / 29 / 2015
Transaction ID : SA11AI.92899
 Amount of Each Receipt this Period 15.00

B. KIRK A. WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Orel Avenue
 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 ACCOUNTANT/EXAMINER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91955
 Amount of Each Receipt this Period 14.00

C. KIRK A. WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Orel Avenue
 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 ACCOUNTANT/EXAMINER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92104
 Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 43.00
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 622 OF 688
(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. NAOMI A. WALKER
 Full Name (Last, First, Middle Initial)
 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 ▼ 1664.30

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91167
 Amount of Each Receipt this Period 97.90

B. NAOMI A. WALKER
 Full Name (Last, First, Middle Initial)
 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 ▼ 1762.20

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91516
 Amount of Each Receipt this Period 97.90

C. RUTH D. WALLAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 64338 Woodgear Road
 City Creola State OH Zip Code 45622
 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 ▼ 213.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92105
 Amount of Each Receipt this Period 13.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.80
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 623 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 J. WALLER
Full Name (Last, First, Middle Initial)

Mailing Address 33986 State Route 681 S

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

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME OH CN 8/O'BLENESS MH | Occupation STAFF REPRESENTATIVE |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.16**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 02 | | 2015 |

Transaction ID : SA11AI.93214

Amount of Each Receipt this Period

| |
|------|
| 9.50 |
|------|

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

Mailing Address 33986 State Route 681 S

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

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME OH CN 8/O'BLENESS MH | Occupation STAFF REPRESENTATIVE |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.78**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 15 | | 2015 |

Transaction ID : SA11AI.93225

Amount of Each Receipt this Period

| |
|------|
| 9.62 |
|------|

C. PATRICIA J. WALLER
Full Name (Last, First, Middle Initial)

Mailing Address 33986 State Route 681 S

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

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

| | |
|---|------------------------------------|
| Name of Employer AFSCME OH CN 8/O'BLENESS MH | Occupation STAFF REPRESENTATIVE |
|---|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.40**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 28 | | 2015 |

Transaction ID : SA11AI.93226

Amount of Each Receipt this Period

| |
|------|
| 9.62 |
|------|

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 28.74 |
| 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: PAGE 624 OF 688
(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 A. WALLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Northgate Drive
 City Mount 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 CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 471.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92427
 Amount of Each Receipt this Period
 29.23

B. ELIZABETH A. WALLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Northgate Drive
 City Mount 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 CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92481
 Amount of Each Receipt this Period
 29.23

C. ELIZABETH A. WALLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Northgate Drive
 City Mount 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 CUSTODIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92535
 Amount of Each Receipt this Period
 29.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 87.69
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 625 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.93654
 Amount of Each Receipt this Period
 19.24

B. 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 ▼ 365.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2015
Transaction ID : SA11AI.93666
 Amount of Each Receipt this Period
 19.24

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 ▼ 393.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92588
 Amount of Each Receipt this Period
 20.84

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 59.32 |
| 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: PAGE 626 OF 688
(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 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 ▼ 414.28

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92589
 Amount of Each Receipt this Period 20.84

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 ▼ 435.12

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92619
 Amount of Each Receipt this Period 20.84

C. 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 ▼ 336.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92568
 Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.68
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 627 OF 688
(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 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 ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92620
 Amount of Each Receipt this Period
 42.00

B. MICHELLE L. WARD-MOWERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6155 Cornell Blvd.
 City N Ridgeville State OH Zip Code 44039
 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 ▼ 201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2015
Transaction ID : SA11AI.91957
 Amount of Each Receipt this Period
 14.00

C. MICHELLE L. WARD-MOWERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6155 Cornell Blvd.
 City N Ridgeville State OH Zip Code 44039
 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 ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015
Transaction ID : SA11AI.92106
 Amount of Each Receipt this Period
 14.00

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 628 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LORRAINE K. WAREHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3604 Teakwood
 City Springfield State IL Zip Code 62712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MANPOWER PLANNER III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.93025
 Amount of Each Receipt this Period 40.00

B. LORRAINE K. WAREHAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 3604 Teakwood
 City Springfield State IL Zip Code 62712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MANPOWER PLANNER III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93133
 Amount of Each Receipt this Period 40.00

C. ANDREA WARREN
 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 ▼ 255.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92221
 Amount of Each Receipt this Period 15.00

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 629 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ANDREA WARREN

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 ▼ **270.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 25 | | 2015 |

Transaction ID : SA11AI.92359

Amount of Each Receipt this Period

| |
|-------|
| 15.00 |
|-------|

Full Name (Last, First, Middle Initial)
B. DAVID WARRICK

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 ▼ **795.60**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 15 | | 2015 |

Transaction ID : SA11AI.91168

Amount of Each Receipt this Period

| |
|-------|
| 46.80 |
|-------|

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

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 ▼ **842.40**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2015 |

Transaction ID : SA11AI.91517

Amount of Each Receipt this Period

| |
|-------|
| 46.80 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 108.60 |
| 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 630 OF 688 |
| <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. ANDRE' J. WASHINGTON | | | Date of Receipt |
| Mailing Address 45 Knollwood Drive | | | <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92428 |
| Perrysburg | OH | 43551 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="38.12"/> |
| 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="646.69"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. ANDRE' J. WASHINGTON | | | Date of Receipt |
| Mailing Address 45 Knollwood Drive | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92482 |
| Perrysburg | OH | 43551 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="38.12"/> |
| 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="684.81"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. ANDRE' J. WASHINGTON | | | Date of Receipt |
| Mailing Address 45 Knollwood Drive | | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92536 |
| Perrysburg | OH | 43551 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="38.12"/> |
| 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="722.93"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="114.36"/> |
| 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 631 OF 688
(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. ANDREW WASHINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1724 Kalorama Road NW
 Suite 200
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME DC CN 20 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.93418
 Amount of Each Receipt this Period
 84.27

B. DONALD S. WASSERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4513 46th Street NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME DC LOC 6090 Occupation RETIREE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91181
 Amount of Each Receipt this Period
 600.00

C. KEVIN J. WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1771 225th Place
 City Sauk Village State IL Zip Code 60411
 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 ▼ 478.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.92981
 Amount of Each Receipt this Period
 59.86

SUBTOTAL of Receipts This Page (optional)..... ▶ 744.13
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: PAGE 632 OF 688
(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. KEVIN J. WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1771 225th Place
 City State Zip Code
 Sauk Village IL 60411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IL CN 31 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 538.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.93134
 Amount of Each Receipt this Period
 59.86

B. MICHAEL G WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1003 Yew Ave
 City State Zip Code
 Olympia WA 98506
 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 ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.93504
 Amount of Each Receipt this Period
 30.00

C. TIMOTHY WATSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10723 Kilburn Lane
 City State Zip Code
 Cambridge OH 43725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11 THERAPUTIC PROGRAM CORDINATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 323.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.91832
 Amount of Each Receipt this Period
 34.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 123.86
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 633 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. TIMOTHY WATSON
Full Name (Last, First, Middle Initial)

Mailing Address 10723 Kilburn Lane

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 CORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92107

Amount of Each Receipt this Period 34.00

B. JO ANN WAUGH
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 ▼ 674.34

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91754

Amount of Each Receipt this Period 76.12

C. LONITA M. WAYBRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 3929 Whitemarsh Lane

City Edgewater State MD Zip Code 21037

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

Name of Employer AFSCME INT'L Occupation DIRECTOR, BENEFITS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1036.35

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91170

Amount of Each Receipt this Period 61.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 171.95

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 634 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. LONITA M. WAYBRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 3929 Whitmarsh Lane

City Edgewater State MD Zip Code 21037

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

Name of Employer AFSCME INT'L Occupation DIRECTOR, BENEFITS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1098.18

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91519

Amount of Each Receipt this Period 61.83

B. DONITA WEATHERSPOON
Full Name (Last, First, Middle Initial)

Mailing Address 6156 Hanby Square E

City Columbus State OH Zip Code 43229

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRANSPORTATION CORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91958

Amount of Each Receipt this Period 14.00

C. DONITA WEATHERSPOON
Full Name (Last, First, Middle Initial)

Mailing Address 6156 Hanby Square E

City Columbus State OH Zip Code 43229

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRANSPORTATION CORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92108

Amount of Each Receipt this Period 14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.83

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: PAGE 635 OF 688
(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 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 ▼ 327.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92569
 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 ▼ 346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92590
 Amount of Each Receipt this Period
 19.24

C. 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 ▼ 365.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92591
 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 636 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 **384.80**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.92621
 Amount of Each Receipt this Period **19.24**

B. KIMBERLY A. WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 6th Avenue
 City Sheldon State IA Zip Code 51201
 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 **09 / 08 / 2015**
Transaction ID : SA11AI.92683
 Amount of Each Receipt this Period **25.00**

C. KIMBERLY A. WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 6th Avenue
 City Sheldon State IA Zip Code 51201
 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 **445.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11AI.92801
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **69.24**
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 637 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 WEBB
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 ▼ **464.34**

Date of Receipt
09 / 09 / 2015
Transaction ID : SA11AI.91757

Amount of Each Receipt this Period
53.48

B. JOANNA L. WEBB-GAUVIN
Full Name (Last, First, Middle Initial)

Mailing Address 1200 W. Lawrence #12

City Springfield State IL Zip Code 62704

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

Name of Employer AFSCME IL CN 31 Occupation RETIREE PROGRAMS DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **628.80**

Date of Receipt
09 / 01 / 2015
Transaction ID : SA11AI.92982

Amount of Each Receipt this Period
78.60

C. JOANNA L. WEBB-GAUVIN
Full Name (Last, First, Middle Initial)

Mailing Address 1200 W. Lawrence #12

City Springfield State IL Zip Code 62704

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

Name of Employer AFSCME IL CN 31 Occupation RETIREE PROGRAMS DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **707.40**

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.93135

Amount of Each Receipt this Period
78.60

SUBTOTAL of Receipts This Page (optional)..... **210.68**

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 638 OF 688
(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 V. WEEKS

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 ▼
 1198.31

Date of Receipt
 09 / 15 / 2015
Transaction ID : SA11AI.91171

Amount of Each Receipt this Period
 72.07

Full Name (Last, First, Middle Initial)
B. BRIAN V. WEEKS

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 ▼
 1270.38

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11AI.91520

Amount of Each Receipt this Period
 72.07

Full Name (Last, First, Middle Initial)
C. JOSEPH W. WEIDNER

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 ▼
 600.32

Date of Receipt
 09 / 02 / 2015
Transaction ID : SA11AI.93215

Amount of Each Receipt this Period
 67.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 211.14

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 639 OF 688
(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. 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 ▼ 343.34

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91172
 Amount of Each Receipt this Period 20.00

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 ▼ 363.34

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91521
 Amount of Each Receipt this Period 20.00

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 ▼ 270.00

Date of Receipt 09 / 16 / 2015
Transaction ID : SA11AI.93460
 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 640 OF 688 |
| | (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. JESSICA WEINSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 2662 Wild Turkey Lane

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.77

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.91173

Amount of Each Receipt this Period
 118.81

B. JESSICA WEINSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 2662 Wild Turkey Lane

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2138.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91522

Amount of Each Receipt this Period
 118.81

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 ▼ 424.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.91773

Amount of Each Receipt this Period
 31.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 268.62 |
| 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 641 OF 688
(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 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 ▼ 509.20

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92900
 Amount of Each Receipt this Period 56.64

B. 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 ▼ 470.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92429
 Amount of Each Receipt this Period 25.00

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 ▼ 495.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92483
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 106.64
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 642 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.92537

Amount of Each Receipt this Period
25.00

B. MICHAEL J. WELLS
Full Name (Last, First, Middle Initial)

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 ▼ **252.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015

Transaction ID : SA11AI.91959

Amount of Each Receipt this Period
14.00

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

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 ▼ **266.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2015

Transaction ID : SA11AI.92109

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **53.00**

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 643 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 ▼ 450.00

Date of Receipt 09 / 04 / 2015
Transaction ID : SA11AI.91960

Amount of Each Receipt this Period 25.00

B. 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 ▼ 475.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92110

Amount of Each Receipt this Period 25.00

C. 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 ▼ 819.90

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.92901

Amount of Each Receipt this Period 93.54

SUBTOTAL of Receipts This Page (optional)..... ▶ 143.54

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 644 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 P. WESTMORELAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4678 West Road
 City State Zip Code
 Moose Lake MN 55767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 BUSINESS AGENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 698.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.92902
 Amount of Each Receipt this Period
 77.72

B. JAMES RANDAL WESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1495 Irvin - Shoots Road
 City State Zip Code
 Morral OH 43337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1070.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : SA11AI.92430
 Amount of Each Receipt this Period
 60.00

C. JAMES RANDAL WESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1495 Irvin - Shoots Road
 City State Zip Code
 Morral OH 43337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 STAFF REPRESENTATIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1130.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92484
 Amount of Each Receipt this Period
 60.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 197.72 |
| 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 645 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ 1190.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92538
 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 ▼ 346.32

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92570
 Amount of Each Receipt this Period 57.72

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 ▼ 384.80

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92622
 Amount of Each Receipt this Period 38.48

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 156.20 |
| 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 646 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. ROBIN WHITE | | Date of Receipt |
| Mailing Address 4320 NW Second Avenue | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Des Moines | IA | 50313 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.92803 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME IA CN 61 | STAFF 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="270.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. TAMARA V. WHITE | | Date of Receipt |
| Mailing Address 3355 Alden Place NE | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Washington | DC | 20019 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91174 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME INT'L | HUMAN RESOURCES ASSISTANT III | <input type="text" value="36.96"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="628.32"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. TAMARA V. WHITE | | Date of Receipt |
| Mailing Address 3355 Alden Place NE | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/> |
| City | State | Zip Code |
| Washington | DC | 20019 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.91523 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AFSCME INT'L | HUMAN RESOURCES ASSISTANT III | <input type="text" value="36.96"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="665.28"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="103.92"/> |
| 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 647 OF 688 |
| | <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. 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 **1595.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.92903
 Amount of Each Receipt this Period **160.00**

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 **1079.85**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91175
 Amount of Each Receipt this Period **63.53**

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 **1143.38**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91524
 Amount of Each Receipt this Period **63.53**

SUBTOTAL of Receipts This Page (optional)..... **287.06**
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 648 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 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 ▼ **930.75**

Date of Receipt: **09 / 15 / 2015**
Transaction ID : **SA11AI.91176**

Amount of Each Receipt this Period: **54.75**

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 ▼ **985.50**

Date of Receipt: **09 / 30 / 2015**
Transaction ID : **SA11AI.91525**

Amount of Each Receipt this Period: **54.75**

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 ▼ **423.56**

Date of Receipt: **09 / 15 / 2015**
Transaction ID : **SA11AI.92804**

Amount of Each Receipt this Period: **44.84**

SUBTOTAL of Receipts This Page (optional)..... **154.34**

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 649 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. CARLA WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 2338 N Spaulding Apt. 2A
City Chicago State IL Zip Code 60647

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 ▼ **580.64**

Date of Receipt **09 / 01 / 2015**
Transaction ID : **SA11AI.92983**

Amount of Each Receipt this Period **72.58**

B. CARLA WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 2338 N Spaulding Apt. 2A
City Chicago State IL Zip Code 60647

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 ▼ **653.22**

Date of Receipt **09 / 30 / 2015**
Transaction ID : **SA11AI.93136**

Amount of Each Receipt this Period **72.58**

C. DONNIE R. WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 10 S 140 Suffield Drive
City Downers Grove State IL Zip Code 60516

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : **SA11AI.93026**

Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **205.16**

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 650 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. DONNIE R. WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 10 S 140 Suffield Drive

City Downers Grove State IL Zip Code 60516

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt **09 / 30 / 2015**

Transaction ID : SA11AI.93137

Amount of Each Receipt this Period **60.00**

B. ROBERT WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 197 S Ukiah Way

City Upland State CA Zip Code 91786

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

Name of Employer AFSCME CA LOC 1902 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **305.50**

Date of Receipt **09 / 10 / 2015**

Transaction ID : SA11AI.93380

Amount of Each Receipt this Period **20.50**

C. CHARLES H. WILLIAMSON
Full Name (Last, First, Middle Initial)

Mailing Address 162 South Street

City Minford State OH Zip Code 45653

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 ▼ **540.00**

Date of Receipt **09 / 04 / 2015**

Transaction ID : SA11AI.91961

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **110.50**

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 651 OF 688
(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 H. WILLIAMSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 South Street
 City Minford State OH Zip Code 45653
 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 ▼ 570.00

Date of Receipt 09 / 18 / 2015
Transaction ID : SA11AI.92111
 Amount of Each Receipt this Period 30.00

B. MICHAEL WILMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Hessel Boulevard
 City Champaign State IL Zip Code 61820
 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 ▼ 570.28

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11AI.92984
 Amount of Each Receipt this Period 72.58

C. MICHAEL WILMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Hessel Boulevard
 City Champaign State IL Zip Code 61820
 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 ▼ 642.86

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93138
 Amount of Each Receipt this Period 72.58

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.16
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 652 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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 J. WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 16 1/2 Elm Street

| | | |
|----------------|-------------|-------------------|
| City Warren | State PA | Zip Code 16365 |
|----------------|-------------|-------------------|

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 ▼ **292.48**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 01 | / | 2015 |

Transaction ID : SA11AI.91763

Amount of Each Receipt this Period

| |
|-------|
| 20.00 |
|-------|

B. RANDALL J. WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 16 1/2 Elm Street

| | | |
|----------------|-------------|-------------------|
| City Warren | State PA | Zip Code 16365 |
|----------------|-------------|-------------------|

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 ▼ **329.34**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 09 | / | 2015 |

Transaction ID : SA11AI.93681

Amount of Each Receipt this Period

| |
|-------|
| 36.86 |
|-------|

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 ▼ **445.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 10 | / | 2015 |

Transaction ID : SA11AI.92222

Amount of Each Receipt this Period

| |
|-------|
| 27.00 |
|-------|

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 83.86 |
| 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 653 OF 688 |
| <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. 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 ▼ **472.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92361

Amount of Each Receipt this Period **27.00**

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 ▼ **297.50**

Date of Receipt **09 / 10 / 2015**

Transaction ID : SA11AI.92223

Amount of Each Receipt this Period **17.50**

C. 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 ▼ **315.00**

Date of Receipt **09 / 25 / 2015**

Transaction ID : SA11AI.92362

Amount of Each Receipt this Period **17.50**

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: PAGE 654 OF 688
(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. 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 ▼ 510.00

Date of Receipt 09 / 10 / 2015
Transaction ID : SA11AI.92224
 Amount of Each Receipt this Period 30.00

B. 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 ▼ 540.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92363
 Amount of Each Receipt this Period 30.00

C. KRISTIE WOLF-MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4923C Haverford Road
 City Harrisburg State PA Zip Code 17109
 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 ▼ 917.84

Date of Receipt 09 / 09 / 2015
Transaction ID : SA11AI.91767
 Amount of Each Receipt this Period 103.18

SUBTOTAL of Receipts This Page (optional).....▶ 163.18
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 655 OF 688 |
| | (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

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) A. DARREN T. WONG | | | Date of Receipt |
| Mailing Address 1 Keahole Place #1516 | | | <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.93332 |
| Honolulu | HI | 96825 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="10.00"/> |
| 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="810.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. WILLIAM T. WOOD | | | Date of Receipt |
| Mailing Address 6541 Blacks Road SW | | | <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.91962 |
| Pataskala | OH | 43062 | 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 OH LOC 11/STATE OF OH | STAFF REPRESENTATIVE | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="270.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. WILLIAM T. WOOD | | | Date of Receipt |
| Mailing Address 6541 Blacks Road SW | | | <input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/> |
| City | State | Zip Code | Transaction ID : SA11AI.92112 |
| Pataskala | OH | 43062 | 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 OH LOC 11/STATE OF OH | STAFF REPRESENTATIVE | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="285.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="40.00"/> |
| 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 656 OF 688
(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. SHELBY L. WOODALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 Ironwood Circle
 City Akron State OH Zip Code 44312
 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 ▼ 573.50

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93217
 Amount of Each Receipt this Period 63.90

B. TERRY WOODROW
 Full Name (Last, First, Middle Initial)
 Mailing Address 4-C Winding Way
 City Westville State NJ Zip Code 08093-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NJ CN 52 Occupation SECURITY OFFICER SGT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 08 / 2015
Transaction ID : SA11AI.93520
 Amount of Each Receipt this Period 30.00

C. EMMA WOODS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 S Green Gate Lane
 City Medical Lake State WA Zip Code 99022
 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 ▼ 206.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92364
 Amount of Each Receipt this Period 12.00

SUBTOTAL of Receipts This Page (optional).....▶ 105.90
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 658 OF 688
(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 N. WOODSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Elgin Apt. 1
 City Forest Park State IL Zip Code 60130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 806.76

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.93139
 Amount of Each Receipt this Period 89.64

B. ANNETTE WUERTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 364 Jessamine Avenue E.
 City St. Paul State MN Zip Code 55130-3732
 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 ▼ 240.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.92904
 Amount of Each Receipt this Period 24.00

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 ▼ 327.08

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.92571
 Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 132.88
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 659 OF 688
(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. STELLA WYMER

Mailing Address 7130 Yawberg Road

City State Zip Code
Whitehouse OH 43571

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

Name of Employer Occupation
AFSCME OH LOC 4/SYLVANIA STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92593

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. STELLA WYMER

Mailing Address 7130 Yawberg Road

City State Zip Code
Whitehouse OH 43571

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

Name of Employer Occupation
AFSCME OH LOC 4/SYLVANIA STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.92623

Amount of Each Receipt this Period
19.00

Full Name (Last, First, Middle Initial)
C. JEANETTE WYNN

Mailing Address 3064 Highland Oak Terrace

City State Zip Code
Tallahassee FL 32301

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

Name of Employer Occupation
AFSCME FL CN 79 PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
668.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.91285

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 52.24

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 660 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 ▼ 450.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.93334
 Amount of Each Receipt this Period 50.00

B. GETSEMANI YANEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 4907 Battery Lane Unit 102
 City Bethesda State MD Zip Code 20814
 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 ▼ 272.64

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91177
 Amount of Each Receipt this Period 22.72

C. GETSEMANI YANEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 4907 Battery Lane Unit 102
 City Bethesda State MD Zip Code 20814
 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 ▼ 295.36

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91526
 Amount of Each Receipt this Period 22.72

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.44
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 662 OF 688 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <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. 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 **312.00**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.93494
 Amount of Each Receipt this Period **39.00**

B. SUZANNE ZAKARIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Van Ness Street NW Apt. 230
 City Washington State DC Zip Code 20008
 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 **279.37**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.91178
 Amount of Each Receipt this Period **24.09**

C. SUZANNE ZAKARIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2950 Van Ness Street NW Apt. 230
 City Washington State DC Zip Code 20008
 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 **305.50**

Date of Receipt **09 / 30 / 2015**
Transaction ID : SA11AI.91527
 Amount of Each Receipt this Period **26.13**

SUBTOTAL of Receipts This Page (optional)..... **89.22**
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 663 OF 688
(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. DON ZAVODNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9801 West O Street
 City Lincoln State NE Zip Code 68528
 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 ▼ 820.08

Date of Receipt 09 / 15 / 2015
Transaction ID : SA11AI.91179
 Amount of Each Receipt this Period 48.24

B. DON ZAVODNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 9801 West O Street
 City Lincoln State NE Zip Code 68528
 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 ▼ 868.32

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.91528
 Amount of Each Receipt this Period 48.24

C. SUHAIL S. ZIDAN
 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 ▼ 210.00

Date of Receipt 09 / 25 / 2015
Transaction ID : SA11AI.92115
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 116.48
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 664 OF 688 |
| <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. 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 ▼ **382.50**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 10 | / | 2015 |

Transaction ID : SA11AI.92227

Amount of Each Receipt this Period

| | |
|----------|-------|
| 85468.60 | 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 ▼ **405.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 25 | / | 2015 |

Transaction ID : SA11AI.92367

Amount of Each Receipt this Period

| | |
|----------|-------|
| 85468.60 | 22.50 |
|----------|-------|

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 ▼ **400.00**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : SA11AI.92368

Amount of Each Receipt this Period

| | |
|----------|-------|
| 85468.60 | 40.00 |
|----------|-------|

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 85.00 |
| TOTAL This Period (last page this line number only).....▶ | 85468.60 |

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

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

FOR LINE NUMBER: PAGE 665 OF 688
(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 275 Seventh Avenue
 City New York State NY Zip Code 10001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4162.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA17.91183
 Amount of Each Receipt this Period
 694.31
 Interest Income 9/30/2015

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).....▶ | 694.31 |
| TOTAL This Period (last page this line number only).....▶ | 694.31 |

**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

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.91252

Amount of Each Disbursement this Period

0.73

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

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SB21B.91253

Amount of Each Disbursement this Period

0.44

Full Name (Last, First, Middle Initial)

C. 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
09 / 04 / 2015

Transaction ID : SB21B.91248

Amount of Each Disbursement this Period

102.26

SUBTOTAL of Disbursements This Page (optional)..... ▶

103.43

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. 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
09 / 04 / 2015

Transaction ID : SB21B.91249

Amount of Each Disbursement this Period

139.19

Full Name (Last, First, Middle Initial)

B. FIS MERCHANT SERVICES-LL

Mailing Address P.O. Box 31129

City Tampa State FL Zip Code 33631-3129

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
09 / 11 / 2015

Transaction ID : SB21B.91251

Amount of Each Disbursement this Period

242.37

Full Name (Last, First, Middle Initial)

C. 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
09 / 04 / 2015

Transaction ID : SB21B.91250

Amount of Each Disbursement this Period

139.85

SUBTOTAL of Disbursements This Page (optional)..... ▶

521.41

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. WEPAY, INC.

Mailing Address 350 Convention Way
Suite 200

City Redwood City State CA Zip Code 94063

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.91254

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 0 | . | 6 | 2 |
|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. WEPAY, INC.

Mailing Address 350 Convention Way
Suite 200

City Redwood City State CA Zip Code 94063

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.91255

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 0 | . | 4 | 9 |
|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. WEPAY, INC.

Mailing Address 350 Convention Way
Suite 200

City Redwood City State CA Zip Code 94063

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 3 | | 2 | 0 | 1 | 5 |

Transaction ID : SB21B.91256

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 0 | . | 6 | 2 |
|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | |
|---|---|---|---|
| 1 | . | 7 | 3 |
|---|---|---|---|

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

| | | | | |
|---|---|---|---|---|
| 6 | 2 | 6 | 5 | 7 |
|---|---|---|---|---|

**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. ALMA ADAMS FOR CONGRESS

Mailing Address P.O. Box 20622

City Greensboro State NC Zip Code 27420

Purpose of Disbursement Contribution

011

Candidate Name

ALMA SHEALEY ADAMS

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 12

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91186

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AMERIPAC: THE FUND FOR A GREATER AMERICA

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: 2015 Primary General Other (specify) ▼ PAC

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB23.91241

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. 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: 2016 Primary General Other (specify) ▼

State: IN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91187

Amount of Each Disbursement this Period

1500.00

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. BLUMENTHAL FOR SENATE

Mailing Address 777 Summer Street
Suite 103C

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
Contribution

011

Candidate Name

RICHARD BLUMENTHAL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 28 | / | 2015 |

Transaction ID : SB23.91229

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. BROWNLEY FOR CONGRESS

Mailing Address P.O. Box 2018

City State Zip Code
Thousand Oaks CA 91358

Purpose of Disbursement
Contribution

011

Candidate Name

JULIA BROWNLEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2015 |

Transaction ID : SB23.91188

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. 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

MICHAEL E CAPUANO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2015 |

Transaction ID : SB23.91189

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

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. CARTWRIGHT FOR CONGRESS

Mailing Address P.O. Box 1805

City Plains State PA Zip Code 18705

Purpose of Disbursement
Contribution

011

Candidate Name

MATTHEW A CARTWRIGHT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 4 | | 2 | 0 | 1 | 5 |

Transaction ID : **SB23.91190**

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address P.O. Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement
Contribution

011

Candidate Name

JOAQUIN MR. CASTRO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : **SB23.91191**

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. 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: 2016
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 7 | | 2 | 0 | 1 | 5 |

Transaction ID : **SB23.91192**

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | |
|---|---|---|---|---|---|
| 6 | 5 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 6 | 5 | 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. CITIZENS FOR BOYLE

Mailing Address 499 S. Capitol Street SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

BRENDAN F BOYLE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 24 | | 2015 |

Transaction ID : SB23.91193

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

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: 2016
 Primary General
 Other (specify) ▼

State: DC District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 29 | | 2015 |

Transaction ID : SB23.91194

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. COMITE' PIERLUISI, INC.

Mailing Address PMB 232

City Guaynabo State PR Zip Code 00966

Purpose of Disbursement
Contribution

011

Candidate Name

PEDRO PIERLUISI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PR District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 24 | | 2015 |

Transaction ID : SB23.91195

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

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. COMMITTEE FOR A DEMOCRATIC FUTURE

Mailing Address 7240 Evans Mill Road

City McLean State VA Zip Code 22101

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) PAC

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB23.91238

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address P.O. Box 6162

City Lakewood State CA Zip Code 90714

Purpose of Disbursement Contribution

011

Candidate Name

LINDA SANCHEZ

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91196

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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: 2016
 Primary General
 Other (specify) Convention

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB23.91197

Amount of Each Disbursement this Period

2500.00

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. DAVIS FOR CONGRESS

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

011

Candidate Name

DANNY K DAVIS

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91198

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DEBBIE DINGELL FOR CONGRESS

Mailing Address P.O. Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement
Contribution

011

Candidate Name

DEBBIE DINGELL

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91199

Amount of Each Disbursement this Period

5000.00

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
State: PA District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91200

Amount of Each Disbursement this Period

2500.00

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. FILEMON VELA FOR CONGRESS

Mailing Address 10715 Gulfdale Street
Suite 235

City San Antonio State TX Zip Code 78216

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. FILEMON VELA Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 34

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91201

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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: 2016
 Primary General
 Other (specify) ▼

State: MS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91202

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address P.O. Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution

011

Candidate Name

ELIZABETH ESTY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91203

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)..... ▶

**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 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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 13

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91204

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91205

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GARAMENDI FOR CONGRESS

Mailing Address P.O. Box 440

City Walnut Grove State CA Zip Code 95690

Purpose of Disbursement
Contribution

011

Candidate Name

JOHN GARAMENDI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91206

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. GRACE FOR NEW YORK

Mailing Address 3701 Porter Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

011

Candidate Name

GRACE MENG

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 4 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB23.91207

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. HAWAII PAC

Mailing Address 918 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District: PAC

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 9 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB23.91239

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

STENY H HOYER

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 4 | | 2 | 0 | 1 | 5 | | |

Transaction ID : SB23.91208

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 2 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

| | | | | | |
|---|---|---|---|---|---|
| 9 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 9 | 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. IMPACT

Mailing Address 220 I Street NE
Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
PAC

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 1 | 5 |

Transaction ID : SB23.91242

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. JEFFRIES FOR CONGRESS

Mailing Address 630 Washington Avenue

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

HAKEEM JEFFRIES

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 1 | 6 |

Transaction ID : SB23.91209

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. JOHN CARNEY FOR CONGRESS

Mailing Address P.O. Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

JOHN CHARLES JR CARNEY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DE District: 01

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 4 | | 2 | 0 | 1 | 6 |

Transaction ID : SB23.91210

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 0 | 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. 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: 2016
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 24 | | 2015 |

Transaction ID : SB23.91213

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. LOIS FRANKEL FOR CONGRESS

Mailing Address P.O. Box 812421

City Boca Raton State FL Zip Code 33481

Purpose of Disbursement
Contribution

011

Candidate Name

LOIS J FRANKEL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 29 | | 2015 |

Transaction ID : SB23.91214

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. MARCIA L. FUDGE FOR CONGRESS COMMITTEE

Mailing Address 3729 Silsby Road

City University Heights State OH Zip Code 44118

Purpose of Disbursement
Contribution

011

Candidate Name

MARCIA L FUDGE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 17 | | 2015 |

Transaction ID : SB23.91215

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

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. 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: 2016 Primary General Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB23.91216

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Contribution

011

Candidate Name

MIKE MR. THOMPSON

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91217

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MISSOURIANS FOR KANDER

Mailing Address P.O. Box 548

City Columbia State MO Zip Code 65205

Purpose of Disbursement Contribution

011

Candidate Name

JASON KANDER

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MO District: 00

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91233

Amount of Each Disbursement this Period

5000.00

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. OPPORTUNITY AND RENEWAL PAC

Mailing Address 122 C Street NW
Suite 505

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **PAC**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB23.91243

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE'S VOICE PAC

Mailing Address 320 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) **PAC**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB23.91237

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PETERSON FOR CONGRESS

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56501

Purpose of Disbursement
Contribution - void check from prior report

011
Category/
Type

Candidate Name

COLLIN C PETERSON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **PAC**

State: MN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB23.91184

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9000.00

**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 |

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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. PETERSON FOR CONGRESS

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code
Detroit Lakes MN 56501

Purpose of Disbursement
Contribution

011

Candidate Name

COLLIN C PETERSON

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 11 | / | 2015 |

Transaction ID : SB23.91185

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. RAUL RUIZ FOR CONGRESS

Mailing Address 1229 Morse Street NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Contribution

011

Candidate Name

RAUL DR RUIZ

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2015 |

Transaction ID : SB23.91218

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. RE-ELECT MCGOVERN COMMITTEE

Mailing Address P.O. Box 60405

City State Zip Code
Worcester MA 01606

Purpose of Disbursement
Contribution

011

Candidate Name

JIM MCGOVERN

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2015 |

Transaction ID : SB23.91219

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 8500.00 |
|---------|

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. 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
State: CA District: 28

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : **SB23.91221**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. SCOTT FOR CONGRESS

Mailing Address P.O. Box 251

City Newport News State VA Zip Code 23607

Purpose of Disbursement
Contribution

011

Candidate Name

ROBERT C. SCOTT

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : **SB23.91222**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. SEAN PATRICK MALONEY FOR CONGRESS

Mailing Address P.O. Box 270

City Newburgh State NY Zip Code 12551

Purpose of Disbursement
Contribution

011

Candidate Name

SEAN PATRICK MALONEY

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **SB23.91223**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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. SIRES FOR CONGRESS

Mailing Address 6050 Blvd. East
Apt. 6B

City West New York State NJ Zip Code 07093

Purpose of Disbursement
Contribution

011

Candidate Name

ALBIO SIRES

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB23.91224

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. STRICKLAND FOR SENATE

Mailing Address P.O. Box 2196

City Columbus State OH Zip Code 43216

Purpose of Disbursement
Contribution

011

Candidate Name

TED STRICKLAND

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB23.91236

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. 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
State: FL District: 21

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB23.91225

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

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. THE CICILLINE COMMITTEE

Mailing Address One Park Row
Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement
Contribution

011

Candidate Name

DAVID N CICILLINE

Category/
Type

Office Sought: House
 Senate
 President
State: RI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB23.91226**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. THE NIKI TSONGAS COMMITTEE

Mailing Address P.O. Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement
Contribution

011

Candidate Name

NICOLA S TSONGAS

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : **SB23.91227**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TIM WALZ FOR US CONGRESS

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Contribution

011

Candidate Name

TIMOTHY J. WALZ

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : **SB23.91228**

Amount of Each Disbursement this Period

3000.00

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. VOTEVETS

Mailing Address P.O. Box 10031

City Portland State OR Zip Code 97296

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
PAC

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : SB23.91246

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

| |
|---------|
| 5000.00 |
|---------|

| |
|-----------|
| 151000.00 |
|-----------|