

**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. 12FE4M5

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

ADDRESS (number and street) ▼

1625 L STREET NW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20036

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

C C00011114

3. IS THIS  
REPORTNEW  
(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

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

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

M M M / D D D / Y Y Y Y Y Y  
07 20 2015

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">1562032.36</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">3451806.80</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">726621.53</span>	<span style="border: 1px solid black; padding: 2px;">4310665.34</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">4178428.33</span>	<span style="border: 1px solid black; padding: 2px;">5872697.70</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">116217.87</span>	<span style="border: 1px solid black; padding: 2px;">1810487.24</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">4062210.46</span>	<span style="border: 1px solid black; padding: 2px;">4062210.46</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">13656.57</span>	



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
06		01		2015

To:

M M M	/	D D D	/	Y Y Y Y Y
06		30		2015

**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).....

71114.22

251046.55

(ii) Unitemized .....

641383.92

3701816.28

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

712498.14

3952862.83

(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) .....

712498.14

3952862.83

## 12. Transfers From Affiliated/Other

Party Committees.....

13656.57

350543.88

## 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

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

466.82

2258.63

## 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))..... ▶

726621.53

4310665.34

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

726621.53

4310665.34

**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 .....	820.39	22993.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	820.39	22993.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	566108.84
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	115000.00	220500.00
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 .....	397.48	885.27
(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)).....	397.48	885.27
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)) ..	116217.87	1810487.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116217.87	1810487.24

**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) .....	712498.14	3952862.83
34. Total Contribution Refunds (from Line 28(d)) .....	397.48	885.27
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	712100.66	3951977.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	820.39	22993.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	820.39	22993.13

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

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

FOR LINE NUMBER: PAGE 6 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JEFFREY S. ABBE**

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 ▼

783.97

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11AI.83794

Amount of Each Receipt this Period

71.27

Full Name (Last, First, Middle Initial)

**B. JEFFREY S. ABBE**

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 ▼

855.24

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.84625

Amount of Each Receipt this Period

71.27

Full Name (Last, First, Middle Initial)

**C. KAREN ABBATICI**

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 ▼

302.28

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

Transaction ID : SA11AI.84011

Amount of Each Receipt this Period

50.38

SUBTOTAL of Receipts This Page (optional)..... ►

192.92

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 PageFOR LINE NUMBER: PAGE 7 OF 490  
(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. AHMID A. ABDULLAH**

Mailing Address P.O. Box 241

City

Atlantic City

State

NJ

Zip Code

08404-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NJ CN 71/LOCAL 2303

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.85746

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. JULIE D. ABEL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.85532

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

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

939.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83795

Amount of Each Receipt this Period

85.44

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

177.44

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

X	11a		11b		11c		12		
	13		14		15		16		17

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 490  
(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. CANDACE M. ACORD**

Mailing Address 9 Appollo Place

City	State	Zip Code
Iowa City	IA	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 ▼

435.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.86172

Amount of Each Receipt this Period

33.50

Full Name (Last, First, Middle Initial)

**B. CANDACE M. ACORD**

Mailing Address 9 Appollo Place

City	State	Zip Code
Iowa City	IA	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 ▼

469.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86173

Amount of Each Receipt this Period

33.50

Full Name (Last, First, Middle Initial)

**C. ALAN D. ACRI**

Mailing Address 400 Hilltop Road

City	State	Zip Code
Strasburg	PA	17579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/LOCAL 1896

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84320

Amount of Each Receipt this Period

50.00

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

117.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. 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 ▼

384.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

Transaction ID : SA11AI.84339

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 ▼

419.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : SA11AI.84393

Amount of Each Receipt this Period

34.96

Full Name (Last, First, Middle Initial)

**C. CLIFFORD ADAMS**

Mailing Address 818 Meadow Lane

City

Sycamore

State

IL

Zip Code

60178

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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85451

Amount of Each Receipt this Period

40.00

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

109.92

**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 11 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JAMES M. ADKINS</b></p> <p>Mailing Address 21 Herbert Street</p> <p>City State Zip Code Richwood OH 43344</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PLUMBER II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 720.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 12 / 2015 <b>Transaction ID : SA11AI.86212</b></p> <p>Amount of Each Receipt this Period 60.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. JAMES M. ADKINS</b></p> <p>Mailing Address 21 Herbert Street</p> <p>City State Zip Code Richwood OH 43344</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PLUMBER II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 780.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.86236</b></p> <p>Amount of Each Receipt this Period 60.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. MUSILIU ADE ALAGBALA</b></p> <p>Mailing Address 5701 N. Sheridan #10A</p> <p>City State Zip Code Chicago IL 60660</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 381.30</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85356</b></p> <p>Amount of Each Receipt this Period 76.26</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>196.26</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. THORNTON P. ALBERG</b> 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. <b>C</b> 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 ▼ 341.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015 <b>Transaction ID : SA11AI.85641</b> Amount of Each Receipt this Period 31.00
<b>B. THORNTON P. ALBERG</b> 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. <b>C</b> 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 ▼ 372.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85686</b> Amount of Each Receipt this Period 31.00
<b>C. SUZANNE ALBRIGHT</b> 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. <b>C</b> Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 447.46			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84012</b> Amount of Each Receipt this Period 74.64
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			136.64
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 490

<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. ADRIENNE ALEXANDER**Mailing Address 1423 W 19th Street  
Apt. 4R

City	State	Zip Code
Chicago	IL	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 ▼

325.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85357

Amount of Each Receipt this Period

65.14

Full Name (Last, First, Middle Initial)

**B. SHARON J. ALEXANDER**

Mailing Address 12510 Chalford Lane

City	State	Zip Code
Bowie	MD	20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83796

Amount of Each Receipt this Period

39.18

Full Name (Last, First, Middle Initial)

**C. SHARON J. ALEXANDER**

Mailing Address 12510 Chalford Lane

City	State	Zip Code
Bowie	MD	20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.86437

Amount of Each Receipt this Period

35.00

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

139.32

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 PageFOR LINE NUMBER: PAGE 14 OF 490  
(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**

<b>A. SHARON J. ALEXANDER</b> Full Name (Last, First, Middle Initial) Mailing Address 12510 Chalford Lane City Bowie State MD Zip Code 20715 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.16		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84627</b> Amount of Each Receipt this Period 39.18
<b>B. JULIE ALLEN</b> Full Name (Last, First, Middle Initial) Mailing Address N10189 N Anglers Avenue City Tomahawk State WI Zip Code 54487 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 40/ONEIDA COUNTY Occupation COMPUTER PROGRAMMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.84871</b> Amount of Each Receipt this Period 500.00
<b>C. KENNETH L. ALLEN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 729.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.84937</b> Amount of Each Receipt this Period 14.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		553.18
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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

FOR LINE NUMBER: PAGE 15 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. KENNETH L. ALLEN**

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 ▼

858.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : SA11AI.86305

Amount of Each Receipt this Period

129.00

Full Name (Last, First, Middle Initial)

**B. LAQUITA ALSUM**

Mailing Address 1424 N. Pennsylvania Street

City

Indianapolis

State

IN

Zip Code

46202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IN CN 62

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015

Transaction ID : SA11AI.85473

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. MARTA I. ALVARDO-MOTZ**
Mailing Address 1334 Fort Stevens Drive NW  
#2

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

TRAVEL AND HOUSING COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.78

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11AI.83797

Amount of Each Receipt this Period

27.19

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

198.19

**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 PageFOR LINE NUMBER: PAGE 16 OF 490  
(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. MARTA I. ALVARDO-MOTZ**Mailing Address 1334 Fort Stevens Drive NW  
#2

City	State	Zip Code
Washington	DC	20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

TRAVEL AND HOUSING COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.78

Date of Receipt

M M	D D	Y Y Y Y
06	15	2015

Transaction ID : SA11AI.84539

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MARTA I. ALVARDO-MOTZ**Mailing Address 1334 Fort Stevens Drive NW  
#2

City	State	Zip Code
Washington	DC	20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

TRAVEL AND HOUSING COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.97

Date of Receipt

M M	D D	Y Y Y Y
06	26	2015

Transaction ID : SA11AI.84628

Amount of Each Receipt this Period

27.19

Full Name (Last, First, Middle Initial)

**C. BARBARA ANDERSON**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.60

Date of Receipt

M M	D D	Y Y Y Y
06	11	2015

Transaction ID : SA11AI.84013

Amount of Each Receipt this Period

59.60

SUBTOTAL of Receipts This Page (optional)..... ►

126.79

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 490  
(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**

<b>A. EARLENE ANDERSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.85533</b> Amount of Each Receipt this Period 50.00
<b>B. KENNETH ANDERSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 362.90			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85359</b> Amount of Each Receipt this Period 72.58
<b>C. TIMOTHY T ANDERSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 382.36			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83798</b> Amount of Each Receipt this Period 34.76
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			157.34
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 18 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A. TIMOTHY T ANDERSON</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">417.12</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 26 / 2015</span> </div> <b>Transaction ID : SA11AI.84629</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>34.76</span> </div>	
<b>B. MICHAEL ANDREJCO</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">447.46</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 11 / 2015</span> </div> <b>Transaction ID : SA11AI.84014</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>74.64</span> </div>	
<b>C. KEITH J. ANGEL</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 12 / 2015</span> </div> <b>Transaction ID : SA11AI.86213</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>20.00</span> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>129.40</span> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. KEITH J. ANGEL**

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 ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86237

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. JOHN P. APPELDORN**

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 ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.86288

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

**C. JOHN P. APPELDORN**

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 ▼

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86238

Amount of Each Receipt this Period

18.00

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 PageFOR LINE NUMBER:  
(check only one)

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<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. HORTENCIA F. ARRIAGA**

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 ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SA11Al.86141

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. GLORIA J. ARSENEAU**

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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11Al.85452

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

599.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11Al.83799

Amount of Each Receipt this Period

54.49

SUBTOTAL of Receipts This Page (optional)..... ►

114.49

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 PageFOR LINE NUMBER:  
(check only one)

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<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  
WashingtonState  
DCZip Code  
20010FEC 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 ▼

653.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84630

Amount of Each Receipt this Period

54.49

Full Name (Last, First, Middle Initial)

**B. TERRANCE E. ASBRIDGE**

Mailing Address 3021 Sutherland Road

City  
SpringfieldState  
ILZip Code  
62702FEC 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 ▼

458.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85453

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. LAURA M. ASKELIN**

Mailing Address 1031 4th Avenue S.E.

City  
RochesterState  
MNZip Code  
55904FEC 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 ▼

350.93

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85150

Amount of Each Receipt this Period

59.52

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

197.35

**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)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. BASHEERAH A. AZEEZ</b></p> <p>Mailing Address 992 Learidge Road</p> <p>City Lyndhurst State OH Zip Code 44124</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORKERS COMP CLAIMS REP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  208.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2015  <b>Transaction ID : SA11AI.86239</b></p> <p>Amount of Each Receipt this Period  16.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. DEBORAH A. BABB</b></p> <p>Mailing Address 6005 East Oakwood Drive</p> <p>City Pleasant Hill State IA Zip Code 50327</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation SAFETY AND HEALTH CON.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  390.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 25 / 2015  <b>Transaction ID : SA11AI.86186</b></p> <p>Amount of Each Receipt this Period  30.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. W. JEAN BACKMAN</b></p> <p>Mailing Address 1212 Jefferson Street</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 11 / 2015  <b>Transaction ID : SA11AI.85562</b></p> <p>Amount of Each Receipt this Period  50.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			96.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 490

(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. RICHARD C. BADGER II**

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 ▼

510.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : SA11AI.85731

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. PRISCILLA A. BADUA**

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 ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.86058

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JOE BAESSLER**

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 ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86306

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

215.00

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

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

FOR LINE NUMBER:  
(check only one)

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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. DAWN M. BAILEY**

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 ▼

336.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : SA11AI.85216

Amount of Each Receipt this Period

57.28

Full Name (Last, First, Middle Initial)

**B. DAWN M. BAILEY**

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 ▼

393.57

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.85288

Amount of Each Receipt this Period

57.28

Full Name (Last, First, Middle Initial)

**C. KAREN S. BAILEY**

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 ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.84341

Amount of Each Receipt this Period

19.24

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

133.80

**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 PageFOR LINE NUMBER: PAGE 25 OF 490  
(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. KAREN S. BAILEY**

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

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.64

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84395

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. KAREN S. BAILEY**

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

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.88

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84396

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. PATRICIA A. BAILEY**

Mailing Address 606 N. Van Buren Street

City	State	Zip Code
Wilmington	DE	19805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84967

Amount of Each Receipt this Period

66.00

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

135.24

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. ANTHONY L. BAKKEN**

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	12	2015

Transaction ID : SA11AI.85767

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MATTHEW BALAS**

Mailing Address 307 Adams Street

City

Freeland

State

PA

Zip Code

18224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

353.52

Date of Receipt

M M	D D	Y Y Y Y
06	11	2015

Transaction ID : SA11AI.84015

Amount of Each Receipt this Period

58.92

Full Name (Last, First, Middle Initial)

**C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	D D	Y Y Y Y
06	01	2015

Transaction ID : SA11AI.85454

Amount of Each Receipt this Period

40.00

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

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

123.92

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

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

FOR LINE NUMBER: PAGE 27 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. 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 ▼

293.16

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

Transaction ID : SA11AI.84332

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

**B. MATTHEW M. BANAL**

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 ▼

423.17

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

Transaction ID : SA11AI.84342

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**C. MATTHEW M. BANAL**

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 ▼

473.17

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

Transaction ID : SA11AI.84397

Amount of Each Receipt this Period

50.00

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

137.33

**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 PageFOR LINE NUMBER: PAGE 28 OF 490  
(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. MATTHEW M. BANAL**

Mailing Address 5424 Olde Vintage Drive

City	State	Zip Code
Hilliard	OH	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 ▼

511.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84398

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. MICHAEL BANDY**

Mailing Address 188 N Hayden Bay Drive

City	State	Zip Code
Portland	OR	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 ▼

462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86307

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. ELAINE BARBER**

Mailing Address 1826 Forster Street

City	State	Zip Code
Harrisburg	PA	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 ▼

344.94

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84016

Amount of Each Receipt this Period

58.92

SUBTOTAL of Receipts This Page (optional)..... ►

181.39

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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) <b>A. RONALDE BARILLAS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85087</b>	
Mailing Address 190 W. Ostend Street Suite 101 City Baltimore State MD Zip Code 21230		Amount of Each Receipt this Period 99.16	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MD CN 3 Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 297.48	
Full Name (Last, First, Middle Initial) <b>B. SUSAN BARKULIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83802</b>	
Mailing Address 10004 East 34 Street S. City Independence State MO Zip Code 64052		Amount of Each Receipt this Period 61.32	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 429.24	
Full Name (Last, First, Middle Initial) <b>C. SUSAN BARKULIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84633</b>	
Mailing Address 10004 East 34 Street S. City Independence State MO Zip Code 64052		Amount of Each Receipt this Period 61.32	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.56	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		221.80	
<b>TOTAL</b> This Period (last page this line number only).....			

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

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

FOR LINE NUMBER: PAGE 30 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. TERRI L. BARNARD**

 Mailing Address 1212 Jefferson St., SE  
 Suite 300

City Olympia State WA Zip Code 98501

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 AFSCME WA CN 28/STATE OF WA

 Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015

Transaction ID : SA11AI.85642

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. TERRI L. BARNARD**

 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 ▼

252.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

Transaction ID : SA11AI.85687

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. RENEE BARNES**

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 ▼

281.82

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11AI.83803

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)..... ►

67.63

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

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

 FOR LINE NUMBER: PAGE 31 OF 490  
 (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. RENEE BARNES**

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

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.45

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84634

Amount of Each Receipt this Period

25.63

Full Name (Last, First, Middle Initial)

**B. DANA BARTHOLOMEW**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

AFSCME TX LOC 1624

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.86330

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DANA BARTHOLOMEW**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

AFSCME TX LOC 1624

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

Transaction ID : SA11AI.86331

Amount of Each Receipt this Period

25.00

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

100.63

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 490

<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. NANCY E. BARTTER**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

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.86059

Amount of Each Receipt this Period

34.62

Full Name (Last, First, Middle Initial)

**B. KRISTINA BAS HAMILTON**

Mailing Address 4855 Seminole Drive

City	State	Zip Code
San Diego	CA	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 ▼

274.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.86156

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. FATIMA A BASTIANELLI**

Mailing Address 5604 Vernon Place

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION POLLING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83804

Amount of Each Receipt this Period

42.85

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

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

161.47



**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 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. FATIMA A BASTIANELLI**

Mailing Address 5604 Vernon Place

City	State	Zip Code
Bethesda	MD	20817

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION POLLING ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84635

Amount of Each Receipt this Period

42.85

Full Name (Last, First, Middle Initial)

**B. MICHAEL BATCHELDER**

Mailing Address 56 W. Dodridge Street

City	State	Zip Code
Columbus	OH	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 ▼

348.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85218

Amount of Each Receipt this Period

58.52

Full Name (Last, First, Middle Initial)

**C. MICHAEL BATCHELDER**

Mailing Address 56 W. Dodridge Street

City	State	Zip Code
Columbus	OH	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 ▼

407.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85290

Amount of Each Receipt this Period

58.52

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

159.89

**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: PAGE 34 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. LINDA BATES**

Mailing Address 1510 Walnut Street

City State Zip Code  
Woodbridge VA 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 ▼

435.05

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83805

Amount of Each Receipt this Period

39.55

Full Name (Last, First, Middle Initial)

**B. LINDA BATES**

Mailing Address 1510 Walnut Street

City State Zip Code  
Woodbridge VA 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 ▼

474.60

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84636

Amount of Each Receipt this Period

39.55

Full Name (Last, First, Middle Initial)

**C. HENRY BAYER**

Mailing Address 1507 W. Chase Street

City State Zip Code  
Chicago IL 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 ▼

598.95

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2015

Transaction ID : SA11AI.84914

Amount of Each Receipt this Period

99.84

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

178.94

**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 35 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. KENT BEAUCHAMP**

Mailing Address 2309 Mariners Point Lane

City State Zip Code  
Springfield IL 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 ▼

448.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.85360

Amount of Each Receipt this Period

89.64

Full Name (Last, First, Middle Initial)

**B. VERONICA L. BEAVIN**

Mailing Address 10205 Bluff Springs Trace

City State Zip Code  
Louisville KY 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 ▼

667.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83806

Amount of Each Receipt this Period

77.80

Full Name (Last, First, Middle Initial)

**C. VERONICA L. BEAVIN**

Mailing Address 10205 Bluff Springs Trace

City State Zip Code  
Louisville KY 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 ▼

745.43

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84637

Amount of Each Receipt this Period

77.80

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

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

245.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 490  
(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. DAVID BECK**Mailing Address 29 N. Wacker Drive  
Suite 800

City	State	Zip Code
Chicago	IL	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 ▼

362.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85361

Amount of Each Receipt this Period

72.58

Full Name (Last, First, Middle Initial)

**B. KATHY BECKMAN**

Mailing Address 108 N 28th Avenue West

City	State	Zip Code
Duluth	MN	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 ▼

295.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.84909

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. KATHY BECKMAN**

Mailing Address 108 N 28th Avenue West

City	State	Zip Code
Duluth	MN	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 ▼

320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84910

Amount of Each Receipt this Period

25.00

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

122.58

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 37 OF 490  
 (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. KATHY BECKMAN**

Mailing Address 108 N 28th Avenue West

City	State	Zip Code
Duluth	MN	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 ▼

345.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11AI.84911

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL BEGATTO**

Mailing Address 301 Hedgerow Lane

City	State	Zip Code
Wilmington	DE	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 ▼

554.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2015

Transaction ID : SA11AI.84968

Amount of Each Receipt this Period

92.38

Full Name (Last, First, Middle Initial)

**C. MARTIN BEIL**

Mailing Address 10363 Hudson Road

City	State	Zip Code
Mazomanie	WI	53560-9773

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 AFSCME WI CN 24

 Occupation  
 EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.53

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2015

Transaction ID : SA11AI.85776

Amount of Each Receipt this Period

83.62

SUBTOTAL of Receipts This Page (optional)..... ►

201.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. JOSEPH BELLA**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

448.20

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

**Transaction ID : SA11AI.85362**

Amount of Each Receipt this Period

89.64

Full Name (Last, First, Middle Initial)

**B. JAMES R. BENEDICT**

Mailing Address 6576 Hilmar Court

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : SA11AI.86214**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. JAMES R. BENEDICT**

Mailing Address 6576 Hilmar Court

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SA11AI.86240**

Amount of Each Receipt this Period

30.00

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

149.64

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

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

FOR LINE NUMBER:  
(check only one)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. PETER J. BENNER</b></p> <p>Mailing Address 7650 Cahill Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Inver Grove Hgts.</td> <td style="width: 33%;">State MN</td> <td style="width: 33%;">Zip Code 55076</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L/STATE STREET</td> <td style="width: 33%;">Occupation RETIREE</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">283.38</span></p>			City Inver Grove Hgts.	State MN	Zip Code 55076	Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE		<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>06 / 03 / 2015</span> </div> <p><b>Transaction ID : SA11AI.84915</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>47.32</span> </span></p> </p>	
City Inver Grove Hgts.	State MN	Zip Code 55076								
Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE									
<p>Full Name (Last, First, Middle Initial)  <b>B. STACEY D. BENSON-TAYLOR</b></p> <p>Mailing Address 241 Brooklyn Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Dayton</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 45417</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH CN 8</td> <td style="width: 33%;">Occupation STAFF REPRESENTATIVE</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">388.24</span></p>			City Dayton	State OH	Zip Code 45417	Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>06 / 04 / 2015</span> </div> <p><b>Transaction ID : SA11AI.85219</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>65.14</span> </span></p> </p>	
City Dayton	State OH	Zip Code 45417								
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE									
<p>Full Name (Last, First, Middle Initial)  <b>C. STACEY D. BENSON-TAYLOR</b></p> <p>Mailing Address 241 Brooklyn Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Dayton</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 45417</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH CN 8</td> <td style="width: 33%;">Occupation STAFF REPRESENTATIVE</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">453.38</span></p>			City Dayton	State OH	Zip Code 45417	Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>06 / 30 / 2015</span> </div> <p><b>Transaction ID : SA11AI.85291</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>65.14</span> </span></p> </p>	
City Dayton	State OH	Zip Code 45417								
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE									
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>177.60</span> </span>							
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </span>							

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

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

FOR LINE NUMBER: PAGE 40 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. BRENDA L BENTON</b></p> <p>Mailing Address 4406 E. Mound Street</p> <p>City State Zip Code  Columbus OH 43227</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  296.45</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 15 / 2015</p> <p><b>Transaction ID : SA11AI.83807</b></p> <p>Amount of Each Receipt this Period  26.95</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. BRENDA L BENTON</b></p> <p>Mailing Address 4406 E. Mound Street</p> <p>City State Zip Code  Columbus OH 43227</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  323.40</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2015</p> <p><b>Transaction ID : SA11AI.84638</b></p> <p>Amount of Each Receipt this Period  26.95</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. RICHARD BERG</b></p> <p>Mailing Address 29 N. Wacker Drive  Suite 800</p> <p>City State Zip Code  Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  362.90</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 01 / 2015</p> <p><b>Transaction ID : SA11AI.85363</b></p> <p>Amount of Each Receipt this Period  72.58</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>126.48</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 490

<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. MARK BERNARD**

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 ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85118

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. SHIRIN BIDEL-NIYAT**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 ▼

450.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83808

Amount of Each Receipt this Period

41.78

Full Name (Last, First, Middle Initial)

**C. SHIRIN BIDEL-NIYAT**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 ▼

492.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84639

Amount of Each Receipt this Period

41.78

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

203.56

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

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

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

 FOR LINE NUMBER: PAGE 42 OF 490  
 (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) <b>A. TIMOTHY D. BIRCH</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>15</td> <td>/</td> <td>2015</td> </tr> </table> <b>Transaction ID : SA11AI.83809</b>		M M	/	D D	/	Y Y Y Y	06	/	15	/	2015
M M	/	D D	/	Y Y Y Y									
06	/	15	/	2015									
Mailing Address 590 Middle Street Apt. 603		Amount of Each Receipt this Period <table border="1"> <tr> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> </tr> <tr> <td>39</td> <td>92</td> <td></td> <td></td> <td></td> </tr> </table>		99	99	99	99	99	39	92			
99	99	99	99	99									
39	92												
City Weymouth	State MA	Zip Code 02189-0000											
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		C									
C													
Name of Employer AFSCME INT'L	Occupation INT'L UNION REPRESENTATIVE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> </tr> <tr> <td>434</td> <td>92</td> <td></td> <td></td> <td></td> </tr> </table>			99	99	99	99	99	434	92			
99	99	99	99	99									
434	92												
Full Name (Last, First, Middle Initial) <b>B. TIMOTHY D. BIRCH</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>26</td> <td>/</td> <td>2015</td> </tr> </table> <b>Transaction ID : SA11AI.84640</b>		M M	/	D D	/	Y Y Y Y	06	/	26	/	2015
M M	/	D D	/	Y Y Y Y									
06	/	26	/	2015									
Mailing Address 590 Middle Street Apt. 603		Amount of Each Receipt this Period <table border="1"> <tr> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> </tr> <tr> <td>39</td> <td>92</td> <td></td> <td></td> <td></td> </tr> </table>		99	99	99	99	99	39	92			
99	99	99	99	99									
39	92												
City Weymouth	State MA	Zip Code 02189-0000											
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		C									
C													
Name of Employer AFSCME INT'L	Occupation INT'L UNION REPRESENTATIVE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> </tr> <tr> <td>474</td> <td>84</td> <td></td> <td></td> <td></td> </tr> </table>			99	99	99	99	99	474	84			
99	99	99	99	99									
474	84												
Full Name (Last, First, Middle Initial) <b>C. CHRISTINE C. BISCHOFF</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>11</td> <td>/</td> <td>2015</td> </tr> </table> <b>Transaction ID : SA11AI.85750</b>		M M	/	D D	/	Y Y Y Y	06	/	11	/	2015
M M	/	D D	/	Y Y Y Y									
06	/	11	/	2015									
Mailing Address 1825 Maple Avenue		Amount of Each Receipt this Period <table border="1"> <tr> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> </tr> <tr> <td>19</td> <td>24</td> <td></td> <td></td> <td></td> </tr> </table>		99	99	99	99	99	19	24			
99	99	99	99	99									
19	24												
City Peekskill	State NY	Zip Code 10566											
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		C									
C													
Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> </tr> <tr> <td>230</td> <td>88</td> <td></td> <td></td> <td></td> </tr> </table>			99	99	99	99	99	230	88			
99	99	99	99	99									
230	88												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>99</td> <td>08</td> <td></td> <td></td> <td></td> </tr> </table>		99	08								
99	08												
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> </tr> </table>		99	99	99	99	99					
99	99	99	99	99									

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 490

<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. CHRISTINE C. BISCHOFF**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85759

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. PAUL BISSEN**

Mailing Address 1906 Bear Court SE

City

Rochester

State

MN

Zip Code

55904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.85508

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. WALTER BLAIR**

Mailing Address 2223 Wintergreen Avenue

City

District Heights

State

MD

Zip Code

20747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

529.52

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83810

Amount of Each Receipt this Period

46.80

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

126.04

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 490

<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. WALTER BLAIR**

Mailing Address 2223 Wintergreen Avenue

City

District Heights

State

MD

Zip Code

20747

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 ▼

576.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84641

Amount of Each Receipt this Period

46.80

Full Name (Last, First, Middle Initial)

**B. JANE ANN BLAKESLEY**

Mailing Address 2179 Shoreham Road

City

Upper Arlington

State

OH

Zip Code

43220

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 ▼

490.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

Transaction ID : SA11AI.84345

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. JANE ANN BLAKESLEY**

Mailing Address 2179 Shoreham Road

City

Upper Arlington

State

OH

Zip Code

43220

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 ▼

530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : SA11AI.84401

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 PageFOR LINE NUMBER: PAGE 45 OF 490  
(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. GORDON BLAQUIERE**

Mailing Address 8 Beacon Street

City  
BostonState  
MAZip Code  
02108-0000FEC 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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85119

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. RONALD F. BLATT**Mailing Address 2202 S. Racoon Road  
Apt. 4

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 ▼

423.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

Transaction ID : SA11AI.84346

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**C. RONALD F. BLATT**Mailing Address 2202 S. Racoon Road  
Apt. 4

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 ▼

461.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : SA11AI.84402

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

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

176.94

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

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

FOR LINE NUMBER: PAGE 46 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. LISA A. BLEVINS</b></p> <p>Mailing Address 11907 Tarragon Road  #G</p> <p>City State Zip Code  Reisterstown MD 21136</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME INT'L ADMINISTRATIVE ASSISTANT II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">415.93</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 15 / 2015</span>  <b>Transaction ID : SA11AI.83811</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">39.18</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. LISA A. BLEVINS</b></p> <p>Mailing Address 11907 Tarragon Road  #G</p> <p>City State Zip Code  Reisterstown MD 21136</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME INT'L ADMINISTRATIVE ASSISTANT II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">455.11</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 26 / 2015</span>  <b>Transaction ID : SA11AI.84642</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">39.18</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. DAVID BLOEDE</b></p> <p>Mailing Address 7426 Harrison Street</p> <p>City State Zip Code  Forest Park IL 60130</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">295.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 01 / 2015</span>  <b>Transaction ID : SA11AI.85364</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">59.00</span></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">137.36</span>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>	

# **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 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. KAREN BLOOMINGDALE**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.36

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.84018

Amount of Each Receipt this Period

74.06

Full Name (Last, First, Middle Initial)

**B. SHARELL BLOUNT**

Mailing Address 289 Lewis Avenue

City State Zip Code  
Brooklyn NY 11221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY CN 1707/CORNERSTONE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.85496

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MATTHEW S. BLUMIN**

Mailing Address 1336 Taylor Street NW

City State Zip Code  
Washington DC 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 ▼

1198.89

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.83812

Amount of Each Receipt this Period

108.99

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

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

203.05

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

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

 FOR LINE NUMBER: PAGE 48 OF 490  
 (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. MATTHEW S. BLUMIN**

Mailing Address 1336 Taylor Street NW

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.84540

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MATTHEW S. BLUMIN**

Mailing Address 1336 Taylor Street NW

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84643

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. DAVID L. BLYTH**

Mailing Address 1656 Gilbert Road

City	State	Zip Code
Toledo	OH	43614

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85221

Amount of Each Receipt this Period

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

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



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

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

 FOR LINE NUMBER: PAGE 49 OF 490  
 (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. DAVID L. BLYTH**

Mailing Address 1656 Gilbert Road

City	State	Zip Code
Toledo	OH	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 ▼

442.40

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85293

Amount of Each Receipt this Period

63.56

Full Name (Last, First, Middle Initial)

**B. EUGENE BOATRIGHT**

Mailing Address 8542 South Bishop

City	State	Zip Code
Chicago	IL	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 ▼

341.26

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85365

Amount of Each Receipt this Period

69.18

Full Name (Last, First, Middle Initial)

**C. THOMAS J. BOIK**

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

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.48

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85152

Amount of Each Receipt this Period

49.84

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

182.58

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 PageFOR LINE NUMBER:  
(check only one)

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<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. KAHIM BOLES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5					2	0

Transaction ID : SA11AI.84938

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**B. LYNDAL BOLIN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5					2	0

Transaction ID : SA11AI.84348

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. LYNDAL BOLIN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

261.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6					2	0

Transaction ID : SA11AI.84404

Amount of Each Receipt this Period

50.00

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

83.24

**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  
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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. LYNDA L. BOLIN**

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 ▼

306.64

Date of Receipt

 M M / D D / Y Y Y Y Y  
 06 / 16 / 2015

Transaction ID : SA11AI.84405

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. LYNDA L. BOLIN**

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 ▼

325.88

Date of Receipt

 M M / D D / Y Y Y Y Y  
 06 / 17 / 2015

Transaction ID : SA11AI.84406

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. 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 ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y  
 06 / 12 / 2015

Transaction ID : SA11AI.86215

Amount of Each Receipt this Period

20.00

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)

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<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. 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 ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11Al.86241

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 ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

Transaction ID : SA11Al.86216

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 ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11Al.86242

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)

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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. SHAKEEM V. BOONE**

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 ▼

392.81

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.83813

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

**B. SHAKEEM V. BOONE**

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 ▼

428.52

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.84644

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

**C. PAUL R. BOOTH**

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 ▼

2187.13

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.83814

Amount of Each Receipt this Period

198.83

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

270.25

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 490  
(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. PAUL R. BOOTH**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2385.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84645

Amount of Each Receipt this Period

198.83

Full Name (Last, First, Middle Initial)

**B. SHARON K BORTON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

602.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83815

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

**C. SHARON K BORTON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84646

Amount of Each Receipt this Period

54.75

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

308.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. CASEY BOWE**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.76

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.84019

Amount of Each Receipt this Period

46.22

Full Name (Last, First, Middle Initial)

## **B. ERIC R. BOYD**

Mailing Address 118 East Walnut Street

City State Zip Code  
Westerville OH 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 ▼

397.52

Date of Receipt

06 / 04 / 2015

Transaction ID : SA11AI.85222

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

## **C. ERIC R. BOYD**

Mailing Address 118 East Walnut Street

City State Zip Code  
Westerville OH 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 ▼

463.22

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.85294

Amount of Each Receipt this Period

65.70

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

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

177.62

**SCHEDULE A (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 490

<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. MELVIN BRABSON**

Mailing Address 5510 Chalmers

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.94

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.84975

Amount of Each Receipt this Period

28.10

Full Name (Last, First, Middle Initial)

**B. MELVIN BRABSON**

Mailing Address 5510 Chalmers

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85013

Amount of Each Receipt this Period

28.10

Full Name (Last, First, Middle Initial)

**C. ANDREA BRACHTER**

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 ▼

234.74

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84021

Amount of Each Receipt this Period

42.06

SUBTOTAL of Receipts This Page (optional)..... ►

98.26

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 PageFOR LINE NUMBER: PAGE 57 OF 490  
(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**

<b>A. RYAN L. BRAGLIN</b> Full Name (Last, First, Middle Initial) Mailing Address 6800 N High Street City State Zip Code Worthington OH 43085-2512 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">224.73</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 04 / 2015</span> </div> <b>Transaction ID : SA11AI.85223</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>40.55</span> </span>	
<b>B. RYAN L. BRAGLIN</b> Full Name (Last, First, Middle Initial) Mailing Address 6800 N High Street City State Zip Code Worthington OH 43085-2512 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">268.65</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 30 / 2015</span> </div> <b>Transaction ID : SA11AI.85295</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>43.92</span> </span>	
<b>C. CHRISTINE M. BRANCHAW</b> Full Name (Last, First, Middle Initial) Mailing Address 2223 NE Davis Street City State Zip Code Portland OR 97232 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME OR CN 75/STATE OF OR CARPENTER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">231.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 30 / 2015</span> </div> <b>Transaction ID : SA11AI.86309</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>42.00</span> </span>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>126.47</span> </span>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<span style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </span>	

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 58 OF 490

<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. ERIC B. BREAU**

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 ▼

201.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : SA11AI.86164

Amount of Each Receipt this Period

16.80

Full Name (Last, First, Middle Initial)

**B. JERRY M. BRENIZER**

Mailing Address N3267 Opal Road

City

Lake Geneva

State

WI

Zip Code

53147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SA11AI.85768

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM BRENNER**

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 ▼

609.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84022

Amount of Each Receipt this Period

101.64

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

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

136.44

# 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 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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 BRISTOL

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 ▼

318.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11AI.85643

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. ROBERT BRISTOL

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 ▼

348.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85688

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. BILL BROCKMILLER

Mailing Address 1418 10th Street  
#204

City Lacrosse State WI Zip Code 54601

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME WI CN 24/STATE OF WI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.85769

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. BILL BROCKMILLER**

Mailing Address 1418 10th Street  
#204

City State Zip Code  
Lacrosse WI 54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.85770

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

## **B. MATTHEW BROKMAN**

Mailing Address 120 Dwight Street  
#606

City State Zip Code  
New Haven CT 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 ▼

382.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.86166

Amount of Each Receipt this Period

58.92

Full Name (Last, First, Middle Initial)

## **C. MARQUEZ BROWN**

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

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : SA11AI.85224

Amount of Each Receipt this Period

56.02

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

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

136.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 490  
(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. MARQUEZ BROWN**

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

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85296

Amount of Each Receipt this Period

56.02

Full Name (Last, First, Middle Initial)

**B. WANDA BROWN**

Mailing Address 17311 NW 46th Avenue

City	State	Zip Code
Carol City	FL	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 ▼

411.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83816

Amount of Each Receipt this Period

37.37

Full Name (Last, First, Middle Initial)

**C. WANDA BROWN**

Mailing Address 17311 NW 46th Avenue

City	State	Zip Code
Carol City	FL	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 ▼

448.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84647

Amount of Each Receipt this Period

37.37

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

130.76

**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 62 OF 490

<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. ALAN BRUBACHER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

302.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84023

Amount of Each Receipt this Period

50.38

Full Name (Last, First, Middle Initial)

**B. EDITH E. BUCKLE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85225

Amount of Each Receipt this Period

57.14

Full Name (Last, First, Middle Initial)

**C. EDITH E. BUCKLE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

397.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85297

Amount of Each Receipt this Period

57.14

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

164.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. KENDRA M. BUCKLEY</b></p> <p>Mailing Address 26 Brandonwood</p> <p>City O'Fallon State IL Zip Code 62269</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE SPECIA</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>342.65</b></p>			<p>Date of Receipt  <b>06 / 01 / 2015</b>  <b>Transaction ID : SA11AI.85455</b></p> <p>Amount of Each Receipt this Period  <b>62.30</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. SHANE A. BUMGARNER</b></p> <p>Mailing Address 2619 S. Walnut</p> <p>City Springfield State IL Zip Code 62704</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation ASST MIS SPECIALIST</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>272.50</b></p>			<p>Date of Receipt  <b>06 / 01 / 2015</b>  <b>Transaction ID : SA11AI.85366</b></p> <p>Amount of Each Receipt this Period  <b>54.50</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. CARTER A. BUNDY</b></p> <p>Mailing Address 1968 Otowi Drive</p> <p>City Santa Fe State NM Zip Code 87505</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>802.48</b></p>			<p>Date of Receipt  <b>06 / 15 / 2015</b>  <b>Transaction ID : SA11AI.83817</b></p> <p>Amount of Each Receipt this Period  <b>71.34</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>188.14</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**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 490  
 (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. CARTER A. BUNDY**

Mailing Address 1968 Otowi Drive

City	State	Zip Code
Santa Fe	NM	87505

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84648

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. CAROL L. BURNETT**

Mailing Address 1921 N. Westmoreland Street

City	State	Zip Code
Arlington	VA	22213

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

GRAPHIC MANAGER, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83818

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. CAROL L. BURNETT**

Mailing Address 1921 N. Westmoreland Street

City	State	Zip Code
Arlington	VA	22213

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

GRAPHIC MANAGER, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84649

Amount of Each Receipt this Period

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

**TOTAL** This Period (last page this line number 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 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A. DOUGLAS R. BURNETT</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">739.10</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 15 / 2015</span> </div> <b>Transaction ID : SA11AI.83819</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>82.12</span> </div>	
<b>B. DOUGLAS R. BURNETT</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">821.22</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 26 / 2015</span> </div> <b>Transaction ID : SA11AI.84650</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>82.12</span> </div>	
<b>C. KATHY A. BUTLER</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 25 / 2015</span> </div> <b>Transaction ID : SA11AI.86187</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>20.00</span> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>184.24</span> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 490

(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. NICOLE BUTLER**

Mailing Address 3011 29th Avenue NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85644

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**B. NICOLE BUTLER**

Mailing Address 3011 29th Avenue NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85689

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**C. ZOCHERSHEA BUTLER**

Mailing Address 2733 Initial Place

City	State	Zip Code
Enumclaw	WA	98022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

ACCOUNTING CLERK III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85645

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

65.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. ZOCHERSHEA BUTLER**

Mailing Address 2733 Initial Place

City

State

Zip Code

Enumclaw

WA

98022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

ACCOUNTING CLERK III

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

**Transaction ID : SA11AI.85690**

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**B. CHARLES M. BYRNE**

Mailing Address 1619 Valencia Way

City

State

Zip Code

Reston

VA

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

437.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

**Transaction ID : SA11AI.83820**

Amount of Each Receipt this Period

39.44

Full Name (Last, First, Middle Initial)

**C. CHARLES M. BYRNE**

Mailing Address 1619 Valencia Way

City

State

Zip Code

Reston

VA

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

477.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

**Transaction ID : SA11AI.84651**

Amount of Each Receipt this Period

39.44

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

97.88

**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)

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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. MARK CADDO**

Mailing Address 260 Ward Avenue

City State Zip Code  
 Bellevue KY 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 ▼

209.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

Transaction ID : SA11AI.85226

Amount of Each Receipt this Period

52.42

Full Name (Last, First, Middle Initial)

## **B. MARK CADDO**

Mailing Address 260 Ward Avenue

City State Zip Code  
 Bellevue KY 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 ▼

262.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : SA11AI.85298

Amount of Each Receipt this Period

52.42

Full Name (Last, First, Middle Initial)

## **C. JOY CAGE**

Mailing Address 9022 East E Street

City State Zip Code  
 Parkland WA 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 ▼

214.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015

Transaction ID : SA11AI.85646

Amount of Each Receipt this Period

19.50

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

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

124.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 490

<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. JOY CAGE**

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 ▼

234.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85691

Amount of Each Receipt this Period

19.50

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 ▼

693.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83821

Amount of Each Receipt this Period

63.08

Full Name (Last, First, Middle Initial)

**C. 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 ▼

756.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84652

Amount of Each Receipt this Period

63.08

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

145.66

**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 70 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. NINA M. CALABRIA</b></p> <p>Mailing Address 6124 Crystal Valley Drive</p> <p>City State Zip Code  Galena OH 43021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  275.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 05 / 2015  <b>Transaction ID : SA11AI.84349</b></p> <p>Amount of Each Receipt this Period  25.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. NINA M. CALABRIA</b></p> <p>Mailing Address 6124 Crystal Valley Drive</p> <p>City State Zip Code  Galena OH 43021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 17 / 2015  <b>Transaction ID : SA11AI.84407</b></p> <p>Amount of Each Receipt this Period  25.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. ROBIN CALABRIA</b></p> <p>Mailing Address 2507 Winslow Hill Road</p> <p>City State Zip Code  Benezette PA 15821</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  286.92</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 11 / 2015  <b>Transaction ID : SA11AI.84024</b></p> <p>Amount of Each Receipt this Period  47.82</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>97.82</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 490  
(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. CHAD D. CALDWELL**

Mailing Address 1468 Galway Bend Drive S.

City	State	Zip Code
Pataskala	OH	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 ▼

385.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84350

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. CHAD D. CALDWELL**

Mailing Address 1468 Galway Bend Drive S.

City	State	Zip Code
Pataskala	OH	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 ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84408

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. PAMELA D. CALDWELL**

Mailing Address 1861 Bairsford Drive

City	State	Zip Code
Columbus	OH	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 ▼

216.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.86290

Amount of Each Receipt this Period

18.00

**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)

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. PAMELA D. CALDWELL</b></p> <p>Mailing Address 1861 Bairsford Drive</p> <p>City State Zip Code Columbus OH 43232</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 234.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.86243</b></p> <p>Amount of Each Receipt this Period 18.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. JOHN CAMERON</b></p> <p>Mailing Address 6555 N. Maplewood</p> <p>City State Zip Code Chicago IL 60645</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 DIRECTOR POL./COM. RELATIONS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 424.20</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85367</b></p> <p>Amount of Each Receipt this Period 84.84</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. SUSAN CAMERON</b></p> <p>Mailing Address P.O. Box 32</p> <p>City State Zip Code Manistique MI 49854</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 231.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.84977</b></p> <p>Amount of Each Receipt this Period 21.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>123.84</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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

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

FOR LINE NUMBER: PAGE 73 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. SUSAN CAMERON</b></p> <p>Mailing Address P.O. Box 32</p> <p>City State Zip Code  Manistique MI 49854</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">252.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>  <b>Transaction ID : SA11AI.85015</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. TERESA CAMPBELL</b></p> <p>Mailing Address 3709 Morgan Road</p> <p>City State Zip Code  Lake Orion MI 48359</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">231.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>  <b>Transaction ID : SA11AI.84978</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. TERESA CAMPBELL</b></p> <p>Mailing Address 3709 Morgan Road</p> <p>City State Zip Code  Lake Orion MI 48359</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">252.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>  <b>Transaction ID : SA11AI.85016</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">63.00</span>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. ULIQUE A. CAMPBELL**

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 ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

Transaction ID : SA11AI.86291

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

**B. ULIQUE A. CAMPBELL**

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 ▼

234.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.86244

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

**C. LINDA CANAN-STEPHENS**

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 ▼

564.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

Transaction ID : SA11AI.84917

Amount of Each Receipt this Period

99.24

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

135.24

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. TRELEEN CANGANELLI</b> 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. <b>C</b> Name of Employer AFSCME OH LOC 4/BEDFORD Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.84489</b> Amount of Each Receipt this Period 41.67
<b>B. LISA M. CAPONI</b> Full Name (Last, First, Middle Initial) Mailing Address 29 Shadow Drive City Pittsburgh State PA Zip Code 15227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASST. I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 213.62			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83823</b> Amount of Each Receipt this Period 19.42
<b>C. LISA M. CAPONI</b> Full Name (Last, First, Middle Initial) Mailing Address 29 Shadow Drive City Pittsburgh State PA Zip Code 15227 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASST. I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 233.04			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84654</b> Amount of Each Receipt this Period 19.42
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			80.51
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. RICHARD CAPONI**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

718.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84025

Amount of Each Receipt this Period

119.76

Full Name (Last, First, Middle Initial)

**B. GINO A. CARBENIA**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1262.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83824

Amount of Each Receipt this Period

105.22

Full Name (Last, First, Middle Initial)

**C. GINO A. CARBENIA**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1367.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84655

Amount of Each Receipt this Period

105.22

SUBTOTAL of Receipts This Page (optional)..... ►

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

330.20

**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 490

(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. DENISE L. CAREY**

Mailing Address 4069 Brookrun Drive

City	State	Zip Code
Columbus	OH	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 ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11AI.86245

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. JOYCE CARLSON**

Mailing Address 911 Aldine Street

City	State	Zip Code
Saint Paul	MN	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 ▼

465.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2015

Transaction ID : SA11AI.85153

Amount of Each Receipt this Period

77.72

Full Name (Last, First, Middle Initial)

**C. WILLIAM J. CARRIER**

Mailing Address 731 Mohican Drive

City	State	Zip Code
Loveland	OH	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 ▼

208.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11AI.84472

Amount of Each Receipt this Period

20.84

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

114.56

**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 PageFOR LINE NUMBER: PAGE 78 OF 490  
(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**

<b>A. WILLIAM J. CARRIER</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME OH LOC 4/LOVELAND CS Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">229.24</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 17 / 2015</span> </div> <b>Transaction ID : SA11AI.84490</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>20.84</span> </div>	
<b>B. SEAN RAY CARSON</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME PA CN 13/NSP/LOCAL 1435 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 11 / 2015</span> </div> <b>Transaction ID : SA11AI.84321</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>40.00</span> </div>	
<b>C. CHAD CARTER</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME INT'L Occupation MANAGER, MEMBER AND AFFILIATE SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">510.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 15 / 2015</span> </div> <b>Transaction ID : SA11AI.83825</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>50.00</span> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>110.84</span> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. CHAD CARTER**

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 ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84656

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. JUAN CARTER**

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 ▼

243.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84026

Amount of Each Receipt this Period

42.46

Full Name (Last, First, Middle Initial)

**C. LEROY CARTER**

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	4		2	0	1	5		

Transaction ID : SA11AI.84979

Amount of Each Receipt this Period

29.12

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

121.58

**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 PageFOR LINE NUMBER: PAGE 80 OF 490  
(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. LEROY CARTER**

Mailing Address 2648 Towner Road

City	State	Zip Code
Ann Arbor	MI	48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85017

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**B. ROBERT CASON**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84027

Amount of Each Receipt this Period

101.64

Full Name (Last, First, Middle Initial)

**C. NORMA CASTRO**

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

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	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85647

Amount of Each Receipt this Period

20.00

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

150.76

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 490

<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. NORMA CASTRO**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

**Transaction ID : SA11AI.85692**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. TARA CAUGHEY-WILSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

454.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : SA11AI.84028**

Amount of Each Receipt this Period

79.34

Full Name (Last, First, Middle Initial)

**C. EDDIE A. CAUMIANT**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

448.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

**Transaction ID : SA11AI.85368**

Amount of Each Receipt this Period

89.64

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

188.98

**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 PageFOR LINE NUMBER: PAGE 82 OF 490  
(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. 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

AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83827

Amount of Each Receipt this Period

79.58

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

AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84658

Amount of Each Receipt this Period

79.58

Full Name (Last, First, Middle Initial)

**C. ANNE-MARIE CAVANAUGH**

Mailing Address 9227 Densmore Avenue N

City	State	Zip Code
Seattle	WA	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 ▼

250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85566

Amount of Each Receipt this Period

41.68

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

200.84

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 83 OF 490

(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. JODI E. CHAI**

Mailing Address 1374 Mailani Street

City	State	Zip Code
Hilo	HI	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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.86062

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. STACY CHAMBERLAIN**

Mailing Address 5235 NE 23rd Avenue

City	State	Zip Code
Portland	OR	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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86310

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. JEANETTE CHAVEZ**

Mailing Address 1719 Lyman Place NE

City	State	Zip Code
Washington	DC	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 ▼

671.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83830

Amount of Each Receipt this Period

61.08

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

151.08

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 490

<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. JEANETTE CHAVEZ**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

732.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84660

Amount of Each Receipt this Period

61.08

Full Name (Last, First, Middle Initial)

**B. KARL E. CHILDRESS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

602.25

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83831

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

**C. KARL E. CHILDRESS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

624.25

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.84541

Amount of Each Receipt this Period

22.00

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

137.83

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

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 85 OF 490

<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. KARL E. CHILDRESS**

Mailing Address 1605 E Street SE

 City  
 Washington

 State  
 DC

 Zip Code  
 20003

 FEC ID number of contributing  
 federal political committee.

Name of Employer

AFSCME INT'L

Occupation

MANAGER, APPLICATIONS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84661

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. NICHELLE CHIVIS**

Mailing Address 4301 Executive Park Drive

 City  
 Harrisburg

 State  
 PA

 Zip Code  
 17111

 FEC ID number of contributing  
 federal political committee.

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84029

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. JUDY K. CHOW**
 Mailing Address 1639 Pali Highway  
 Apt. A

 City  
 Honolulu

 State  
 HI

 Zip Code  
 96813

 FEC ID number of contributing  
 federal political committee.

Name of Employer

AFSCME HI RET CHPT 152

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

Transaction ID : SA11AI.86064

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 490

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CAROLYN CLARK**

Mailing Address 4415 Rolling Pine

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : SA11AI.84980

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CAROLYN CLARK**

Mailing Address 4415 Rolling Pine

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : SA11AI.85018

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. SHANE CLARK**

Mailing Address 5296 Autumnwood Drive

City

Cochranon

State

PA

Zip Code

16314

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 ▼

347.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84030

Amount of Each Receipt this Period

58.92

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

108.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 490

<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. RUSSELL J. CLEMENS**

Mailing Address 116 Cranburne Lane

City

Willamsville

State

NY

Zip Code

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 3

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85089

Amount of Each Receipt this Period

87.42

Full Name (Last, First, Middle Initial)

**B. KATHERINE A. COAKLEY**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 ▼

866.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83833

Amount of Each Receipt this Period

86.68

Full Name (Last, First, Middle Initial)

**C. KATHERINE A. COAKLEY**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 ▼

953.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84663

Amount of Each Receipt this Period

86.68

SUBTOTAL of Receipts This Page (optional)..... ►

260.78

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 88 OF 490

<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. JOSHUA B. COLE**

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 ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

Transaction ID : SA11AI.86188

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. KENTON C. COLE**

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.85535

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LORENZO D. COLE**

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 ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

Transaction ID : SA11AI.86217

Amount of Each Receipt this Period

20.00

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

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

140.00



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 490

(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. LORENZO D. COLE**

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

AFSCME OH LOC 11/STATE OF OH

Occupation

PSYCHIATRIC ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86246

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. SCOTT M. COMRIE**

Mailing Address 5825 Conn Road

City	State	Zip Code
Alhambra	IL	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 ▼

440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85456

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. TRACEY CONATY**

Mailing Address 3525 Quebec Street NW

City	State	Zip Code
Washington	DC	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 ▼

602.25

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83834

Amount of Each Receipt this Period

54.75

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

194.75

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 490

<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. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84664

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85693

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

312.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85228

Amount of Each Receipt this Period

52.42

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

124.17

**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 91 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. HILARY L. CONLEY**

Mailing Address 3443 Pine Way

City	State	Zip Code
Powell	OH	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 ▼

364.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85300

Amount of Each Receipt this Period

52.42

Full Name (Last, First, Middle Initial)

**B. RYAN J. CONNELLY**

Mailing Address 2113 Shiver Drive

City	State	Zip Code
Alexandria	VA	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 ▼

206.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83835

Amount of Each Receipt this Period

34.38

Full Name (Last, First, Middle Initial)

**C. RYAN J. CONNELLY**

Mailing Address 2113 Shiver Drive

City	State	Zip Code
Alexandria	VA	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 ▼

240.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84665

Amount of Each Receipt this Period

34.38

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

121.18

**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 92 OF 490  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A. BELINDA D. CONRAD</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">211.64</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 05 / 2015</span> </div> <b>Transaction ID : SA11AI.84473</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>19.24</span> </div>	
<b>B. BELINDA D. CONRAD</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">230.88</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 17 / 2015</span> </div> <b>Transaction ID : SA11AI.84491</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>19.24</span> </div>	
<b>C. BEVERLY S. CONTEE</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME INT'L Occupation LEGAL ASSISTANT II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">245.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 15 / 2015</span> </div> <b>Transaction ID : SA11AI.83836</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>25.00</span> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>63.48</span> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	

**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 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. BEVERLY S. CONTEE**

Mailing Address 12061 Beltsville Drive

 City State Zip Code  
 Beltsville MD 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 ▼

270.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.84666

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. WENDY R. CONWAY**
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

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015

Transaction ID : SA11AI.85649

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. WENDY R. CONWAY**
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

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 / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

Transaction ID : SA11AI.85694

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)..... ►

<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

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

Aggregate Year-to-Date ▼

Month	Year-to-Date Sales
Jan	20
Feb	30
Mar	40
Apr	50
May	60
Jun	70
Jul	80
Aug	90
Sep	100
Oct	110
Nov	120
Dec	260.00

Aggregate Year-to-Date ▼

Month	Year-to-Date Sales
Jan	100
Feb	120
Mar	150
Apr	180
May	200
Jun	220
Jul	240
Aug	260
Sep	280
Oct	300
Nov	320
Dec	340

Age Group	Percentage
18-24	40.00
25-34	30.00
35-44	20.00
45-54	10.00
55-64	5.00
65-74	3.00
75-84	1.00
85+	1.00

Aggregate Year-to-Date ▼

602.25

Category	Percentage
Do not use a mobile phone	54.75

134.75

[illegible]

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 490  
(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. BARBARA COUFAL**

Mailing Address 10112 Parkwood Drive

City	State	Zip Code
Bethesda	MD	20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, FED GOV'T AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84667

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

**B. PATRICIA A. COULTER**

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

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	/	D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85650

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. PATRICIA A. COULTER**

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

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85695

Amount of Each Receipt this Period

20.00

**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 96 OF 490

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. ALICIA M. CRAIG**

Mailing Address 181 Sunnyside Avenue

City

New Castle

State

PA

Zip Code

16102

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 ▼

378.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.84322

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

**B. ERIC B. CRANDALL**

Mailing Address 7055 N Concord Blvd.

City

Portland

State

OR

Zip Code

97217

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 ▼

220.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.86323

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. DICK CROFTER**

Mailing Address 238 S. Oak Park Avenue  
 #1F

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.80

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.85369

Amount of Each Receipt this Period

75.76

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

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

187.76



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 490  
(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. CARLOS CROSS**

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.84982

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**B. CARLOS CROSS**

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85020

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**C. JENNY F. CROUCHER**Mailing Address 6625 Buckley Circle  
#201

City	State	Zip Code
Inver Grove Hgts.	MN	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 ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.85509

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

78.24

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

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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) <b>A. JENNY F. CROUCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2015 <b>Transaction ID : SA11AI.85510</b>	
Mailing Address 6625 Buckley Circle #201 City Inver Grove Hgts. State MN Zip Code 55076		Amount of Each Receipt this Period 20.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) <b>B. JAMES B. CULLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83838</b>	
Mailing Address 126 Central Square Apt. 1 City Pittsburgh State PA Zip Code 15228		Amount of Each Receipt this Period 54.75	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 602.25	
Full Name (Last, First, Middle Initial) <b>C. JAMES B. CULLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84668</b>	
Mailing Address 126 Central Square Apt. 1 City Pittsburgh State PA Zip Code 15228		Amount of Each Receipt this Period 54.75	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 657.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		129.50	
<b>TOTAL</b> This Period (last 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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<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. DEBORAH CURRIE**

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 ▼

447.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

Transaction ID : SA11AI.84031

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**B. SEAN C. DAHL**

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 ▼

338.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

Transaction ID : SA11AI.84352

Amount of Each Receipt this Period

30.77

Full Name (Last, First, Middle Initial)

**C. SEAN C. DAHL**

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 ▼

369.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			17			2015			

Transaction ID : SA11AI.84410

Amount of Each Receipt this Period

30.77

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

136.18

**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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(check only one)

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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. JIM A. DAHLING**

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 ▼

479.60

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85193

Amount of Each Receipt this Period

73.80

Full Name (Last, First, Middle Initial)

**B. JEFFREY DAINS**

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 ▼

324.00

Date of Receipt

06 / 09 / 2015

Transaction ID : SA11AI.85155

Amount of Each Receipt this Period

54.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM DANDO**

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 ▼

609.84

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.84032

Amount of Each Receipt this Period

101.64

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

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

229.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 490  
(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**

<b>A. MARGARET A DANISON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83839</b> Amount of Each Receipt this Period 25.00
<b>B. MARGARET A DANISON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84669</b> Amount of Each Receipt this Period 25.00
<b>C. JAMES D. DANNEN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.85570</b> Amount of Each Receipt this Period 42.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			92.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. SEAN DANNEN**

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 ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : SA11AI.85571**

Amount of Each Receipt this Period

44.00

Full Name (Last, First, Middle Initial)

**B. KIMBERLY A. DAVANZO**

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 ▼

476.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : SA11AI.84034**

Amount of Each Receipt this Period

79.34

Full Name (Last, First, Middle Initial)

**C. JOE C. DAVENPORT**

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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : SA11AI.85617**

Amount of Each Receipt this Period

20.00

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

143.34

**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  
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<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. JOE C. DAVENPORT**

Mailing Address 3825 NE 125th Street

City  
SeattleState  
WAZip Code  
98125FEC 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 ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

**Transaction ID : SA11AI.85618**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. SARA DAVIES**

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 ▼

302.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : SA11AI.84035**

Amount of Each Receipt this Period

50.38

Full Name (Last, First, Middle Initial)

**C. ABIGAIL K. DAVIS**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 ▼

354.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

**Transaction ID : SA11AI.85370**

Amount of Each Receipt this Period

70.90

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

141.28

**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  
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<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. GREGORY N. DAVIS**

Mailing Address 53737 Heineman Road E.

City	State	Zip Code
Edwall	WA	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 ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85572

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MARK R. DAVIS**

Mailing Address 14724 Armin Avenue

City	State	Zip Code
Lakewood	OH	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 ▼

546.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85231

Amount of Each Receipt this Period

91.64

Full Name (Last, First, Middle Initial)

**C. MARK R. DAVIS**

Mailing Address 14724 Armin Avenue

City	State	Zip Code
Lakewood	OH	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 ▼

637.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85303

Amount of Each Receipt this Period

91.64

SUBTOTAL of Receipts This Page (optional)..... ►

223.28

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 PageFOR LINE NUMBER: PAGE 105 OF 490  
(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. ROBERT A. DAVIS**

Mailing Address 822 Bovee Lane

City	State	Zip Code
Powell	OH	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 ▼

532.52

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85232

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

**B. ROBERT A. DAVIS**

Mailing Address 822 Bovee Lane

City	State	Zip Code
Powell	OH	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 ▼

621.86

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85304

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER DEHARTY**

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

AFSCME IA CN 61/SIOUX

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.86210

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

197.91

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)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. CHRISTOPHER DEHARTY</b></p> <p>Mailing Address 2406 Myrtle Street</p> <p>City State Zip Code          Sioux City IA 51103</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME IA CN 61/SIOUX STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          230.76</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 29 / 2015  <b>Transaction ID : SA11AI.86211</b></p> <p>Amount of Each Receipt this Period          19.23</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. EDGAR DEJESUS</b></p> <p>Mailing Address 8 Ralph Street          First Floor</p> <p>City State Zip Code          Bergenfield NJ 07621-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L AREA ORGANIZING DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          886.82</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 15 / 2015  <b>Transaction ID : SA11AI.83840</b></p> <p>Amount of Each Receipt this Period          80.62</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. EDGAR DEJESUS</b></p> <p>Mailing Address 8 Ralph Street          First Floor</p> <p>City State Zip Code          Bergenfield NJ 07621-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L AREA ORGANIZING DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          967.44</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          06 / 26 / 2015  <b>Transaction ID : SA11AI.84670</b></p> <p>Amount of Each Receipt this Period          80.62</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			180.47	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. JOSEPH DELOREY**

Mailing Address 8 Beacon Street

City  
BostonState  
MAZip Code  
02108-0000FEC 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 ▼

586.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85121

Amount of Each Receipt this Period

108.92

Full Name (Last, First, Middle Initial)

**B. MICHAEL A. DELUKE**

Mailing Address 844 Manchester Avenue

City  
KentState  
OHZip Code  
44240FEC 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 ▼

391.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : SA11AI.85233

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

**C. MICHAEL A. DELUKE**

Mailing Address 844 Manchester Avenue

City  
KentState  
OHZip Code  
44240FEC 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 ▼

457.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		0	0	1	5

Transaction ID : SA11AI.85305

Amount of Each Receipt this Period

65.70

SUBTOTAL of Receipts This Page (optional)..... ►

240.32

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 PageFOR LINE NUMBER:  
(check only one)

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<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. ROBERT DENN**

Mailing Address 347 Hudson Road

City

Sudbury

State

MA

Zip Code

01776-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MA CN 93/CITY OF BOSTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.85740

Amount of Each Receipt this Period

8.35

Full Name (Last, First, Middle Initial)

**B. ROBERT DENN**

Mailing Address 347 Hudson Road

City

Sudbury

State

MA

Zip Code

01776-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MA CN 93/CITY OF BOSTON

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SA11AI.85741

Amount of Each Receipt this Period

8.35

Full Name (Last, First, Middle Initial)

**C. CHRISTIE J. DENNIS-SHERRARD**

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 ▼

975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SA11AI.86189

Amount of Each Receipt this Period

75.00

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

91.70

**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 109 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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 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 ▼  
 432.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015

Transaction ID : SA11AI.85123

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

**B. GREG D. DEVEREUX**

Mailing Address 3561 Kamilche Point Road

City State Zip Code  
 Shelton WA 98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 AFSCME WA CN 28 EXECUTIVE DIRECTOR

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 790.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

Transaction ID : SA11AI.85574

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. GREG D. DEVEREUX**

Mailing Address 3561 Kamilche Point Road

City State Zip Code  
 Shelton WA 98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 AFSCME WA CN 28 EXECUTIVE DIRECTOR

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 804.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

Transaction ID : SA11AI.84939

Amount of Each Receipt this Period

14.00

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

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

206.00

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

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

FOR LINE NUMBER: PAGE 110 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. WILLIAM A. DEVORE</b></p> <p>Mailing Address 4499 Stover Road</p> <p>City State Zip Code Ostrander OH 43061</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 391.60</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85234</b></p> <p>Amount of Each Receipt this Period 65.70</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. WILLIAM A. DEVORE</b></p> <p>Mailing Address 4499 Stover Road</p> <p>City State Zip Code Ostrander OH 43061</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 457.30</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85306</b></p> <p>Amount of Each Receipt this Period 65.70</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. JEFFREY DEXTER</b></p> <p>Mailing Address 501 Dennis Avenue</p> <p>City State Zip Code Bradley IL 60915</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 362.90</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85371</b></p> <p>Amount of Each Receipt this Period 72.58</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>203.98</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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. JASON DIBBLE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2015

Transaction ID : SA11AI.85511

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

**B. CRYSTAL M. DI DOMENICO**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

459.58

Date of Receipt

M M	D D	Y Y Y Y
06	15	2015

Transaction ID : SA11AI.83841

Amount of Each Receipt this Period

41.78

Full Name (Last, First, Middle Initial)

**C. CRYSTAL M. DI DOMENICO**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

501.36

Date of Receipt

M M	D D	Y Y Y Y
06	26	2015

Transaction ID : SA11AI.84671

Amount of Each Receipt this Period

41.78

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

253.56

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

X	11a		11b		11c		12		
	13		14		15		16		17

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

333.19



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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. JEANETTE DIFLORIO**

Mailing Address 4296 Merriman Loop

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : SA11AI.85021

Amount of Each Receipt this Period

30.29

Full Name (Last, First, Middle Initial)

**B. GREGORY D. DILLOW**

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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85457

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. ERIKA S. DINKEL-SMITH**

Mailing Address P.O. Box 715

City

Menomonie

State

WI

Zip Code

54751

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 ▼

229.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SA11AI.85734

Amount of Each Receipt this Period

38.23

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

128.52

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. LISA DIVITTORE**

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 ▼

364.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84037

Amount of Each Receipt this Period

60.80

Full Name (Last, First, Middle Initial)

**B. KEVIN DOEING**

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 ▼

512.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84038

Amount of Each Receipt this Period

85.40

Full Name (Last, First, Middle Initial)

**C. RANDY J. DOMINIC**

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 ▼

354.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85372

Amount of Each Receipt this Period

70.90

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

217.10

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. PETER DOMPIERE**

Mailing Address 710 Chippewa Street

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	4		2	0	1	5		

Transaction ID : SA11AI.84985

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. PETER DOMPIERE**

Mailing Address 710 Chippewa Street

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6	2	0	1	5		

Transaction ID : SA11AI.85023

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. LORI DONALDSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

302.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1	2	0	1	5		

Transaction ID : SA11AI.84039

Amount of Each Receipt this Period

50.38

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

92.38

**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 PageFOR LINE NUMBER: PAGE 116 OF 490  
(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**

<b>A. DANNY DONOHUE</b> 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. <b>C</b> Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>300.88</b>			Date of Receipt <b>06 / 11 / 2015</b> <b>Transaction ID : SA11AI.85751</b> Amount of Each Receipt this Period <b>19.24</b>
<b>B. DANNY DONOHUE</b> 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. <b>C</b> Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>314.88</b>			Date of Receipt <b>06 / 25 / 2015</b> <b>Transaction ID : SA11AI.84940</b> Amount of Each Receipt this Period <b>14.00</b>
<b>C. DANNY DONOHUE</b> 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. <b>C</b> Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>334.12</b>			Date of Receipt <b>06 / 25 / 2015</b> <b>Transaction ID : SA11AI.85760</b> Amount of Each Receipt this Period <b>19.24</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>52.48</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. SARA DORNER**Mailing Address 29 N. Wacker Drive  
Suite 800

City	State	Zip Code
Chicago	IL	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 ▼

312.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85373

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**B. RODNEY DOUGLAS**

Mailing Address 2753 W Warren Boulevard

City	State	Zip Code
Chicago	IL	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 ▼

381.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85374

Amount of Each Receipt this Period

76.26

Full Name (Last, First, Middle Initial)

**C. DAVID DOVER**

Mailing Address 6930 S. Campbell

City	State	Zip Code
Chicago	IL	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 ▼

340.10

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85375

Amount of Each Receipt this Period

68.02

SUBTOTAL of Receipts This Page (optional)..... ►

206.78

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)

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<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) <b>A. THOMAS C. DRABICK JR.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2015 <b>Transaction ID : SA11AI.84354</b>		
Mailing Address 982 Fortkort Drive			Amount of Each Receipt this Period 20.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			
Full Name (Last, First, Middle Initial) <b>B. THOMAS C. DRABICK JR.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.84412</b>		
Mailing Address 982 Fortkort Drive			Amount of Each Receipt this Period 20.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			
Full Name (Last, First, Middle Initial) <b>C. LAURA E. DRAKE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85378</b>		
Mailing Address 238 S. Oak Park Avenue			Amount of Each Receipt this Period 73.58		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 367.90			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			113.58		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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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) <b>A. DENISE DUNCAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2015 <b>Transaction ID : SA11AI.86143</b>	
Mailing Address 4251 Flintlock Lane City State Zip Code Westlake Village CA 91361		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME CA LOC 1199 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) <b>B. JAMES W. DURKIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2015 <b>Transaction ID : SA11AI.85124</b>	
Mailing Address 8 Beacon Street City State Zip Code Boston MA 02108-0000		Amount of Each Receipt this Period 94.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME MA CN 93 COMMUNICATIONS SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 558.00	
Full Name (Last, First, Middle Initial) <b>C. DENNIS J. EAGLE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.85575</b>	
Mailing Address 5007 26th Avenue SE City State Zip Code Lacey WA 98503		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME WA CN 28 DIRECTOR OF LPA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		209.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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 A. EBERLY**

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 ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

Transaction ID : SA11AI.86356

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. LAURIE ECKELS**

Mailing Address 42 Profio Road

City

McDonald

State

PA

Zip Code

15057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84040

Amount of Each Receipt this Period

79.34

Full Name (Last, First, Middle Initial)

**C. THOMAS EDSTROM**

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 ▼

424.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

Transaction ID : SA11AI.85379

Amount of Each Receipt this Period

84.92

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

224.26

**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 PageFOR LINE NUMBER: PAGE 121 OF 490  
(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**

<b>A. PATRICIA A. EDWARDS</b> 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. <b>C</b> 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 ▼ <b>231.00</b>			Date of Receipt <b>06 / 10 / 2015</b> <b>Transaction ID : SA11AI.85651</b> Amount of Each Receipt this Period <b>21.00</b>
<b>B. PATRICIA A. EDWARDS</b> 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. <b>C</b> 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 ▼ <b>252.00</b>			Date of Receipt <b>06 / 25 / 2015</b> <b>Transaction ID : SA11AI.85696</b> Amount of Each Receipt this Period <b>21.00</b>
<b>C. MEGAN E. EIERMAN</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation JOURNEY ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>902.33</b>			Date of Receipt <b>06 / 15 / 2015</b> <b>Transaction ID : SA11AI.83844</b> Amount of Each Receipt this Period <b>82.03</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>124.03</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 490

<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. MEGAN E. EIERMAN**Mailing Address 2250 Ne Flanders  
#8

City	State	Zip Code
Portland	OR	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 ▼

984.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84674

Amount of Each Receipt this Period

82.03

Full Name (Last, First, Middle Initial)

**B. RICKIE EILANDER**

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

AFSCME IA CN 61

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
06	/	11	/	2015

Transaction ID : SA11AI.85539

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. THOMAS D. ELLETT**

Mailing Address N60 W38448 Blackhawk Drive

City	State	Zip Code
Oconomowoc	WI	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 ▼

201.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84675

Amount of Each Receipt this Period

36.37

SUBTOTAL of Receipts This Page (optional)..... ►

158.40

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 PageFOR LINE NUMBER:  
(check only one)

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<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. ZAID M. ELLIOTT**

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

ORGANIIZER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

223.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83846

Amount of Each Receipt this Period

22.72

Full Name (Last, First, Middle Initial)

**B. ZAID M. ELLIOTT**

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

ORGANIIZER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

246.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84676

Amount of Each Receipt this Period

22.72

Full Name (Last, First, Middle Initial)

**C. LAURA M. ELLIS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83847

Amount of Each Receipt this Period

27.32

SUBTOTAL of Receipts This Page (optional)..... ►

72.76

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 PageFOR LINE NUMBER: PAGE 124 OF 490  
(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. LAURA M. ELLIS**

Mailing Address 7711 Sessis Drive

City	State	Zip Code
Worthington	OH	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 ▼

327.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84677

Amount of Each Receipt this Period

27.32

Full Name (Last, First, Middle Initial)

**B. JOHN A. ENGLISH**

Mailing Address 1806 Riverview Road

City	State	Zip Code
Green Island	NY	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 ▼

476.19

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83848

Amount of Each Receipt this Period

43.29

Full Name (Last, First, Middle Initial)

**C. JOHN A. ENGLISH**

Mailing Address 1806 Riverview Road

City	State	Zip Code
Green Island	NY	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 ▼

519.48

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84678

Amount of Each Receipt this Period

43.29

SUBTOTAL of Receipts This Page (optional)..... ►

113.90

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 490

<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. DARYL ERICKSON**

Mailing Address 240 Parkridge Road

City

Mason City

State

IA

Zip Code

50401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SA11AI.85787

Amount of Each Receipt this Period

40.84

Full Name (Last, First, Middle Initial)

**B. KURT ERRICKSON**Mailing Address 224 No. Smith Avenue  
Apt. #12

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

441.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85156

Amount of Each Receipt this Period

73.68

Full Name (Last, First, Middle Initial)

**C. GEORGE ESTRIGHT**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

447.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84041

Amount of Each Receipt this Period

74.64

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

189.16

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. SUSAN ESTY**

Mailing Address 2257 Park Hill Avenue

City  
BaltimoreState  
MDZip Code  
21211FEC 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 ▼

270.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	5

Transaction ID : SA11AI.85091

Amount of Each Receipt this Period

90.12

Full Name (Last, First, Middle Initial)

**B. BRYAN EVANS**

Mailing Address 4126 Russell Blvd.

City  
St. LouisState  
MOZip Code  
63110FEC 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 ▼

260.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85380

Amount of Each Receipt this Period

65.14

Full Name (Last, First, Middle Initial)

**C. MICHELLE R. EVANS**

Mailing Address 10201 Galena Pointe Drive

City  
GalenaState  
OHZip Code  
43021FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : SA11AI.85235

Amount of Each Receipt this Period

77.12

SUBTOTAL of Receipts This Page (optional)..... ►

232.38

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 PageFOR LINE NUMBER: PAGE 127 OF 490  
(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. MICHELLE R. EVANS**

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

AFSCME OH CN 8

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85307

Amount of Each Receipt this Period

73.26

Full Name (Last, First, Middle Initial)

**B. SUSAN E. EVERETTS**

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

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84355

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. SUSAN E. EVERETTS**

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

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84413

Amount of Each Receipt this Period

19.23

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

111.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. SHARON FAGAIN**

Mailing Address 6320 Wagtail Road

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.84519

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. SHARON FAGAIN**

Mailing Address 6320 Wagtail Road

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.84528

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MARY FALK**

Mailing Address 11236 Georgia Avenue North

City

North Champlin

State

MN

Zip Code

55316-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.85513

Amount of Each Receipt this Period

70.00

**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 PageFOR LINE NUMBER: PAGE 129 OF 490  
(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. ROBERT FANTAUZZO**

Mailing Address 6805 Oak Creek Drive

City	State	Zip Code
Columbus	OH	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 ▼

380.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84356

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. ROBERT FANTAUZZO**

Mailing Address 6805 Oak Creek Drive

City	State	Zip Code
Columbus	OH	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 ▼

415.77

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84414

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. STEPHAN FANTAUZZO**

Mailing Address 4415 Fessenden Street NW

City	State	Zip Code
Washington	DC	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 ▼

1439.61

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83849

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 490

<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. STEPHAN FANTAUZZO**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1572.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84679

Amount of Each Receipt this Period

132.73

Full Name (Last, First, Middle Initial)

**B. PAULETTE A. FELD**

Mailing Address 416 W 5th Avenue

City

Oshkosh

State

WI

Zip Code

54902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

IS NETWORK SUP TECH I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

Transaction ID : SA11AI.85771

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. RICHARD M. FELLER**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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

653.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

Transaction ID : SA11AI.83851

Amount of Each Receipt this Period

59.37

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

212.10

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 131 OF 490  
(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. RICHARD M. FELLER**Mailing Address 5480 Wisconsin Avenue  
Apt. 1017

City	State	Zip Code
Chevy Chase	MD	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 ▼

712.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Transaction ID : SA11AI.84681

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

**B. JACQUELINE M. FERGUSON-MIYAMOTO**

Mailing Address 1374 Mailani Street

City	State	Zip Code
Hilo	HI	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 ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

Transaction ID : SA11AI.86072

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. ANGELA FERRITTO**

Mailing Address 1053 Newton Avenue

City	State	Zip Code
Erie	PA	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 ▼

309.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

Transaction ID : SA11AI.84043

Amount of Each Receipt this Period

52.36

SUBTOTAL of Receipts This Page (optional)..... ►

153.40

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 PageFOR LINE NUMBER: PAGE 132 OF 490  
(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. GERALD F. FIDLER**

Mailing Address 7123 Falcon Street

City	State	Zip Code
Annadale	VA	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 ▼

552.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83852

Amount of Each Receipt this Period

50.20

Full Name (Last, First, Middle Initial)

**B. GERALD F. FIDLER**

Mailing Address 7123 Falcon Street

City	State	Zip Code
Annadale	VA	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 ▼

602.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84682

Amount of Each Receipt this Period

50.20

Full Name (Last, First, Middle Initial)

**C. KIP G. FIELDS**

Mailing Address 275 E Vine Street

City	State	Zip Code
Larue	OH	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 ▼

229.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.84461

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

121.24

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 133 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. KIP G. FIELDS**

Mailing Address 275 E Vine Street

City State Zip Code  
Larue OH 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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : SA11AI.84875

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. JOHN J. FILAK Jr.**

Mailing Address 6160 Clingan Road

City State Zip Code  
Poland OH 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 ▼

532.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : SA11AI.85236

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

**C. JOHN J. FILAK Jr.**

Mailing Address 6160 Clingan Road

City State Zip Code  
Poland OH 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 ▼

621.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.85308

Amount of Each Receipt this Period

89.34

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

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

199.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 134 OF 490  
(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. DAVID FILLMAN**

Mailing Address 2520 Helen Street

City	State	Zip Code
Hatboro	PA	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 ▼

961.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84044

Amount of Each Receipt this Period

148.66

Full Name (Last, First, Middle Initial)

**B. DAVID FILLMAN**

Mailing Address 2520 Helen Street

City	State	Zip Code
Hatboro	PA	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 ▼

975.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.84941

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. GERALD FIRKUS**

Mailing Address 44935 Deerfield Road

City	State	Zip Code
Sturgeon Lake	MN	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 ▼

264.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.85514

Amount of Each Receipt this Period

40.74

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

203.40

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 490

<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**

<b>A. KELLEY J. FLANDERS</b> Full Name (Last, First, Middle Initial) Mailing Address 1332 Burlington Drive City Odenton State MD Zip Code 21113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>321.64</b>			Date of Receipt <b>06 / 15 / 2015</b> <b>Transaction ID : SA11AI.83853</b> Amount of Each Receipt this Period <b>29.24</b>
<b>B. KELLEY J. FLANDERS</b> Full Name (Last, First, Middle Initial) Mailing Address 1332 Burlington Drive City Odenton State MD Zip Code 21113 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>350.88</b>			Date of Receipt <b>06 / 26 / 2015</b> <b>Transaction ID : SA11AI.84683</b> Amount of Each Receipt this Period <b>29.24</b>
<b>C. NANETTE M. FOLSOM</b> 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. <b>C</b> Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>525.00</b>			Date of Receipt <b>06 / 05 / 2015</b> <b>Transaction ID : SA11AI.84357</b> Amount of Each Receipt this Period <b>25.00</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>83.48</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 136 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. NANETTE M. FOLSOM</b></p> <p>Mailing Address 5631 Swan Avenue ne</p> <p>City State Zip Code North Canton OH 44721</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.84415</b></p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. G JAMAL M. FORD</b></p> <p>Mailing Address 4919 Zimmer Drive</p> <p>City State Zip Code Columbus OH 43232</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 203.19</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2015 <b>Transaction ID : SA11AI.84529</b></p> <p>Amount of Each Receipt this Period 15.63</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. JEFFREY S. FOWLER</b></p> <p>Mailing Address 7664 Hinton Avenue South Apt. #9</p> <p>City State Zip Code Cottage Grove MN 55016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 356.56</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2015 <b>Transaction ID : SA11AI.85158</b></p> <p>Amount of Each Receipt this Period 59.52</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>100.15</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 490  
(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. TODD A. FOWLKS**

Mailing Address 1040 N. Crafford

City

Bushnell

State

IL

Zip Code

61422

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2015

Transaction ID : SA11AI.85458

Amount of Each Receipt this Period

50.40

Full Name (Last, First, Middle Initial)

**B. MICHAEL E. FOX**

Mailing Address 3818 Sheffield Lane

City

Harrisburg

State

PA

Zip Code

17110-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

COUNCIL DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

779.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11AI.84942

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. WALTER FRANCIS**

Mailing Address 1002 Cypress Road

City

Wilmington

State

DE

Zip Code

19810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

447.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2015

Transaction ID : SA11AI.84045

Amount of Each Receipt this Period

74.64

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

195.04

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 490

<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. GARETH J. FRANK**

Mailing Address 2309 Parkway

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

469.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

**Transaction ID : SA11AI.84919**

Amount of Each Receipt this Period

78.96

Full Name (Last, First, Middle Initial)

**B. REBECCA FRANKENOFF**

Mailing Address 8041 Miami Avenue

City

Madeira

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

209.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0	2	0	1	5		

**Transaction ID : SA11AI.85309**

Amount of Each Receipt this Period

52.42

Full Name (Last, First, Middle Initial)

**C. HENRI FREITAS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1	2	0	1	5		

**Transaction ID : SA11AI.86073**

Amount of Each Receipt this Period

40.00

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

171.38

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 490

<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. SCOTT L. FREY**

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 ▼

1026.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83854

Amount of Each Receipt this Period

114.11

Full Name (Last, First, Middle Initial)

**B. SCOTT L. FREY**

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 ▼

1141.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84684

Amount of Each Receipt this Period

114.11

Full Name (Last, First, Middle Initial)

**C. JAMES E. FRYE**

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 ▼

426.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83855

Amount of Each Receipt this Period

38.73

SUBTOTAL of Receipts This Page (optional)..... ►

266.95

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 PageFOR LINE NUMBER: PAGE 140 OF 490  
(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. JAMES E. FRYE**

Mailing Address 11510 Waesche Drive

City	State	Zip Code
Bowie	MD	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 ▼

464.76

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84685

Amount of Each Receipt this Period

38.73

Full Name (Last, First, Middle Initial)

**B. MARK J. FRYMOYER**

Mailing Address 518 Reuel Avenue

City	State	Zip Code
Kellogg	IA	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 ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85540

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. BRIAN FUITEN**

Mailing Address 445 Mayfair Drive

City	State	Zip Code
Lincoln	IL	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 ▼

409.80

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85381

Amount of Each Receipt this Period

81.96

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

200.69

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 490

<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. KERRI GALLAGHER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

718.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2015

Transaction ID : SA11AI.84046

Amount of Each Receipt this Period

119.76

Full Name (Last, First, Middle Initial)

**B. JOHN GALUSKA**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

447.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2015

Transaction ID : SA11AI.84047

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**C. PAUL H. GAMMEL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2015

Transaction ID : SA11AI.85515

Amount of Each Receipt this Period

40.00

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

234.40

**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 142 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. DEBRA L. GARCIA</b></p> <p>Mailing Address 449 College Avenue</p> <p>City State Zip Code  Richmond IN 47374</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  698.42</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 15 / 2015</p> <p><b>Transaction ID : SA11AI.83856</b></p> <p>Amount of Each Receipt this Period  64.94</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. DEBRA L. GARCIA</b></p> <p>Mailing Address 449 College Avenue</p> <p>City State Zip Code  Richmond IN 47374</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  763.36</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2015</p> <p><b>Transaction ID : SA11AI.84686</b></p> <p>Amount of Each Receipt this Period  64.94</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. JENNIFER R. GARCIA</b></p> <p>Mailing Address 2123 Plazuela Vista</p> <p>City State Zip Code  Santa Fe NM 87505</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  329.44</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 15 / 2015</p> <p><b>Transaction ID : SA11AI.83857</b></p> <p>Amount of Each Receipt this Period  34.08</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>163.96</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 490  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

<b>A. JENNIFER R. GARCIA</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>363.52</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84687</b> Amount of Each Receipt this Period <b>34.08</b>
<b>B. ALBERT GARRETT</b> Full Name (Last, First, Middle Initial) Mailing Address 18491 Lauder City Detroit State MI Zip Code 48232 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME MI CN 25 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>1296.13</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.84986</b> Amount of Each Receipt this Period <b>117.83</b>
<b>C. ALBERT GARRETT</b> Full Name (Last, First, Middle Initial) Mailing Address 18491 Lauder City Detroit State MI Zip Code 48232 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME MI CN 25 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>1413.96</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85024</b> Amount of Each Receipt this Period <b>117.83</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>269.74</b>
<b>TOTAL</b> This Period (last 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**

<p>Full Name (Last, First, Middle Initial) <b>A. ROBERT A. GARRETT</b></p> <p>Mailing Address 5621 Wigmore Drive</p> <p>City State Zip Code Columbus OH 43235</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 316.04</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85238</b></p> <p>Amount of Each Receipt this Period 53.02</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. ROBERT A. GARRETT</b></p> <p>Mailing Address 5621 Wigmore Drive</p> <p>City State Zip Code Columbus OH 43235</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 369.06</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85310</b></p> <p>Amount of Each Receipt this Period 53.02</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. KATHLEEN P. GARRISON</b></p> <p>Mailing Address 9 Kings Road</p> <p>City State Zip Code Ganesvoort NY 12831</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NY LOC 1000 VICE PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : SA11AI.85752</b></p> <p>Amount of Each Receipt this Period 20.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>126.04</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. KATHLEEN P. GARRISON</b> 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. <b>C</b> Name of Employer AFSCME NY LOC 1000 Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.85761</b> Amount of Each Receipt this Period 20.00
<b>B. MICHAEL J. GASS</b> 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. <b>C</b> Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.86190</b> Amount of Each Receipt this Period 25.00
<b>C. ALLEN B. GASTON</b> 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. <b>C</b> Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 222.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.86360</b> Amount of Each Receipt this Period 54.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		99.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<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. KAREN GEE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

**Transaction ID : SA11AI.86293**

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**B. KAREN GEE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

**Transaction ID : SA11AI.86247**

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**C. JENNIFER GEORGE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

491.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : SA11AI.84048**

Amount of Each Receipt this Period

81.96

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

115.96

**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  
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(check only one)

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<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. THOMAS GIBBS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

447.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84050

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**B. CRAIG W. GIBELYOU**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85652

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. CRAIG W. GIBELYOU**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85697

Amount of Each Receipt this Period

25.00

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

124.64

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<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. CHERYL A. GIBSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

320.06

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86191

Amount of Each Receipt this Period

24.62

Full Name (Last, First, Middle Initial)

**B. LENORA R. GILES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84358

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. LENORA R. GILES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84416

Amount of Each Receipt this Period

30.00

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

84.62

**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  
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<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. CARLA GILLESPIE**

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 ▼

340.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

Transaction ID : SA11AI.85382

Amount of Each Receipt this Period

68.02

Full Name (Last, First, Middle Initial)

**B. DOROTHY L. GILLIAM**

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 ▼

513.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

Transaction ID : SA11AI.83859

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

**C. DOROTHY L. GILLIAM**

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 ▼

561.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84689

Amount of Each Receipt this Period

48.86

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

165.74

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<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. STEVE GIORGI**

Mailing Address 8386 Gardenia Street

City

Virginia

State

MN

Zip Code

55792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

629.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5						

Transaction ID : SA11AI.85194

Amount of Each Receipt this Period

90.18

Full Name (Last, First, Middle Initial)

**B. RONALD GIZZARELLI**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3						

Transaction ID : SA11AI.84920

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. PATRICIA M. GLYNN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9						

Transaction ID : SA11AI.85125

Amount of Each Receipt this Period

92.50

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

282.68

**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 PageFOR LINE NUMBER: PAGE 151 OF 490  
(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**

<b>A. RICHARD GOLLIN</b> 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. <b>C</b> Name of Employer AFSCME NJ CN 52 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 599.60		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : SA11AI.85488</b> Amount of Each Receipt this Period 105.92
<b>B. RICHARD GOLLIN</b> 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. <b>C</b> Name of Employer AFSCME NJ CN 52 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 613.60		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.84943</b> Amount of Each Receipt this Period 14.00
<b>C. SETH GOLLIN</b> Full Name (Last, First, Middle Initial) Mailing Address 5 Randolph Place Apt. 1C City Montclair State NJ Zip Code 07042-0000 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME NJ CN 52 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : SA11AI.85487</b> Amount of Each Receipt this Period 50.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		169.92
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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

FOR LINE NUMBER: PAGE 152 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JAMES R. GOLLINGS Jr.**

Mailing Address 40 Rathbone

City State Zip Code  
Columbus OH 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 ▼

456.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.84359

Amount of Each Receipt this Period

41.54

Full Name (Last, First, Middle Initial)

**B. JAMES R. GOLLINGS Jr.**

Mailing Address 40 Rathbone

City State Zip Code  
Columbus OH 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 ▼

498.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.84417

Amount of Each Receipt this Period

41.54

Full Name (Last, First, Middle Initial)

**C. DORISSA C. GONZALEZ**

Mailing Address 526 W 211th Street  
#5b

City State Zip Code  
New York NY 10034

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 ▼

325.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83861

Amount of Each Receipt this Period

29.61

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

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

112.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. DORISSA C. GONZALEZ**Mailing Address 526 W 211th Street  
#5b

City	State	Zip Code
New York	NY	10034

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 ▼

355.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84691

Amount of Each Receipt this Period

29.61

Full Name (Last, First, Middle Initial)

**B. PHILLIP C. GOODMAN**

Mailing Address 10 Lakeview Road

City	State	Zip Code
Taylorville	IL	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 ▼

328.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85383

Amount of Each Receipt this Period

65.72

Full Name (Last, First, Middle Initial)

**C. PATRICIA GORDON**

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

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83862

Amount of Each Receipt this Period

26.95

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

122.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. PATRICIA GORDON**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

323.40

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.84692

Amount of Each Receipt this Period

26.95

Full Name (Last, First, Middle Initial)

**B. PERRY GORDON**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.85580

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. DANA M. GOUIN**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.83864

Amount of Each Receipt this Period

35.00

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

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

141.95

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

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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. DANA M. GOUIN

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 ▼

415.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.84694

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. JOHN S. GRABEL

Mailing Address 563 Park Lane

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.45

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.83865

Amount of Each Receipt this Period

45.15

Full Name (Last, First, Middle Initial)

C. JOHN S. GRABEL

Mailing Address 563 Park Lane

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.60

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.84695

Amount of Each Receipt this Period

45.15

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 156 OF 490  
(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. STEPHEN M. GRAHAM**Mailing Address 7707 Wisconsin Avenue  
Apt. 529

City	State	Zip Code
Bethesda	MD	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 ▼

631.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83866

Amount of Each Receipt this Period

57.79

Full Name (Last, First, Middle Initial)

**B. STEPHEN M. GRAHAM**Mailing Address 7707 Wisconsin Avenue  
Apt. 529

City	State	Zip Code
Bethesda	MD	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 ▼

689.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84696

Amount of Each Receipt this Period

57.79

Full Name (Last, First, Middle Initial)

**C. BONNIE L. GRANTZ**

Mailing Address 3898 Ascott Court

City	State	Zip Code
Youngstown	OH	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 ▼

423.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84474

Amount of Each Receipt this Period

38.47

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

154.05

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. BONNIE L. GRANTZ**

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 ▼

461.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84492

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. R. SEAN GRAYSON**

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 ▼

649.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85239

Amount of Each Receipt this Period

109.00

Full Name (Last, First, Middle Initial)

**C. R. SEAN GRAYSON**

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 ▼

758.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85311

Amount of Each Receipt this Period

109.00

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

256.47

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. JONATHAN GREBNER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

406.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2015

Transaction ID : SA11AI.85159

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

**B. STEVE GRETSUK**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

939.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2015

Transaction ID : SA11AI.83868

Amount of Each Receipt this Period

85.44

Full Name (Last, First, Middle Initial)

**C. STEVE GRETSUK**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1025.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2015

Transaction ID : SA11AI.84698

Amount of Each Receipt this Period

85.44

SUBTOTAL of Receipts This Page (optional)..... ►

238.62

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 159 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. CHRIS GRIFFIN**

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 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 ▼

321.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.84360

Amount of Each Receipt this Period

29.20

Full Name (Last, First, Middle Initial)

**B. CHRIS GRIFFIN**

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 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 ▼

350.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.84418

Amount of Each Receipt this Period

29.20

Full Name (Last, First, Middle Initial)

**C. KIMBERLY GRIFFIN**

Mailing Address 2456 Five Fathom Circle

City State Zip Code  
Woodbridge VA 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 ▼

430.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83869

Amount of Each Receipt this Period

39.18

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

97.58

**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 160 OF 490

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. KIMBERLY GRIFFIN</b></p> <p>Mailing Address 2456 Five Fathom Circle</p> <p>City State Zip Code Woodbridge VA 22192</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 470.16</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84699</b></p> <p>Amount of Each Receipt this Period 39.18</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. ALIA GRIFFING</b></p> <p>Mailing Address 1315 Smith Street SE</p> <p>City State Zip Code Olympia WA 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28 LOBBYIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 252.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.85581</b></p> <p>Amount of Each Receipt this Period 42.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. LYLE B GRIMES</b></p> <p>Mailing Address 9503 Emery Hill Drive</p> <p>City State Zip Code Sugarland TX 77498</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.75</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83870</b></p> <p>Amount of Each Receipt this Period 36.61</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>117.79</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. LYLE B GRIMES**

Mailing Address 9503 Emery Hill Drive

City

Sugarland

State

TX

Zip Code

77498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

437.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84700

Amount of Each Receipt this Period

36.61

Full Name (Last, First, Middle Initial)

**B. DONALD GRINER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

254.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84051

Amount of Each Receipt this Period

42.46

Full Name (Last, First, Middle Initial)

**C. OTTO GROENEWALD**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.85541

Amount of Each Receipt this Period

60.00

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

139.07

**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 162 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. PATRICK J. GUERNSEY</b></p> <p>Mailing Address 961 Tuscarora Avenue</p> <p>City State Zip Code St. Paul MN 55102</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/HENNEPIN COUNTY CORRECITONS OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85516</b></p> <p>Amount of Each Receipt this Period 30.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. CAROL GUTHRIE</b></p> <p>Mailing Address 241 S San Gabriel Loop</p> <p>City State Zip Code Liberty Hill TX 78642-5747</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME TX LOC 1624 UNION REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : SA11AI.86332</b></p> <p>Amount of Each Receipt this Period 40.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. CAROL GUTHRIE</b></p> <p>Mailing Address 241 S San Gabriel Loop</p> <p>City State Zip Code Liberty Hill TX 78642-5747</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME TX LOC 1624 UNION REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2015 <b>Transaction ID : SA11AI.86333</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		90.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

✗	11a		11b		11c		12		
	13		14		15		16		17

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

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

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

FOR LINE NUMBER: PAGE 164 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. DERRYL HALL**

Mailing Address 80 Cambridge Drive

City State Zip Code  
Springboro OH 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 ▼

317.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.84361

Amount of Each Receipt this Period

28.85

Full Name (Last, First, Middle Initial)

**B. DERRYL HALL**

Mailing Address 80 Cambridge Drive

City State Zip Code  
Springboro OH 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 ▼

346.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.84419

Amount of Each Receipt this Period

28.85

Full Name (Last, First, Middle Initial)

**C. MARK D. HAMILTON**

Mailing Address P.O. Box 6136

City State Zip Code  
Olympia WA 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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.85582

Amount of Each Receipt this Period

50.00

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

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

107.70

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. KEVIN S. HANES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

**Transaction ID : SA11AI.83872**

Amount of Each Receipt this Period

34.46

Full Name (Last, First, Middle Initial)

**B. KEVIN S. HANES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

413.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

**Transaction ID : SA11AI.84702**

Amount of Each Receipt this Period

34.46

Full Name (Last, First, Middle Initial)

**C. BARBARA HANGARTNER**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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : SA11AI.85653**

Amount of Each Receipt this Period

20.00

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

88.92

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

<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

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

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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**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. GABRIEL HARGROVE**

Mailing Address 4912 Woodlawn Avenue N

City	State	Zip Code
Seattle	WA	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 ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85583

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. YVONNE J. HARGROVE**

Mailing Address 12832 Evansport Place

City	State	Zip Code
Woodbridge	VA	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 ▼

223.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84703

Amount of Each Receipt this Period

36.96

Full Name (Last, First, Middle Initial)

**C. MATTIE HARRELL**

Mailing Address 5211 E Chestnut Avenue

City	State	Zip Code
Vineland	NJ	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 ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.84944

Amount of Each Receipt this Period

100.00

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

186.96

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)

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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**

<b>A. MARK E. HARRINGTON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 313.17			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2015 <b>Transaction ID : SA11AI.84362</b> Amount of Each Receipt this Period 28.47
<b>B. MARK E. HARRINGTON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.17			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.84420</b> Amount of Each Receipt this Period 22.00
<b>C. MARK E. HARRINGTON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 355.17			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.84421</b> Amount of Each Receipt this Period 20.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			70.47
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



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

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

FOR LINE NUMBER: PAGE 169 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. MARK E. HARRINGTON</b></p> <p>Mailing Address 3855 Poplar Bend Drive</p> <p>City State Zip Code  Columbus OH 43204</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  383.64</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 17 / 2015</p> <p><b>Transaction ID : SA11AI.84422</b></p> <p>Amount of Each Receipt this Period  28.47</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. SHARON L. HARRIS</b></p> <p>Mailing Address 677 E. 4th Avenue</p> <p>City State Zip Code  Columbus OH 43201</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 08 / 2015</p> <p><b>Transaction ID : SA11AI.84521</b></p> <p>Amount of Each Receipt this Period  25.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. SHARON L. HARRIS</b></p> <p>Mailing Address 677 E. 4th Avenue</p> <p>City State Zip Code  Columbus OH 43201</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  325.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 22 / 2015</p> <p><b>Transaction ID : SA11AI.84530</b></p> <p>Amount of Each Receipt this Period  25.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>78.47</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

FOR LINE NUMBER: PAGE 170 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. DONTA HARRISON</b></p> <p>Mailing Address 4855 Seminole Drive</p> <p>City State Zip Code San Diego CA 92115</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME CA LOC 3930 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 215.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : SA11AI.86160</b></p> <p>Amount of Each Receipt this Period 84.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. STEPHANIE R. HARRISON</b></p> <p>Mailing Address 1640 Upshur Street NW</p> <p>City State Zip Code Washington DC 20011</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L DIRECTOR, HUMAN RESOURCES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1076.90</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83875</b></p> <p>Amount of Each Receipt this Period 97.90</p>
<p>Full Name (Last, First, Middle Initial) <b>C. STEPHANIE R. HARRISON</b></p> <p>Mailing Address 1640 Upshur Street NW</p> <p>City State Zip Code Washington DC 20011</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L DIRECTOR, HUMAN RESOURCES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1174.80</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84705</b></p> <p>Amount of Each Receipt this Period 97.90</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		279.80
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. JAMES A. HARTLE**

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 ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

**Transaction ID : SA11AI.86218**

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**B. JAMES A. HARTLE**

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 ▼

286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : SA11AI.86248**

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**C. RAYDENE HARWICK**

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 ▼

447.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SA11AI.84053**

Amount of Each Receipt this Period

74.64

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

118.64

**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)

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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. DAVID HASLETT**

Mailing Address 4031 Executive Park Drive

City  
Harrisburg

State Zip Code  
PA 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 ▼

357.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.84054

Amount of Each Receipt this Period

59.52

Full Name (Last, First, Middle Initial)

**B. KAREN HATHAWAY**

Mailing Address 29 Jenny Lind Street

City  
Taunton

State Zip Code  
MA 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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : SA11AI.85126

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. LISA HAZARD**

Mailing Address 4031 Executive Park Drive

City  
Harrisburg

State Zip Code  
PA 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 ▼

423.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.84055

Amount of Each Receipt this Period

70.66

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

220.18

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. JIMMIE HEARNS**

Mailing Address 18509 Mendota

City

Detroit

State

MI

Zip Code

48221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

398.31

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

**Transaction ID : SA11AI.84988**

Amount of Each Receipt this Period

36.21

Full Name (Last, First, Middle Initial)

**B. JIMMIE HEARNS**

Mailing Address 18509 Mendota

City

Detroit

State

MI

Zip Code

48221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

434.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

**Transaction ID : SA11AI.85026**

Amount of Each Receipt this Period

36.21

Full Name (Last, First, Middle Initial)

**C. LAUREL D. HECOX**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

**Transaction ID : SA11AI.86192**

Amount of Each Receipt this Period

25.00

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

97.42

**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 PageFOR LINE NUMBER: PAGE 174 OF 490  
(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**

<b>A. RANDY HELLMANN</b> Full Name (Last, First, Middle Initial) Mailing Address 10954 Slate Drive City State Zip Code Carlyle IL 62231 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.56			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85386</b> Amount of Each Receipt this Period 65.14		
<b>B. ANDREA HELM</b> Full Name (Last, First, Middle Initial) Mailing Address 619 S. Main Street City State Zip Code New Castle IN 47362 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME IN CN 962 ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : SA11AI.85475</b> Amount of Each Receipt this Period 40.00		
<b>C. RENITA L. HELTON</b> Full Name (Last, First, Middle Initial) Mailing Address 2025 W Galbraith Road Apt. E City State Zip Code Cincinnati OH 45239 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.86249</b> Amount of Each Receipt this Period 16.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			121.14		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 175 OF 490  
(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**

<b>A. DAVID J. HENDERSON</b> 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. <b>C</b> Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 718.56		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84056</b> Amount of Each Receipt this Period 119.76
<b>B. TIMOTHY HENDERSON</b> 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. <b>C</b> Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.48		Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2015 <b>Transaction ID : SA11AI.85162</b> Amount of Each Receipt this Period 53.84
<b>C. MONIQUE L. HENNAGAN</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.76		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83876</b> Amount of Each Receipt this Period 5.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		178.60
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 176 OF 490  
(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. MONIQUE L. HENNAGAN**

Mailing Address 505 Winter View Way

City	State	Zip Code
Stockbridge	GA	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 ▼

403.76

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84706

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. SUSAN R. HENRICKSEN**

Mailing Address 16511 193rd Avenue E

City	State	Zip Code
Bonney Lake	WA	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 ▼

231.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85654

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. SUSAN R. HENRICKSEN**

Mailing Address 16511 193rd Avenue E

City	State	Zip Code
Bonney Lake	WA	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 ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85699

Amount of Each Receipt this Period

21.00

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 PageFOR LINE NUMBER:  
(check only one)

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<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. ERIC D. HERTZOG**

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 ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

Transaction ID : SA11Al.85655

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. ERIC D. HERTZOG**

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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

Transaction ID : SA11Al.85700

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. KEITH HESS**

Mailing Address 28302 Belleterre 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 ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	3		2	0	1	5		

Transaction ID : SA11Al.86144

Amount of Each Receipt this Period

44.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHANNA P. HESTER**

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 ▼

340.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.86151

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. JOHANNA P. HESTER**

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 ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.84945

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. DENNIS HILL**

Mailing Address 4 Hickory Street

City

Farmington

State

MN

Zip Code

55024-9124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.85517

Amount of Each Receipt this Period

100.00

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)

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<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DONALD J. HILL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84475

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. DONALD J. HILL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84493

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. KEVIN E. HILL**

Mailing Address 541 Coconut Street

City

Satellite Beach

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

621.94

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83879

Amount of Each Receipt this Period

56.54

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

116.54

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)

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. KEVIN E. HILL</b></p> <p>Mailing Address 541 Coconut Street</p> <p>City State Zip Code Satellite Beach FL 32937</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L FIELD COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>678.48</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 26 / 2015</b></p> <p><b>Transaction ID : SA11AI.84709</b></p> <p>Amount of Each Receipt this Period <b>56.54</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>B. SHEILA I. HILL</b></p> <p>Mailing Address 190 W. Ostend Street Suite 101</p> <p>City State Zip Code Baltimore MD 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MD CN 3 EXECUTIVE BOARD MEMBER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>213.22</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 16 / 2015</b></p> <p><b>Transaction ID : SA11AI.85097</b></p> <p>Amount of Each Receipt this Period <b>47.74</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>C. SHEILA I. HILL</b></p> <p>Mailing Address 190 W. Ostend Street Suite 101</p> <p>City State Zip Code Baltimore MD 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MD CN 3 EXECUTIVE BOARD MEMBER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>227.22</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y <b>06 / 25 / 2015</b></p> <p><b>Transaction ID : SA11AI.84946</b></p> <p>Amount of Each Receipt this Period <b>14.00</b></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>118.28</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

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

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

FOR LINE NUMBER: PAGE 181 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. TRACY A. HILL</b></p> <p>Mailing Address 2382 Krumroy Road</p> <p>City State Zip Code Akron OH 44312</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/SPRINGFIELD SD TEACHER AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2015 <b>Transaction ID : SA11AI.84476</b></p> <p>Amount of Each Receipt this Period 30.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. TRACY A. HILL</b></p> <p>Mailing Address 2382 Krumroy Road</p> <p>City State Zip Code Akron OH 44312</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/SPRINGFIELD SD TEACHER AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 330.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.84494</b></p> <p>Amount of Each Receipt this Period 30.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. DANNY HINDE</b></p> <p>Mailing Address 612 4th Avenue NE</p> <p>City State Zip Code Independence IA 50644</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA RTT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.86193</b></p> <p>Amount of Each Receipt this Period 20.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>80.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

 FOR LINE NUMBER: PAGE 182 OF 490  
 (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. SEAN HINGA**

Mailing Address 3137 Fulton Street

City	State	Zip Code
Denver	CO	80238

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 ▼

729.25

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83880

Amount of Each Receipt this Period

67.59

Full Name (Last, First, Middle Initial)

**B. SEAN HINGA**

Mailing Address 3137 Fulton Street

City	State	Zip Code
Denver	CO	80238

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 ▼

796.84

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84710

Amount of Each Receipt this Period

67.59

Full Name (Last, First, Middle Initial)

**C. ELIZABETH C. HO**

Mailing Address 1511 Kalaniewai Street

City	State	Zip Code
Honolulu	HI	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 ▼

539.88

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83881

Amount of Each Receipt this Period

49.56

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

184.74

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 PageFOR LINE NUMBER:  
(check only one)

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<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. ELIZABETH C. HO**

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 ▼

589.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : SA11AI.84711**

Amount of Each Receipt this Period

49.56

Full Name (Last, First, Middle Initial)

**B. JENNY HO**

Mailing Address 10111 Ebershire 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 ▼

363.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

**Transaction ID : SA11AI.83882**

Amount of Each Receipt this Period

33.54

Full Name (Last, First, Middle Initial)

**C. JENNY HO**

Mailing Address 10111 Ebershire 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 ▼

397.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : SA11AI.84712**

Amount of Each Receipt this Period

33.54

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

116.64

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. KARLA HODGE**

Mailing Address 1212 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

518.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : SA11AI.84058**

Amount of Each Receipt this Period

98.32

Full Name (Last, First, Middle Initial)

**B. DONNA L. HOFLAND**

Mailing Address 4032 Division Avenue W

City

Bremerton

State

WA

Zip Code

98312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

SUPPLY OFFICE I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

**Transaction ID : SA11AI.85656**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. DONNA L. HOFLAND**

Mailing Address 4032 Division Avenue W

City

Bremerton

State

WA

Zip Code

98312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

SUPPLY OFFICE I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

**Transaction ID : SA11AI.85701**

Amount of Each Receipt this Period

30.00

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

158.32

**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 PageFOR LINE NUMBER: PAGE 185 OF 490  
(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			

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

NAME OF COMMITTEE (In Full)

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

<b>A. JENNIFER E. HOHMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 1710 Shadyside Drive City Edgewater State MD Zip Code 21037 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, BENEFITS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 472.12		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83883</b> Amount of Each Receipt this Period 42.92
<b>B. JENNIFER E. HOHMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 1710 Shadyside Drive City Edgewater State MD Zip Code 21037 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, BENEFITS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 515.04		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84713</b> Amount of Each Receipt this Period 42.92
<b>C. KAREN S HOLDRIDGE</b> Full Name (Last, First, Middle Initial) Mailing Address 3511 Huntingbrook Drive #207 City Columbus State OH Zip Code 43213 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2015 <b>Transaction ID : SA11AI.84522</b> Amount of Each Receipt this Period 50.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		135.84
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 OF 490

<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. KAREN S HOLDRIDGE**Mailing Address 3511 Huntingbrook Drive  
#207

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.84531

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. CHRISTINE D. HOLLAND**

Mailing Address 29332 Kearsley Road

City	State	Zip Code
Millbury	OH	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 ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84495

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. HENRY L HOLLIS Jr.**Mailing Address 10906 Capstan Lake  
Drive

City	State	Zip Code
Riverview	FL	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 ▼

249.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83884

Amount of Each Receipt this Period

22.72

SUBTOTAL of Receipts This Page (optional)..... ►

114.39

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

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

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

FOR LINE NUMBER: PAGE 187 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. HENRY L HOLLIS Jr.</b></p> <p>Mailing Address 10906 Capstan Lake Drive</p> <p>City State Zip Code Riverview FL 33579</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">272.64</span> </p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> </p> <p><b>Transaction ID : SA11AI.84714</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">22.72</span> </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. DANNY J. HOMAN</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City State Zip Code Des Moines IA 50313</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation AFSCME IA CN 61 PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">950.00</span> </p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> </p> <p><b>Transaction ID : SA11AI.85544</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span> </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. DANNY J. HOMAN</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City State Zip Code Des Moines IA 50313</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation AFSCME IA CN 61 PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1020.00</span> </p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> </p> <p><b>Transaction ID : SA11AI.84947</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">70.00</span> </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">192.72</span>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 188 OF 490

<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. CHRISTOPHER HOOSER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

354.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

Transaction ID : SA11AI.85387

Amount of Each Receipt this Period

70.90

Full Name (Last, First, Middle Initial)

**B. JOHN D. HORN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2015			

Transaction ID : SA11AI.84363

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

**C. JOHN D. HORN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			17			2015			

Transaction ID : SA11AI.84423

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:  
 (check only one)

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<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. TIMOTHY M. HOSHAL**

Mailing Address P.O. Box 239

City

Coleraine

State

MN

Zip Code

55722

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 ▼

535.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SA11AI.85196

Amount of Each Receipt this Period

73.80

Full Name (Last, First, Middle Initial)

**B. CHRISTINE R. HOSKINS**

Mailing Address 8306 James Street

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AFFILIATE RELATIONS COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83885

Amount of Each Receipt this Period

42.85

Full Name (Last, First, Middle Initial)

**C. CHRISTINE R. HOSKINS**

Mailing Address 8306 James Street

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AFFILIATE RELATIONS COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84715

Amount of Each Receipt this Period

42.85

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

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

159.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 190 OF 490  
(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. DENNIS HOULIHAN**

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

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83886

Amount of Each Receipt this Period

50.20

Full Name (Last, First, Middle Initial)

**B. DENNIS HOULIHAN**

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

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84716

Amount of Each Receipt this Period

50.20

Full Name (Last, First, Middle Initial)

**C. BRITTNEY HOWARD**

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

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85240

Amount of Each Receipt this Period

56.02

SUBTOTAL of Receipts This Page (optional)..... ►

156.42

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 191 OF 490

<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. BRITTNEY HOWARD**

Mailing Address 6800 N High Street

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.22

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85312

Amount of Each Receipt this Period

56.02

Full Name (Last, First, Middle Initial)

**B. JAMES E. HOWELL**

Mailing Address 620 Scrubgrass Road

City

Pittsburgh

State

PA

Zip Code

15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.65

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83887

Amount of Each Receipt this Period

70.15

Full Name (Last, First, Middle Initial)

**C. JAMES E. HOWELL**

Mailing Address 620 Scrubgrass Road

City

Pittsburgh

State

PA

Zip Code

15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

841.80

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84717

Amount of Each Receipt this Period

70.15

SUBTOTAL of Receipts This Page (optional)..... ►

196.32

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

✗	11a		11b		11c		12		
	13		14		15		16		17

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

[illegible]



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 193 OF 490  
(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**

<b>A. ELIZABETH K. HUFFMAN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.12			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83890</b> Amount of Each Receipt this Period 20.57
<b>B. ELIZABETH K. HUFFMAN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 238.69			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84719</b> Amount of Each Receipt this Period 20.57
<b>C. SAMUEL M. HUGGINS</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 482.30			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83891</b> Amount of Each Receipt this Period 40.66
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			81.80
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. SAMUEL M. HUGGINS</b> 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 SV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 522.96		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84720</b> Amount of Each Receipt this Period 40.66
<b>B. FRANK P. HUGHES</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85460</b> Amount of Each Receipt this Period 44.00
<b>C. CHUNG N. HUI</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 531.02		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83892</b> Amount of Each Receipt this Period 48.87
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		133.53
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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. CHUNG N. HUI**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

579.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84721

Amount of Each Receipt this Period

48.87

Full Name (Last, First, Middle Initial)

**B. DAWN M. HUNLEY**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.86250

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C. DIANNE M. HURLEY**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

316.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85128

Amount of Each Receipt this Period

60.00

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

124.87

**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 196 OF 490

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. WILLIAM S. HURLOW**

Mailing Address 4805 Monnett Chapel Road

City	State	Zip Code
Galion	OH	44833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GALION BOEOccupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84477

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. WILLIAM S. HURLOW**

Mailing Address 4805 Monnett Chapel Road

City	State	Zip Code
Galion	OH	44833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GALION BOEOccupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.24

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84496

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM S. HURLOW**

Mailing Address 4805 Monnett Chapel Road

City	State	Zip Code
Galion	OH	44833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GALION BOEOccupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.08

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84497

Amount of Each Receipt this Period

20.84

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.68

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 197 OF 490  
(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**

<b>A. CARLA INSINGA-MINSER</b> 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. <b>C</b> Name of Employer Occupation AFSCME PA CN 13 ORGANIZING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 609.84			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84061</b> Amount of Each Receipt this Period 101.64	
<b>B. ANNE IRVING</b> 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. <b>C</b> Name of Employer Occupation AFSCME IL CN 31 DIRECTOR OF PUBLIC POLICY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 404.80			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85390</b> Amount of Each Receipt this Period 80.96	
<b>C. JAMES IRWIN</b> 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. <b>C</b> Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.16			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84062</b> Amount of Each Receipt this Period 36.86	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			219.46	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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. RUSSELL H. IRWIN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85461

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM ISLER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

487.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83893

Amount of Each Receipt this Period

44.33

Full Name (Last, First, Middle Initial)

**C. WILLIAM ISLER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

531.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84722

Amount of Each Receipt this Period

44.33

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

138.66

**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)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. ALBERT JACKSON</b></p> <p>Mailing Address 3690 Orange Place  Suite 550</p> <p>City Beachwood State OH Zip Code 44122</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  380.82</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 05 / 2015</p> <p><b>Transaction ID : SA11AI.84364</b></p> <p>Amount of Each Receipt this Period  34.62</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. ALBERT JACKSON</b></p> <p>Mailing Address 3690 Orange Place  Suite 550</p> <p>City Beachwood State OH Zip Code 44122</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  415.44</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 17 / 2015</p> <p><b>Transaction ID : SA11AI.84424</b></p> <p>Amount of Each Receipt this Period  34.62</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. ANDREW J. JACOBS</b></p> <p>Mailing Address 700 N. Alameda Street  #2-219</p> <p>City Los Angeles State CA Zip Code 90012</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME CA LOC 1001 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  240.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 03 / 2015</p> <p><b>Transaction ID : SA11AI.86136</b></p> <p>Amount of Each Receipt this Period  30.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>99.24</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**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 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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 J. JACOBS**

 Mailing Address 700 N. Alameda Street  
 #2-219

 City State Zip Code  
 Los Angeles CA 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 ▼

270.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015

Transaction ID : SA11AI.86137

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. ERIC JACOBSON**

Mailing Address 300 Hardman Avenue

 City State Zip Code  
 South Saint Paul MN 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 ▼

264.91

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2015

Transaction ID : SA11AI.85163

Amount of Each Receipt this Period

44.44

Full Name (Last, First, Middle Initial)

**C. JUSTUS JAMES**

Mailing Address 1705 Platt Court

 City State Zip Code  
 Allentown PA 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 ▼

447.46

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

Transaction ID : SA11AI.84063

Amount of Each Receipt this Period

74.64

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

149.08

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

149.08



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 201 OF 490  
(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. EDWIN S. JAYNE**

Mailing Address 3304 Alabama Avenue

City	State	Zip Code
Alexandria	VA	22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, FED GOV'T AFFAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83894

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

**B. EDWIN S. JAYNE**

Mailing Address 3304 Alabama Avenue

City	State	Zip Code
Alexandria	VA	22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, FED GOV'T AFFAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84723

Amount of Each Receipt this Period

59.37

Full Name (Last, First, Middle Initial)

**C. 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

AFSCME MN CN 5/MRA

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
06	/	25	/	2015

Transaction ID : SA11AI.85518

Amount of Each Receipt this Period

30.00

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 PageFOR LINE NUMBER: PAGE 202 OF 490  
(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. 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

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83895

Amount of Each Receipt this Period

39.79

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

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84724

Amount of Each Receipt this Period

39.79

Full Name (Last, First, Middle Initial)

**C. PAMELA L. JENKINS**

Mailing Address 47604 Sandbank Square

City	State	Zip Code
Potomac Falls	VA	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 ▼

963.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83896

Amount of Each Receipt this Period

90.30

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

169.88

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. PAMELA L. JENKINS**

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 ▼

1053.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84725

Amount of Each Receipt this Period

90.30

Full Name (Last, First, Middle Initial)

**B. BRIAN JENNINGS**

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 ▼

324.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.85545

Amount of Each Receipt this Period

54.00

Full Name (Last, First, Middle Initial)

**C. CHAD G. JOHNSON**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 ▼

572.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

Transaction ID : SA11AI.83897

Amount of Each Receipt this Period

59.88

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

204.18

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. CHAD G. JOHNSON**Mailing Address 245 S. Allen Avenue  
Apt. 4

City	State	Zip Code
Pasadena	CA	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 ▼

632.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84726

Amount of Each Receipt this Period

59.88

Full Name (Last, First, Middle Initial)

**B. IVA M. JOHNSON**

Mailing Address 4641 Bach Lane

City	State	Zip Code
Fairfield	OH	45014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/FAIRFIELD CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84498

Amount of Each Receipt this Period

28.86

Full Name (Last, First, Middle Initial)

**C. KIMBERLY K. JOHNSON**

Mailing Address 1727 207th Lane NE

City	State	Zip Code
East Bethel	MN	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 ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.85519

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

128.74

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 PageFOR LINE NUMBER:  
(check only one)

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<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. SETH M. JOHNSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1204.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83898

Amount of Each Receipt this Period

109.49

Full Name (Last, First, Middle Initial)

**B. SETH M. JOHNSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1313.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84727

Amount of Each Receipt this Period

109.49

Full Name (Last, First, Middle Initial)

**C. TERRA F. JOHNSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

263.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84478

Amount of Each Receipt this Period

26.32

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

245.30

**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 PageFOR LINE NUMBER: PAGE 206 OF 490  
(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. TERRA F. JOHNSON**

Mailing Address 807 Nome Avenue

City	State	Zip Code
Akron	OH	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 ▼

289.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84499

Amount of Each Receipt this Period

26.32

Full Name (Last, First, Middle Initial)

**B. TYWANNA JOHNSON**

Mailing Address 76 White Street

City	State	Zip Code
Hartford	CT	06114-0000

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 ▼

200.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.86168

Amount of Each Receipt this Period

16.70

Full Name (Last, First, Middle Initial)

**C. WINSTON JOHNSON**

Mailing Address 14574 Longacre

City	State	Zip Code
Detroit	MI	48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.84991

Amount of Each Receipt this Period

29.12

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

72.14

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. WINSTON JOHNSON**

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	6		2	0	1	5		

Transaction ID : SA11AI.85029

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**B. JOANN JOHNTONY**

Mailing Address 973 Shannon Road

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GIRARD CSD

Occupation

HEAD CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : SA11AI.84479

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. JOANN JOHNTONY**

Mailing Address 973 Shannon Road

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GIRARD CSD

Occupation

HEAD CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	6		2	0	1	5		

Transaction ID : SA11AI.84500

Amount of Each Receipt this Period

50.00

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

99.95

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. JOANN JOHNTONY**

Mailing Address 973 Shannon Road

City	State	Zip Code
Girard	OH	44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GIRARD CSD

Occupation

HEAD CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : SA11AI.84501

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. STEVEN JOINER**

Mailing Address 247 Maple Street

City	State	Zip Code
Chester	IL	62233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85391

Amount of Each Receipt this Period

77.26

Full Name (Last, First, Middle Initial)

**C. GERARD P. JOLLY**

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

AFSCME OH LOC 11/STATE OF OH

Occupation

FISCAL SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SA11AI.86219

Amount of Each Receipt this Period

50.00

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

148.09

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. GERARD P. JOLLY**

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

AFSCME OH LOC 11/STATE OF OH

Occupation

FISCAL SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86251

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. GERALD E. JONES**

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

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86194

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. TOAYIA JONES**Mailing Address 7571 Bayview Club Drive  
Apt. 2D

City	State	Zip Code
Indianapolis	IN	46250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83899

Amount of Each Receipt this Period

33.83

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

133.83

**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 210 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. TOAYIA JONES**

Mailing Address 7571 Bayview Club Drive  
Apt. 2D

City State Zip Code  
Indianapolis IN 46250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84728

Amount of Each Receipt this Period

33.83

Full Name (Last, First, Middle Initial)

## **B. RENITA JONES-STREET**

Mailing Address 853 Glasgow Drive

City State Zip Code  
Cincinnati OH 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 ▼

531.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : SA11AI.85245

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

## **C. RENITA JONES-STREET**

Mailing Address 853 Glasgow Drive

City State Zip Code  
Cincinnati OH 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 ▼

620.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.85317

Amount of Each Receipt this Period

89.34

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

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

212.51

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. JACQUELINE L. JONES-WALSH**Mailing Address 12401 Renton Avenue S.  
Apt. 307

City	State	Zip Code
Seattle	WA	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 ▼

231.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85657

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. JACQUELINE L. JONES-WALSH**Mailing Address 12401 Renton Avenue S.  
Apt. 307

City	State	Zip Code
Seattle	WA	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 ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85702

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. JAIME A. JORDAN**

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

AFSCME OH LOC 4/GALLIPOLIS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84480

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

61.24

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 PageFOR LINE NUMBER:  
(check only one)

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<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. JAIME A. JORDAN**

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

AFSCME OH LOC 4/GALLIPOLIS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84502

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. RACHEL JORDAN**

Mailing Address 7836 Peachmont Avenue NW

City	State	Zip Code
North Canton	OH	44720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84365

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. HOWARD JORGENSEN**

Mailing Address P.O. Box 1024

City	State	Zip Code
Medical Lake	WA	99022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA RET CHPT 10

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.85490

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional)..... ►

149.24

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**

Full Name (Last, First, Middle Initial)

**A. CHARLES JURGONIS**

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

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.61

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2015

Transaction ID : SA11AI.84923

Amount of Each Receipt this Period

136.39

Full Name (Last, First, Middle Initial)

**B. CHARLES JURGONIS**

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

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1788.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83900

Amount of Each Receipt this Period

88.38

Full Name (Last, First, Middle Initial)

**C. CHARLES JURGONIS**

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

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1877.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84729

Amount of Each Receipt this Period

88.38

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

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

313.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 214 OF 490  
(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. SHERALYN KALUA**

Mailing Address 1426 North School Street

City	State	Zip Code
Honolulu	HI	96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSC;ME HI LOC 646

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.86440

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

**B. TONI R. KAMERER**

Mailing Address 259 Grand Blvd.

City	State	Zip Code
Bedford	OH	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 ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84503

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. BRITT D. KAUFMAN**Mailing Address 1212 Jefferson Street SE  
Suite 300

City	State	Zip Code
Olympia	WA	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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85588

Amount of Each Receipt this Period

40.00

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

113.67

**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 PageFOR LINE NUMBER: PAGE 215 OF 490  
(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. JASON KAY**

Mailing Address 2000 Cleveland

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

POLITICAL ACTION DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

393.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : SA11AI.85392**

Amount of Each Receipt this Period

78.60

Full Name (Last, First, Middle Initial)

**B. ALAN E. KEARNEY**

Mailing Address 9254 Highland Creek Road

City

Bloomington

State

MN

Zip Code

55437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

393.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

**Transaction ID : SA11AI.85166**

Amount of Each Receipt this Period

65.60

Full Name (Last, First, Middle Initial)

**C. STEPHEN R. KEENEY**

Mailing Address 2963 County Line Road

Unit B

City

Kettering

State

OH

Zip Code

45430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

**Transaction ID : SA11AI.85246**

Amount of Each Receipt this Period

52.42

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

196.62

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

X	11a		11b		11c		12		
	13		14		15		16		17

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

FEC Schedule A (Form 3X) Rev. 02/2003



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 217 OF 490  
(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. ALISON KELLY**Mailing Address 15 West Kellogg Blvd.  
#270

City	State	Zip Code
St. Paul	MN	55102

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 ▼

201.45

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85167

Amount of Each Receipt this Period

42.10

Full Name (Last, First, Middle Initial)

**B. DONALD JOSEPH KELLY**

Mailing Address 23 Glen Drive

City	State	Zip Code
Troy	NY	12180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85753

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. DONALD JOSEPH KELLY**

Mailing Address 23 Glen Drive

City	State	Zip Code
Troy	NY	12180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.36

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.85762

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

80.58

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 218 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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	State	Zip Code
Rutland	VT	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 ▼

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85129

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	State	Zip Code
Hawthorne	WI	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 ▼

339.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85168

Amount of Each Receipt this Period

56.64

Full Name (Last, First, Middle Initial)

**C. JOANNE KICKEN**

Mailing Address 271 W. Mason Avenue

City	State	Zip Code
Buckley	WA	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 ▼

297.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85658

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)..... ►

103.64

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 219 OF 490

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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) <b>A. JOANNE KICKEN</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85703</b>	
Mailing Address 271 W. Mason Avenue			Amount of Each Receipt this Period 27.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 324.00		
Full Name (Last, First, Middle Initial) <b>B. MAUREEN S. KIMMERLE</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.86195</b>	
Mailing Address 814 6th Avenue SW			Amount of Each Receipt this Period 20.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
Full Name (Last, First, Middle Initial) <b>C. MONA L. KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83901</b>	
Mailing Address 929 Rye Drive			Amount of Each Receipt this Period 25.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			72.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 220 OF 490

<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. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

**Transaction ID : SA11AI.84730**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. RICHARD D. KITTS**

Mailing Address 1500 Marion Road

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN 1

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

**Transaction ID : SA11AI.86220**

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. RICHARD D. KITTS**

Mailing Address 1500 Marion Road

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECHNICIAN 1

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

**Transaction ID : SA11AI.86252**

Amount of Each Receipt this Period

21.00

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

67.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 490  
(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**

<b>A. MARGARET M. KIZINA</b> Full Name (Last, First, Middle Initial) Mailing Address 45 Linden Lane City Boyertown State PA Zip Code 19512 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.86375</b> Amount of Each Receipt this Period 40.00
<b>B. CAROLYN A. KLINGLESMTIH</b> 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. <b>C</b> Name of Employer AFSCME MN CN 5/CN14 Occupation AREA ORGANIZING DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 476.27			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2015 <b>Transaction ID : SA11AI.85169</b> Amount of Each Receipt this Period 74.60
<b>C. BRIAN W. KLOPP</b> Full Name (Last, First, Middle Initial) Mailing Address 4707 Calvert Road City College Park State MD Zip Code 20740 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 509.19			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83902</b> Amount of Each Receipt this Period 46.29
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			160.89
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 OF 490

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) <b>A. BRIAN W. KLOPP</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84731</b>	
Mailing Address 4707 Calvert Road City State Zip Code College Park MD 20740		Amount of Each Receipt this Period 46.64	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation LABOR ECONOMIST III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 555.83	
Full Name (Last, First, Middle Initial) <b>B. MARCIA R. KNOX</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85249</b>	
Mailing Address 1660 Newton Avenue City State Zip Code Dayton OH 45406		Amount of Each Receipt this Period 91.06	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8		Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 567.84	
Full Name (Last, First, Middle Initial) <b>C. MARCIA R. KNOX</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.84329</b>	
Mailing Address 1660 Newton Avenue City State Zip Code Dayton OH 45406		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8		Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 572.84	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		142.70	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 223 OF 490  
(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. MARCIA R. KNOX**

Mailing Address 1660 Newton Avenue

City	State	Zip Code
Dayton	OH	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 ▼

663.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85320

Amount of Each Receipt this Period

91.06

Full Name (Last, First, Middle Initial)

**B. JOHN KOHLHEPP**

Mailing Address 615 S. 2nd Street

City	State	Zip Code
Springfield	IL	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 ▼

362.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85393

Amount of Each Receipt this Period

72.58

Full Name (Last, First, Middle Initial)

**C. DOUGLAS M. KORBA**

Mailing Address P.O. Box 172

City	State	Zip Code
Bannock	OH	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 ▼

208.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86253

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

179.64

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 PageFOR LINE NUMBER:  
(check only one)

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KERRY KORPI**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

615.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	5

**Transaction ID : SA11AI.84924**

Amount of Each Receipt this Period

102.78

Full Name (Last, First, Middle Initial)

**B. STEVEN J KOWALIK**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

532.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

**Transaction ID : SA11AI.85250**

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

**C. STEVEN J KOWALIK**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

621.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	5

**Transaction ID : SA11AI.85321**

Amount of Each Receipt this Period

89.34

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

281.46

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. ALICA KRAEMER**Mailing Address 19395 Knowlton Parkway  
Apt. 202

City	State	Zip Code
Strongsville	OH	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 ▼

208.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86254

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. LYNN A. KRATZ**Mailing Address 326 Brentwood Drive  
P.O. Box 8453

City	State	Zip Code
Cedar Rapids	IA	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 ▼

286.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86196

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**C. BEVERLY KREISBERG**

Mailing Address 9954 Whitewater Drive

City	State	Zip Code
Burke	VA	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 ▼

377.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.84925

Amount of Each Receipt this Period

63.10

SUBTOTAL of Receipts This Page (optional)..... ►

101.10

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 PageFOR LINE NUMBER: PAGE 226 OF 490  
(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. STEVEN KREISBERG**

Mailing Address 9954 Whitewater Drive

City	State	Zip Code
Burke	VA	22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

814.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83903

Amount of Each Receipt this Period

74.04

Full Name (Last, First, Middle Initial)

**B. STEVEN KREISBERG**

Mailing Address 9954 Whitewater Drive

City	State	Zip Code
Burke	VA	22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84732

Amount of Each Receipt this Period

74.04

Full Name (Last, First, Middle Initial)

**C. JEREMY S KRUSE**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

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83904

Amount of Each Receipt this Period

22.72

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

170.80

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

X	11a		11b		11c		12		
	13		14		15		16		17

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

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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. LEANNE KUNZE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

524.26

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85199

Amount of Each Receipt this Period

78.22

Full Name (Last, First, Middle Initial)

**B. SUSAN LABAJ**

Mailing Address 665 Greenbrien Ln

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IN CN 962

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85476

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. SUSAN LABAJ**

Mailing Address 665 Greenbrien Ln

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IN CN 962

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : SA11AI.85477

Amount of Each Receipt this Period

20.00

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

118.22

**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 229 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. SUSAN LABAJ</b></p> <p>Mailing Address 665 Greenbrien Ln</p> <p>City State Zip Code          Crystal Lake IL 60014</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          AFSCME IN CN 962 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">280.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2015</span></p> <p><b>Transaction ID : SA11AI.85478</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. JEANINE LAKE</b></p> <p>Mailing Address 1324 Bittersweet Circle</p> <p>City State Zip Code          Las Vegas NV 89128</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          AFSCME NV LOC 4041 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">204.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 22 / 2015</span></p> <p><b>Transaction ID : SA11AI.85498</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">34.00</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. FRANCIS M. LALLY III</b></p> <p>Mailing Address 5 Vansant Rd., Deacon's Walk</p> <p>City State Zip Code          Newark DE 19711</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          AFSCME DE CN 81 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">396.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2015</span></p> <p><b>Transaction ID : SA11AI.84971</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">66.00</span></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">120.00</span>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>	

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

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

FOR LINE NUMBER:  
(check only one)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. ANGELA LAMANNA</b></p> <p>Mailing Address 296 Churchmans Road</p> <p>City State Zip Code  New Castle DE 19720</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME DE CN 81 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  384.30</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 11 / 2015  <b>Transaction ID : SA11AI.84972</b></p> <p>Amount of Each Receipt this Period  64.56</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. MATTHEW LANGE</b></p> <p>Mailing Address 832 N Greenview Avenue</p> <p>City State Zip Code  Chicago IL 60642</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  281.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 01 / 2015  <b>Transaction ID : SA11AI.85394</b></p> <p>Amount of Each Receipt this Period  56.20</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. EDWARD LAPORTE</b></p> <p>Mailing Address 5622 Columbia</p> <p>City State Zip Code  St. Louis MO 63139</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  340.10</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 01 / 2015  <b>Transaction ID : SA11AI.85395</b></p> <p>Amount of Each Receipt this Period  68.02</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>188.78</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 231 OF 490  
(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. JERRY S. LARICCHIUTA**

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

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SA11AI.85754

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. JERRY S. LARICCHIUTA**

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

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.85755

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. JERRY S. LARICCHIUTA**

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

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85763

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 PageFOR LINE NUMBER: PAGE 232 OF 490  
(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. ELIZABETH D. LARSEN**

Mailing Address 900 Grant Street SW

City	State	Zip Code
Tumwater	WA	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 ▼

504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85591

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. BRENDA R. LATHAM**

Mailing Address 3140 Scottwood Road

City	State	Zip Code
Columbus	OH	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 ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.86299

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**C. BRENDA R. LATHAM**

Mailing Address 3140 Scottwood Road

City	State	Zip Code
Columbus	OH	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 ▼

221.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86256

Amount of Each Receipt this Period

17.00

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

118.00

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



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

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

FOR LINE NUMBER: PAGE 233 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. RHONDA L LATHON</b></p> <p>Mailing Address 8521 Moon Glass Court</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Columbia</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 21045</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation BUSINESS ANALYST III</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">552.20</span> </p>			City Columbia	State MD	Zip Code 21045	Name of Employer AFSCME INT'L	Occupation BUSINESS ANALYST III	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 06</td> <td style="width: 33%; text-align: center;">D D D 15</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2015</td> </tr> </table> <p><b>Transaction ID : SA11AI.83905</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.20</span> </p>		M M M 06	D D D 15	Y Y Y Y Y Y 2015
City Columbia	State MD	Zip Code 21045										
Name of Employer AFSCME INT'L	Occupation BUSINESS ANALYST III											
M M M 06	D D D 15	Y Y Y Y Y Y 2015										
<p>Full Name (Last, First, Middle Initial) <b>B. RHONDA L LATHON</b></p> <p>Mailing Address 8521 Moon Glass Court</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Columbia</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 21045</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation BUSINESS ANALYST III</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">602.40</span> </p>			City Columbia	State MD	Zip Code 21045	Name of Employer AFSCME INT'L	Occupation BUSINESS ANALYST III	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 06</td> <td style="width: 33%; text-align: center;">D D D 26</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2015</td> </tr> </table> <p><b>Transaction ID : SA11AI.84734</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.20</span> </p>		M M M 06	D D D 26	Y Y Y Y Y Y 2015
City Columbia	State MD	Zip Code 21045										
Name of Employer AFSCME INT'L	Occupation BUSINESS ANALYST III											
M M M 06	D D D 26	Y Y Y Y Y Y 2015										
<p>Full Name (Last, First, Middle Initial) <b>C. TIMOTHY F. LAVELLE</b></p> <p>Mailing Address 14 Pawnee Court</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Putnam</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">Zip Code 61560</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IL CN 31</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">354.50</span> </p>			City Putnam	State IL	Zip Code 61560	Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 06</td> <td style="width: 33%; text-align: center;">D D D 01</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2015</td> </tr> </table> <p><b>Transaction ID : SA11AI.85396</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">70.90</span> </p>		M M M 06	D D D 01	Y Y Y Y Y Y 2015
City Putnam	State IL	Zip Code 61560										
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE											
M M M 06	D D D 01	Y Y Y Y Y Y 2015										
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">171.30</span>									
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>									

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 234 OF 490

<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. ALAN L. LEE**Mailing Address 1660 Peachtree NW  
#6406

City	State	Zip Code
Atlanta	GA	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 ▼

552.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83906

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

**B. ALAN L. LEE**Mailing Address 1660 Peachtree NW  
#6406

City	State	Zip Code
Atlanta	GA	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 ▼

602.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84735

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

**C. SUE C. LEE-ALLEN**

Mailing Address 7935 SW Santolina Place

City	State	Zip Code
Beaverton	OR	97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

ORGANIZING DIRECTOR

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
06	/	30	/	2015

Transaction ID : SA11AI.86315

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 PageFOR LINE NUMBER: PAGE 235 OF 490  
(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. ERIC N. LEHTO**Mailing Address 2122 West 2nd Street  
Apt. #2

City	State	Zip Code
Duluth	MN	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 ▼

631.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85172

Amount of Each Receipt this Period

105.22

Full Name (Last, First, Middle Initial)

**B. JACQUALINE D. LEISURE**

Mailing Address 1600 28th Street NW

City	State	Zip Code
Canton	OH	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 ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84481

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. JACQUALINE D. LEISURE**

Mailing Address 1600 28th Street NW

City	State	Zip Code
Canton	OH	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 ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84504

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

143.68

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 236 OF 490

<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. DINO LEONE**

Mailing Address 9115 Turkey Hollow Rd.

City

Taylor Ridge

State

IL

Zip Code

61284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

448.20

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		01		2015

**Transaction ID : SA11AI.85397**

Amount of Each Receipt this Period

89.64

Full Name (Last, First, Middle Initial)

**B. CHARLES E. LESTER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

555.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : SA11AI.83907**

Amount of Each Receipt this Period

50.48

Full Name (Last, First, Middle Initial)

**C. CHARLES E. LESTER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

605.76

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		26		2015

**Transaction ID : SA11AI.84736**

Amount of Each Receipt this Period

50.48

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

190.60

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 237 OF 490

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DAVID J. LEVIN

Mailing Address 41 Florence Place

City	State	Zip Code
Pittsburgh	PA	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 ▼

206.00

Date of Receipt

M M	D D	Y Y Y Y
06	18	2015

Transaction ID : SA11AI.86441

Amount of Each Receipt this Period

26.00

Full Name (Last, First, Middle Initial)

B. DAVID J. LEVIN

Mailing Address 41 Florence Place

City	State	Zip Code
Pittsburgh	PA	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 ▼

260.00

Date of Receipt

M M	D D	Y Y Y Y
06	30	2015

Transaction ID : SA11AI.86379

Amount of Each Receipt this Period

54.00

Full Name (Last, First, Middle Initial)

C. ROGER LEVINGS

Mailing Address 206 East Dunklin Street

City	State	Zip Code
Jefferson City	MO	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 ▼

217.69

Date of Receipt

M M	D D	Y Y Y Y
06	09	2015

Transaction ID : SA11AI.85139

Amount of Each Receipt this Period

19.79

SUBTOTAL of Receipts This Page (optional)..... ►

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

99.79

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

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

FOR LINE NUMBER: PAGE 238 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. ROGER LEVINGS**

Mailing Address 206 East Dunklin Street

City	State	Zip Code
Jefferson City	MO	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 ▼

237.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.85144

Amount of Each Receipt this Period

19.79

Full Name (Last, First, Middle Initial)

**B. SUSAN T. LEVITAN**

Mailing Address 2650 Worrell Court

City	State	Zip Code
Crofton	MD	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 ▼

879.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83908

Amount of Each Receipt this Period

79.93

Full Name (Last, First, Middle Initial)

**C. SUSAN T. LEVITAN**

Mailing Address 2650 Worrell Court

City	State	Zip Code
Crofton	MD	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 ▼

959.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84737

Amount of Each Receipt this Period

79.93

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

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

179.65

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 239 OF 490  
(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. SARAH LEWERENZ**

Mailing Address 6997 West Van Road

City	State	Zip Code
Duluth	MN	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 ▼

550.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

Transaction ID : SA11AI.85200

Amount of Each Receipt this Period

75.96

Full Name (Last, First, Middle Initial)

**B. CORDELIA M. LEWIS**

Mailing Address P.O. Box 5149

City	State	Zip Code
Boston	MA	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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	1	5		

Transaction ID : SA11AI.84926

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. GREG LEWIS**

Mailing Address 1816 E. 22nd Street

City	State	Zip Code
Des Moines	IA	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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.85546

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

235.96

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 PageFOR LINE NUMBER: PAGE 240 OF 490  
(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**

<b>A. MICHELE A. LEWIS-MUZZATTI</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1470.94			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83909</b> Amount of Each Receipt this Period 130.54
<b>B. MICHELE A. LEWIS-MUZZATTI</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1601.48			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84738</b> Amount of Each Receipt this Period 130.54
<b>C. MARGARET R. LEWIS-SIDIME</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 362.90			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85398</b> Amount of Each Receipt this Period 72.58
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			333.66
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 241 OF 490  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. VALERY LIGHT**

Mailing Address 32 Barley Lane

City	State	Zip Code
Palmyra	PA	17078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84067

Amount of Each Receipt this Period

85.40

Full Name (Last, First, Middle Initial)

**B. ANDERS LINDALL**

Mailing Address 2524 West Hutchinson

City	State	Zip Code
Chicago	IL	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 ▼

403.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

Transaction ID : SA11AI.85399

Amount of Each Receipt this Period

80.74

Full Name (Last, First, Middle Initial)

**C. BRIAN J. LINDHOLT**

Mailing Address 2311 McKinley Street NE

City	State	Zip Code
Minneapolis	MN	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 ▼

377.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.85520

Amount of Each Receipt this Period

58.00

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

224.14

**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 PageFOR LINE NUMBER: PAGE 242 OF 490  
(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 LINDHOLT**

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 ▼

780.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.85521

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. THERESA LIPKO**

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 ▼

447.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84068

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**C. TOM LIPKO**

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 ▼

773.52

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84069

Amount of Each Receipt this Period

128.92

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

323.56

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 243 OF 490  
(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. COREY LOCKARD**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

718.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84070

Amount of Each Receipt this Period

119.76

Full Name (Last, First, Middle Initial)

**B. COREY LOCKARD**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

740.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.84543

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**C. COREY LOCKARD**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

760.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.84544

Amount of Each Receipt this Period

20.00

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

161.76

**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 PageFOR LINE NUMBER: PAGE 244 OF 490  
(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**

<b>A. KENNETH H LOEFFLER-KEMP</b> 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. <b>C</b> Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>424.71</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2015 <b>Transaction ID : SA11AI.85173</b> Amount of Each Receipt this Period <b>70.88</b>
<b>B. PAUL LONG</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 310864 City Flint State MI Zip Code 48531 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>295.46</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.84992</b> Amount of Each Receipt this Period <b>26.86</b>
<b>C. PAUL LONG</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 310864 City Flint State MI Zip Code 48531 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>322.32</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85030</b> Amount of Each Receipt this Period <b>26.86</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>124.60</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 245 OF 490  
(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. MAGGIE LORENC**

Mailing Address 1700 W Summerdale Avenue

City	State	Zip Code
Chicago	IL	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 ▼

362.06

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85400

Amount of Each Receipt this Period

72.58

Full Name (Last, First, Middle Initial)

**B. MARTHA LOVE**

Mailing Address 1846 West Cherry Street

City	State	Zip Code
Milwaukee	WI	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 ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.85489

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. SABRINA LOVE**

Mailing Address 23 Chadwick Drive

City	State	Zip Code
Stafford	VA	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 ▼

288.97

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83910

Amount of Each Receipt this Period

26.27

SUBTOTAL of Receipts This Page (optional)..... ►

198.85

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 PageFOR LINE NUMBER: PAGE 246 OF 490  
(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. SABRINA LOVE**

Mailing Address 23 Chadwick Drive

City	State	Zip Code
Stafford	VA	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 ▼

315.24

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84739

Amount of Each Receipt this Period

26.27

Full Name (Last, First, Middle Initial)

**B. CHARLES M. LOVELESS**Mailing Address 2100 11th Street NW  
#206

City	State	Zip Code
Washington	DC	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 ▼

572.37

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.84927

Amount of Each Receipt this Period

95.47

Full Name (Last, First, Middle Initial)

**C. SALVATORE LUCIANO**

Mailing Address 947 Bunker Hill Road

City	State	Zip Code
Watertown	CT	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 ▼

720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.86169

Amount of Each Receipt this Period

100.00

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

221.74

**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 247 OF 490

(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**

<b>A. SALVATORE LUCIANO</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 734.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.84948</b> Amount of Each Receipt this Period 14.00
<b>B. WILLIAM LUCY</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1101.27		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2015 <b>Transaction ID : SA11AI.84928</b> Amount of Each Receipt this Period 183.89
<b>C. MELVIN LUEBKE</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.45		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85103</b> Amount of Each Receipt this Period 95.82
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		293.71
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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

FOR LINE NUMBER:  
(check only one)

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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. ROSANNE LUGO**

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  
 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

06 / 10 / 2015

Transaction ID : SA11AI.85659

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. ROSANNE LUGO**

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  
 AFSCME WA CN 28/STATE OF WA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85704

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. MATTHEW A. LUKOW**

Mailing Address 9 Whisperglen Lane

City State Zip Code  
 Springfield IL 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 ▼

210.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.85462

Amount of Each Receipt this Period

42.00

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

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

82.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 249 OF 490  
(check only one)

<input checked="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			

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DENISE ANN LUNA**

Mailing Address 38 River Lane

City	State	Zip Code
Levittown	PA	19055

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

Name of Employer

AFSCME PA CN 13

Occupation

COURT CLERK ADMINISTRATOR

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

**322.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

**Transaction ID : SA11AI.84071**

Amount of Each Receipt this Period

**56.06**

Full Name (Last, First, Middle Initial)

**B. CHARLES H. LUNDY**

Mailing Address 2024 SW 173 Avenue

City	State	Zip Code
Miramar	FL	33029

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

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

**514.52**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : SA11AI.83911**

Amount of Each Receipt this Period

**46.95**

Full Name (Last, First, Middle Initial)

**C. CHARLES H. LUNDY**

Mailing Address 2024 SW 173 Avenue

City	State	Zip Code
Miramar	FL	33029

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

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

**561.47**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

**Transaction ID : SA11AI.84740**

Amount of Each Receipt this Period

**46.95****SUBTOTAL** of Receipts This Page (optional)..... ►**149.96****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 PageFOR LINE NUMBER:  
(check only one)

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. WILLIAM LURYE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

972.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83912

Amount of Each Receipt this Period

88.38

Full Name (Last, First, Middle Initial)

**B. WILLIAM LURYE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1060.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84741

Amount of Each Receipt this Period

88.38

Full Name (Last, First, Middle Initial)

**C. JOHN A. LYALL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

833.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : SA11AI.85251

Amount of Each Receipt this Period

130.36

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

307.12

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 490

(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. JOHN A. LYALL**

Mailing Address 383 Ashmoore Circle East

City	State	Zip Code
Powell	OH	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 ▼

847.46

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.84949

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**B. JOHN A. LYALL**

Mailing Address 383 Ashmoore Circle East

City	State	Zip Code
Powell	OH	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 ▼

977.82

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85322

Amount of Each Receipt this Period

130.36

Full Name (Last, First, Middle Initial)

**C. KATHRYN LYBARGER**

Mailing Address 1548 Woolsey Street

City	State	Zip Code
Berkeley	CA	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 ▼

388.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.84950

Amount of Each Receipt this Period

28.00

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

172.36

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 252 OF 490

<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. KATHRYN LYBARGER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11AI.86145**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. JAMES F. LYMAN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : SA11AI.85492**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. JAMES F. LYMAN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : SA11AI.85493**

Amount of Each Receipt this Period

40.00

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

140.00

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

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

FOR LINE NUMBER: PAGE 253 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. ROBERTA LYNCH</b></p> <p>Mailing Address 4650 N. Hermitage Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Chicago</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">Zip Code 60640</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IL CN 31</td> <td style="width: 66%;">Occupation DEPUTY DIRECTOR</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">674.20</span> </p>			City Chicago	State IL	Zip Code 60640	Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 01 / 2015</span>  <b>Transaction ID : SA11AI.85401</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">120.84</span> </p>	
City Chicago	State IL	Zip Code 60640							
Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR								
<p>Full Name (Last, First, Middle Initial) <b>B. ROBERTA LYNCH</b></p> <p>Mailing Address 4650 N. Hermitage Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Chicago</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">Zip Code 60640</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IL CN 31</td> <td style="width: 66%;">Occupation DEPUTY DIRECTOR</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">688.20</span> </p>			City Chicago	State IL	Zip Code 60640	Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2015</span>  <b>Transaction ID : SA11AI.84951</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">14.00</span> </p>	
City Chicago	State IL	Zip Code 60640							
Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR								
<p>Full Name (Last, First, Middle Initial) <b>C. MARGARET M. LYONS</b></p> <p>Mailing Address 938 W Belle Plaine Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Chicago</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">Zip Code 60613</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IL CN 31</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">281.00</span> </p>			City Chicago	State IL	Zip Code 60613	Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 01 / 2015</span>  <b>Transaction ID : SA11AI.85402</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">56.20</span> </p>	
City Chicago	State IL	Zip Code 60613							
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">191.04</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 254 OF 490  
(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. STEVENS D. LYONS**

Mailing Address 8 Beacon Street

City  
BostonState  
MAZip Code  
02108-0000FEC 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 ▼

366.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85130

Amount of Each Receipt this Period

73.26

Full Name (Last, First, Middle Initial)

**B. BRENDA L. MABE**

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 ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SA11AI.86221

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. BRENDA L. MABE**

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 ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.86257

Amount of Each Receipt this Period

20.00

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

113.26

**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)

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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. CHRISTOPHER A. MABE**

Mailing Address 34291 Brokaw Road

City

Columbia Station

State

OH

Zip Code

44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT/

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

06 / 12 / 2015

Transaction ID : SA11AI.86303

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER A. MABE**

Mailing Address 34291 Brokaw Road

City

Columbia Station

State

OH

Zip Code

44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT/

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.86304

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. YUNIER MACOLA-JIMENEZ**

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 ▼

222.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.85323

Amount of Each Receipt this Period

35.78

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

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

85.78

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

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

FOR LINE NUMBER: PAGE 256 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. ANDRE J. MADTES**

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

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83913

Amount of Each Receipt this Period

79.84

Full Name (Last, First, Middle Initial)

**B. ANDRE J. MADTES**

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

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84742

Amount of Each Receipt this Period

79.84

Full Name (Last, First, Middle Initial)

**C. JOHN MAGUIRE**

Mailing Address 6800 N High ST

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : SA11AI.85253

Amount of Each Receipt this Period

56.02

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

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

215.70



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 257 OF 490

<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. JOHN MAGUIRE**

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 ▼

381.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

Transaction ID : SA11AI.85324

Amount of Each Receipt this Period

56.52

Full Name (Last, First, Middle Initial)

**B. MICHAEL P. MAGUIRE**

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 ▼

512.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84073

Amount of Each Receipt this Period

85.40

Full Name (Last, First, Middle Initial)

**C. LOUIS J. MAHOLIC**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 ▼

392.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	4		2	0	1	5		

Transaction ID : SA11AI.85254

Amount of Each Receipt this Period

65.90

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

207.82

**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 PageFOR LINE NUMBER: PAGE 258 OF 490  
(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) <b>A. LOUIS J. MAHOLIC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85325</b>	
Mailing Address 2726 Juno Place Apt. #2 City Fairlawn State OH Zip Code 44333		Amount of Each Receipt this Period 65.90	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.30	
Full Name (Last, First, Middle Initial) <b>B. DEANGELO MALCOLM</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.84993</b>	
Mailing Address 1034 N. Washington Avenue City Lansing State MI Zip Code 48906		Amount of Each Receipt this Period 29.12	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.32	
Full Name (Last, First, Middle Initial) <b>C. DEANGELO MALCOLM</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85031</b>	
Mailing Address 1034 N. Washington Avenue City Lansing State MI Zip Code 48906		Amount of Each Receipt this Period 29.12	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 349.44	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		124.14	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 259 OF 490  
(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**

<b>A. MATTHEW MALDONADO</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1712 City Claremont State CA Zip Code 91711 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME CA LOC 3930 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>350.00</b>			Date of Receipt <b>06 / 03 / 2015</b> <b>Transaction ID : SA11AI.86152</b> Amount of Each Receipt this Period <b>84.00</b>
<b>B. ALETHA L. MALINDA</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1642 City Medical Lake State WA Zip Code 99022 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ <b>297.00</b>			Date of Receipt <b>06 / 10 / 2015</b> <b>Transaction ID : SA11AI.85660</b> Amount of Each Receipt this Period <b>27.00</b>
<b>C. ALETHA L. MALINDA</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1642 City Medical Lake State WA Zip Code 99022 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ <b>324.00</b>			Date of Receipt <b>06 / 25 / 2015</b> <b>Transaction ID : SA11AI.85705</b> Amount of Each Receipt this Period <b>27.00</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>138.00</b>
<b>TOTAL</b> This Period (last 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**

<p>Full Name (Last, First, Middle Initial) <b>A. CONSTANCE A. MALO</b></p> <p>Mailing Address 92-633 Newa Street</p> <p>City State Zip Code Kapolei HI 96707</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>300.00</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>06 / 01 / 2015</b></p> <p><b>Transaction ID : SA11AI.86099</b></p> <p>Amount of Each Receipt this Period <b>50.00</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>B. KATHRYN S. MALONE</b></p> <p>Mailing Address 988 Circle on the Green</p> <p>City State Zip Code Columbus OH 43235</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>544.84</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>06 / 05 / 2015</b></p> <p><b>Transaction ID : SA11AI.84367</b></p> <p>Amount of Each Receipt this Period <b>40.44</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>C. KATHRYN S. MALONE</b></p> <p>Mailing Address 988 Circle on the Green</p> <p>City State Zip Code Columbus OH 43235</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>585.28</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>06 / 17 / 2015</b></p> <p><b>Transaction ID : SA11AI.84426</b></p> <p>Amount of Each Receipt this Period <b>40.44</b></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>130.88</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

**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 490

(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. LARRY MALONE**

Mailing Address 5185 Horseshoe Falls Drive

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.59

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84368

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

**B. LARRY MALONE**

Mailing Address 5185 Horseshoe Falls Drive

City	State	Zip Code
Dublin	OH	43016

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84427

Amount of Each Receipt this Period

57.69

Full Name (Last, First, Middle Initial)

**C. MOLLY MALONEY**

Mailing Address 131 Mainhart Drive

City	State	Zip Code
Grass Valley	CA	95945

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

PEOPLE CORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85132

Amount of Each Receipt this Period

60.00

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

175.38

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. MARK MANDICH**

Mailing Address 315 South Park

City State Zip Code  
 Springfield MN 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 ▼

535.06

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85201

Amount of Each Receipt this Period

73.80

Full Name (Last, First, Middle Initial)

## **B. MANUEL MANGUAL**

Mailing Address 417 Arizona Avenue

City State Zip Code  
 Bay Shore NY 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 ▼

230.88

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11AI.85756

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

## **C. MANUEL MANGUAL**

Mailing Address 417 Arizona Avenue

City State Zip Code  
 Bay Shore NY 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 ▼

250.12

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85764

Amount of Each Receipt this Period

19.24

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

112.28

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 263 OF 490

<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. ANTONIO K. MANOR**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

358.75

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83914

Amount of Each Receipt this Period

28.70

Full Name (Last, First, Middle Initial)

**B. ANTONIO K. MANOR**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

387.45

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84743

Amount of Each Receipt this Period

28.70

Full Name (Last, First, Middle Initial)

**C. GENEVIEVE R. MARCUS**

Mailing Address 1419 Dunster Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

403.93

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83916

Amount of Each Receipt this Period

37.32

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

94.72

# **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**

<p>Full Name (Last, First, Middle Initial)  <b>A. GENEVIEVE R. MARCUS</b></p> <p>Mailing Address 1419 Dunster Lane</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Potomac</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20854</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation ADMINISTRATIVE ASSISTANT</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">441.25</span></p>			City Potomac	State MD	Zip Code 20854	Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 26 / 2015</span>  <b>Transaction ID : SA11AI.84745</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">37.32</span></p>	
City Potomac	State MD	Zip Code 20854							
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT								
<p>Full Name (Last, First, Middle Initial)  <b>B. PHILIP I. MARK</b></p> <p>Mailing Address 7043 W 73rd Place</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Chicago</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">Zip Code 60638</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IL CN 31/STATE OF IL</td> <td style="width: 66%;">Occupation HUMAN SERVICES CASEWORKER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">209.00</span></p>			City Chicago	State IL	Zip Code 60638	Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation HUMAN SERVICES CASEWORKER	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 01 / 2015</span>  <b>Transaction ID : SA11AI.85463</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">57.00</span></p>	
City Chicago	State IL	Zip Code 60638							
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation HUMAN SERVICES CASEWORKER								
<p>Full Name (Last, First, Middle Initial)  <b>C. TINA A. MARKS</b></p> <p>Mailing Address 577 Price Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Newark</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43055</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation ACCOUNTANT/EXAMINER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">208.00</span></p>			City Newark	State OH	Zip Code 43055	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 26 / 2015</span>  <b>Transaction ID : SA11AI.86258</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">16.00</span></p>	
City Newark	State OH	Zip Code 43055							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">110.32</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>						



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. DAVID MARLOW**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 ▼

296.58

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.85403

Amount of Each Receipt this Period

59.86

Full Name (Last, First, Middle Initial)

**B. LEAH M. MARQUIS**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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : SA11AI.86222

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. LEAH M. MARQUIS**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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.86259

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

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. GARY MARTIN</b></p> <p>Mailing Address 255 Trail East</p> <p>City Pataskala State OH Zip Code 43062</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation ASSOCIATE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 550.00</p>		<p>Date of Receipt  <b>06 / 05 / 2015</b>  <b>Transaction ID : SA11AI.84369</b> </p> <p>Amount of Each Receipt this Period 50.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. GARY MARTIN</b></p> <p>Mailing Address 255 Trail East</p> <p>City Pataskala State OH Zip Code 43062</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation ASSOCIATE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 600.00</p>		<p>Date of Receipt  <b>06 / 17 / 2015</b>  <b>Transaction ID : SA11AI.84428</b> </p> <p>Amount of Each Receipt this Period 50.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. LISA G. MARTIN</b></p> <p>Mailing Address 4621 28th Road S. Apt. C</p> <p>City Arlington State VA Zip Code 22206</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 529.32</p>		<p>Date of Receipt  <b>06 / 15 / 2015</b>  <b>Transaction ID : SA11AI.83917</b> </p> <p>Amount of Each Receipt this Period 48.86</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		148.86
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. LISA G. MARTIN**Mailing Address 4621 28th Road S.  
Apt. C

City	State	Zip Code
Arlington	VA	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 ▼

578.18

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84746

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

**B. PAULA MARTINEZ**

Mailing Address 3963 200th Avenue

City	State	Zip Code
Carlisle	IA	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 ▼

390.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86197

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL MARVIN**

Mailing Address 2520 Sharon Drive

City	State	Zip Code
Omaha	NE	68112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NE LOC 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85485

Amount of Each Receipt this Period

50.00

**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 PageFOR LINE NUMBER: PAGE 268 OF 490  
(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. NATALIE M. MASON**

Mailing Address P.O. Box 203

City	State	Zip Code
Maquon	IL	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 ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85464

Amount of Each Receipt this Period

50.40

Full Name (Last, First, Middle Initial)

**B. KIMBERLY A. MASSENGILL-BERNARDIN**

Mailing Address 8000 Brookpoint Place

City	State	Zip Code
Westerville	OH	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 ▼

442.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85255

Amount of Each Receipt this Period

78.32

Full Name (Last, First, Middle Initial)

**C. KIMBERLY A. MASSENGILL-BERNARDIN**

Mailing Address 8000 Brookpoint Place

City	State	Zip Code
Westerville	OH	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 ▼

518.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85326

Amount of Each Receipt this Period

75.84

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

204.56

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 PageFOR LINE NUMBER:  
(check only one)

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<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. MELISSA MATOUSHEK**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

221.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84075

Amount of Each Receipt this Period

36.86

Full Name (Last, First, Middle Initial)

**B. JOSEPH R. MATTHES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

279.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83919

Amount of Each Receipt this Period

39.92

Full Name (Last, First, Middle Initial)

**C. JOSEPH R. MATTHES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

319.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84748

Amount of Each Receipt this Period

39.92

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

116.70

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

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

FOR LINE NUMBER: PAGE 270 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A. JILLIAN P. MATUNDAN</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, ORGANIZNG & FLD SVI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">548.19</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 15 / 2015</span> </div> <b>Transaction ID : SA11AI.83920</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>48.51</span> </div>	
<b>B. JILLIAN P. MATUNDAN</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, ORGANIZNG & FLD SVI Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">596.70</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 26 / 2015</span> </div> <b>Transaction ID : SA11AI.84749</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>48.51</span> </div>	
<b>C. JAN P. MATUSAK</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME CA LOC 1001 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">429.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 03 / 2015</span> </div> <b>Transaction ID : SA11AI.86138</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>39.00</span> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>136.02</span> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	

# **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 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JAN P. MATUSAK</b></p> <p>Mailing Address 700 N. Alameda Street  #2-219</p> <p>City Los Angeles State CA Zip Code 90012</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME CA LOC 1001 Occupation PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  468.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 17 / 2015  <b>Transaction ID : SA11AI.86139</b></p> <p>Amount of Each Receipt this Period  39.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. MATTHEW MAYERS</b></p> <p>Mailing Address 1833 Ontario Place NW</p> <p>City Washington State DC Zip Code 20009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation MANAGER, STRATEGIC RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  555.28</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 15 / 2015  <b>Transaction ID : SA11AI.83921</b></p> <p>Amount of Each Receipt this Period  50.48</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. MATTHEW MAYERS</b></p> <p>Mailing Address 1833 Ontario Place NW</p> <p>City Washington State DC Zip Code 20009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation MANAGER, STRATEGIC RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  605.76</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2015  <b>Transaction ID : SA11AI.84750</b></p> <p>Amount of Each Receipt this Period  50.48</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>139.96</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. JEFF MAZUR**

Mailing Address 503 Redwing Drive

City	State	Zip Code
Ashland	MO	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 ▼

389.62

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85140

Amount of Each Receipt this Period

35.42

Full Name (Last, First, Middle Initial)

**B. JEFF MAZUR**

Mailing Address 503 Redwing Drive

City	State	Zip Code
Ashland	MO	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 ▼

425.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.85145

Amount of Each Receipt this Period

35.42

Full Name (Last, First, Middle Initial)

**C. ELISSA MCBRIDE**

Mailing Address 9 Sherman Avenue

City	State	Zip Code
Takoma Park	MD	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 ▼

1255.21

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83922

Amount of Each Receipt this Period

114.11

SUBTOTAL of Receipts This Page (optional)..... ►

184.95

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 PageFOR LINE NUMBER: PAGE 273 OF 490  
(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. ELISSA MCBRIDE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1369.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84751

Amount of Each Receipt this Period

114.11

Full Name (Last, First, Middle Initial)

**B. CYNTHIA R. MCCABE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

634.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83923

Amount of Each Receipt this Period

57.79

Full Name (Last, First, Middle Initial)

**C. CYNTHIA R. MCCABE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

691.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84752

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**

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

FOR LINE NUMBER: PAGE 274 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. BOYD B. MCCAMISH**

Mailing Address 1004 Woodtown Drive

City	State	Zip Code
Gahanna	OH	43230

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.15

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83924

Amount of Each Receipt this Period

48.24

Full Name (Last, First, Middle Initial)

**B. BOYD B. MCCAMISH**

Mailing Address 1004 Woodtown Drive

City	State	Zip Code
Gahanna	OH	43230

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84753

Amount of Each Receipt this Period

48.24

Full Name (Last, First, Middle Initial)

**C. MARGARET MCCANN**

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

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83925

Amount of Each Receipt this Period

63.08

**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 PageFOR LINE NUMBER:  
(check only one)

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

NAME OF COMMITTEE (In Full)

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

<b>A. MARGARET MCCANN</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>756.96</b>			Date of Receipt <b>06 / 26 / 2015</b> <b>Transaction ID : SA11AI.84754</b> Amount of Each Receipt this Period <b>63.08</b>
<b>B. ANDY MCCANTS</b> 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. <b>C</b> 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 ▼ <b>231.00</b>			Date of Receipt <b>06 / 10 / 2015</b> <b>Transaction ID : SA11AI.85661</b> Amount of Each Receipt this Period <b>21.00</b>
<b>C. ANDY MCCANTS</b> 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. <b>C</b> 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 ▼ <b>252.00</b>			Date of Receipt <b>06 / 25 / 2015</b> <b>Transaction ID : SA11AI.85706</b> Amount of Each Receipt this Period <b>21.00</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>105.08</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. THOMAS F. MCCracken</b> 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. <b>C</b> Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STATE SUPERVISOR DISTR 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.86385</b> Amount of Each Receipt this Period 60.00
<b>B. BRIAN P. MCDONNELL</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 602.25		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83929</b> Amount of Each Receipt this Period 54.75
<b>C. BRIAN P. MCDONNELL</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 657.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84757</b> Amount of Each Receipt this Period 54.75
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		169.50
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 277 OF 490  
(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. GERALD MCENTEE**Mailing Address 800 25th Street NW  
Apt. #406

City	State	Zip Code
Washington	DC	20037-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREETOccupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.21

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.84930

Amount of Each Receipt this Period

139.80

Full Name (Last, First, Middle Initial)

**B. JERI MCEWEN**

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84076

Amount of Each Receipt this Period

50.38

Full Name (Last, First, Middle Initial)

**C. LYNNE E. MCGRAW**

Mailing Address 1258 Smersset way

City	State	Zip Code
Pickerington	OH	43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4Occupation  
DIRECTOR OF ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84370

Amount of Each Receipt this Period

40.00

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

230.18

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)

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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. LYNNE E. MCGRAW**

Mailing Address 1258 Smersset 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 ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.84429

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. CHAD MCKENNA**

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 ▼

298.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : SA11AI.85175

Amount of Each Receipt this Period

49.84

Full Name (Last, First, Middle Initial)

**C. KRISTEN E. MCKINLEY**

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 ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.84371

Amount of Each Receipt this Period

19.24

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

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

109.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 279 OF 490  
(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**

<b>A. KRISTEN E. MCKINLEY</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME OH LOC 4 Occupation STAFF ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">230.88</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 17 / 2015</span> </div> <b>Transaction ID : SA11AI.84430</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>19.24</span> </div>	
<b>B. EDWARD MCNEIL</b> Full Name (Last, First, Middle Initial) Mailing Address 2546 Edison City Detroit State MI Zip Code 48206 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">451.11</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 04 / 2015</span> </div> <b>Transaction ID : SA11AI.84994</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>41.01</span> </div>	
<b>C. EDWARD MCNEIL</b> Full Name (Last, First, Middle Initial) Mailing Address 2546 Edison City Detroit State MI Zip Code 48206 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">492.12</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 16 / 2015</span> </div> <b>Transaction ID : SA11AI.85032</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>41.01</span> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>101.26</span> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	

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

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

FOR LINE NUMBER:  
(check only one)

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. YOLANDA MEDINA</b></p> <p>Mailing Address 8 Ralph Street Apt. 1</p> <p>City Bergenfield State NJ Zip Code 07621-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.46</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83930</b></p> <p>Amount of Each Receipt this Period 51.86</p>
<p>Full Name (Last, First, Middle Initial) <b>B. YOLANDA MEDINA</b></p> <p>Mailing Address 8 Ralph Street Apt. 1</p> <p>City Bergenfield State NJ Zip Code 07621-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 622.32</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84758</b></p> <p>Amount of Each Receipt this Period 51.86</p>
<p>Full Name (Last, First, Middle Initial) <b>C. DONALD MEHREN</b></p> <p>Mailing Address 6925 Woodland Blvd.</p> <p>City Minnesota City State MN Zip Code 55959</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 390.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.85522</b></p> <p>Amount of Each Receipt this Period 60.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		163.72
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. STEPHEN M. MELLO**Mailing Address 449 High Street  
#F

City	State	Zip Code
Somerset	MA	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 ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85480

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. STEPHEN M. MELLO**Mailing Address 449 High Street  
#F

City	State	Zip Code
Somerset	MA	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 ▼

280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85481

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. JOYE E. MERCER-BARKSDALE**

Mailing Address 5103 Janesdale Court

City	State	Zip Code
Glenn Dale	MD	20769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83931

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 PageFOR LINE NUMBER: PAGE 282 OF 490  
(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. JOYE E. MERCER-BARKSDALE**

Mailing Address 5103 Janesdale Court

City	State	Zip Code
Glenn Dale	MD	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 ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84759

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MAGGIE MERDLER**Mailing Address 8033 Excelsior Drive  
Suite C

City	State	Zip Code
Madison	WI	53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.14

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.85777

Amount of Each Receipt this Period

78.56

Full Name (Last, First, Middle Initial)

**C. MARTHA J. MERRILL**

Mailing Address 1433 W Belle Plaine Avenue

City	State	Zip Code
Chicago	IL	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 ▼

368.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85405

Amount of Each Receipt this Period

73.70

SUBTOTAL of Receipts This Page (optional)..... ►

172.26

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 283 OF 490  
 (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 J. MESSINA**

Mailing Address 752 Silver Spring Avenue

City	State	Zip Code
Silver Spring	MD	20910

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2015

Transaction ID : SA11AI.83932

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MICHAEL J. MESSINA**

Mailing Address 752 Silver Spring Avenue

City	State	Zip Code
Silver Spring	MD	20910

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		26		2015

Transaction ID : SA11AI.84760

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. RANDALL M. MEYER**

Mailing Address 2107 West Bremer Avenue

City	State	Zip Code
Waverly	IA	50677

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2015

Transaction ID : SA11AI.85795

Amount of Each Receipt this Period

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

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 284 OF 490  
(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. TERESA L. MEYER**

Mailing Address 2107 West Bremer Avenue

City	State	Zip Code
Waverly	IA	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 ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84333

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. CINDY A. MICHAEL**

Mailing Address 331 Central Parkway

City	State	Zip Code
Warren	OH	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 ▼

391.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85256

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

**C. CINDY A. MICHAEL**

Mailing Address 331 Central Parkway

City	State	Zip Code
Warren	OH	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 ▼

457.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85327

Amount of Each Receipt this Period

65.70

SUBTOTAL of Receipts This Page (optional)..... ►

146.40

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 PageFOR LINE NUMBER: PAGE 285 OF 490  
(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) <b>A. JOHN MICHALEC</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.84995</b>	
Mailing Address 1544 N. Hickory			Amount of Each Receipt this Period 21.00	
City Owosso	State MI	Zip Code 48867		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00		
Full Name (Last, First, Middle Initial) <b>B. JOHN MICHALEC</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85033</b>	
Mailing Address 1544 N. Hickory			Amount of Each Receipt this Period 21.00	
City Owosso	State MI	Zip Code 48867		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00		
Full Name (Last, First, Middle Initial) <b>C. GLENARD MIDDLETON</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.84538</b>	
Mailing Address 5108 Yellowwood Avenue			Amount of Each Receipt this Period 20.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			62.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 286 OF 490  
(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**

<b>A. GLENARD MIDDLETON</b> 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. <b>C</b> Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 464.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.84953</b> Amount of Each Receipt this Period 14.00
<b>B. ARTHUR MILLER</b> 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. <b>C</b> Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.85523</b> Amount of Each Receipt this Period 40.00
<b>C. DAVID MILLER</b> Full Name (Last, First, Middle Initial) Mailing Address 175 North Harbor Drive #1908 City Chicago State IL Zip Code 60601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85406</b> Amount of Each Receipt this Period 75.60
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			129.60
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 287 OF 490

<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. SCOTT D. MILLER**Mailing Address 2056 W Hutchinson  
2nd Fl.

City	State	Zip Code
Chicago	IL	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 ▼

403.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85407

Amount of Each Receipt this Period

80.74

Full Name (Last, First, Middle Initial)

**B. SHARON A. MILLER**

Mailing Address 1442 Cirle Avenue

City	State	Zip Code
Forest Park	IL	60130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

HUMAN SERVICES CASEW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85465

Amount of Each Receipt this Period

44.84

Full Name (Last, First, Middle Initial)

**C. STACEY A. MILLER**

Mailing Address 603 North Eighth Avenue

City	State	Zip Code
Altoona	PA	16601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/NSP

Occupation

BEHAVIORAL HEALTH TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84323

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.58

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 PageFOR LINE NUMBER: PAGE 288 OF 490  
(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**

<b>A. TIMOTHY MILLER</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 447.46			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84077</b> Amount of Each Receipt this Period 74.64
<b>B. GARY D. MITCHELL</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.85780</b> Amount of Each Receipt this Period 130.00
<b>C. GARY D. MITCHELL</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 530.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.84952</b> Amount of Each Receipt this Period 100.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			304.64
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 289 OF 490  
(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**

<b>A. GARY D. MITCHELL</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 572.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2015 <b>Transaction ID : SA11AI.85781</b> Amount of Each Receipt this Period 42.00
<b>B. HAROLD F. MITCHELL</b> Full Name (Last, First, Middle Initial) Mailing Address 3999 Kensington 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 683.95			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85257</b> Amount of Each Receipt this Period 118.14
<b>C. HAROLD F. MITCHELL</b> Full Name (Last, First, Middle Initial) Mailing Address 3999 Kensington 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 802.09			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85328</b> Amount of Each Receipt this Period 118.14
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			278.28
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. VICTORIA MITCHELL</b> 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. <b>C</b> Name of Employer AFSCME NY CN 1707 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 770.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2015 <b>Transaction ID : SA11AI.85494</b> Amount of Each Receipt this Period 210.00
<b>B. VICTORIA MITCHELL</b> 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. <b>C</b> Name of Employer AFSCME NY CN 1707 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 910.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85495</b> Amount of Each Receipt this Period 140.00
<b>C. AMBER F. MOATS</b> 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. <b>C</b> Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.33			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.86198</b> Amount of Each Receipt this Period 15.41
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			365.41
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 291 OF 490  
(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. JASON D. MOATS**

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

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.33

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86199

Amount of Each Receipt this Period

15.41

Full Name (Last, First, Middle Initial)

**B. KELLY L. MOBLEY**

Mailing Address 3739 Elmlawn Drive

City	State	Zip Code
Toledo	OH	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 ▼

423.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84373

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**C. KELLY L. MOBLEY**

Mailing Address 3739 Elmlawn Drive

City	State	Zip Code
Toledo	OH	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 ▼

461.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84432

Amount of Each Receipt this Period

38.47

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

92.35

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

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

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

 FOR LINE NUMBER: PAGE 292 OF 490  
 (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. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11AI.86200

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2015

Transaction ID : SA11AI.84873

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

**C. TRINA MOLNAR**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

368.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2015

Transaction ID : SA11AI.84374

Amount of Each Receipt this Period

33.50

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

105.18

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 293 OF 490  
(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. TRINA MOLNAR**

Mailing Address 14-8 Meadowlawn Drive

City	State	Zip Code
Mentor	OH	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 ▼

402.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84433

Amount of Each Receipt this Period

33.50

Full Name (Last, First, Middle Initial)

**B. KAREN MOMBERGER**

Mailing Address 102 Manor Road

City	State	Zip Code
New Kensington	PA	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 ▼

609.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84079

Amount of Each Receipt this Period

101.64

Full Name (Last, First, Middle Initial)

**C. CHINETTA MONTGOMERY**

Mailing Address 1466 NE Going Street

City	State	Zip Code
Portland	OR	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 ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86317

Amount of Each Receipt this Period

42.00

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

177.14

**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)

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<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. DAVID A. MOODY**

Mailing Address 8 Beacon Street

 City  
 Boston

 State  
 MA

 Zip Code  
 02108-0000

 FEC ID number of contributing  
 federal political committee.

Name of Employer

AFSCME MA CN 93

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85133

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. DOUGLAS MOORE**

Mailing Address 10176 Foothill Court

City

Spring Valley

State

CA

Zip Code

91977

 FEC ID number of contributing  
 federal political committee.

Name of Employer

AFSCME CA LOC 3930

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.86153

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. DOUGLAS MOORE**

Mailing Address 10176 Foothill Court

City

Spring Valley

State

CA

Zip Code

91977

 FEC ID number of contributing  
 federal political committee.

Name of Employer

AFSCME CA LOC 3930

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.84954

Amount of Each Receipt this Period

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

**TOTAL** This Period (last page this line number 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 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. ERIC D. MOORE**

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 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 ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2015

Transaction ID : SA11AI.85142

Amount of Each Receipt this Period

22.50

Full Name (Last, First, Middle Initial)

**B. ERIC D. MOORE**

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2015

Transaction ID : SA11AI.85147

Amount of Each Receipt this Period

22.50

Full Name (Last, First, Middle Initial)

**C. PATRICK G. MORAN**

Mailing Address 415 U Street NW

City State Zip Code  
Washington DC 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 ▼

355.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SA11AI.85107

Amount of Each Receipt this Period

118.34

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

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

163.34

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

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

 FOR LINE NUMBER: PAGE 296 OF 490  
 (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. FRANCIS MORONEY**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

683.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2015

Transaction ID : SA11AI.85134

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. BRENDA MORRIS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

447.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		11		2015

Transaction ID : SA11AI.84080

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**C. RACHEL C. MORROW**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

406.23

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2015

Transaction ID : SA11AI.84375

Amount of Each Receipt this Period

36.93

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

231.57

**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 297 OF 490

(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. RACHEL C. MORROW**

Mailing Address 6221 Ssassafras Lane

City	State	Zip Code
Toledo	OH	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 ▼

443.16

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84434

Amount of Each Receipt this Period

36.93

Full Name (Last, First, Middle Initial)

**B. RODNEY D MOSBY**

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

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.03

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83933

Amount of Each Receipt this Period

44.10

Full Name (Last, First, Middle Initial)

**C. RODNEY D MOSBY**

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

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84761

Amount of Each Receipt this Period

44.10

SUBTOTAL of Receipts This Page (optional)..... ►

125.13

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 298 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. LATASHIA N. MOSELEY</b></p> <p>Mailing Address 1879 Biscayne Bay Circle</p> <p>City Jacksonville State FL Zip Code 32218</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME INT'L Occupation ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">510.29</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 15 / 2015</span>  <b>Transaction ID : SA11AI.83934</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">46.39</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. LATASHIA N. MOSELEY</b></p> <p>Mailing Address 1879 Biscayne Bay Circle</p> <p>City Jacksonville State FL Zip Code 32218</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME INT'L Occupation ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">556.68</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 26 / 2015</span>  <b>Transaction ID : SA11AI.84762</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">46.39</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. MICHELLE MULHERIN</b></p> <p>Mailing Address 2462 Cleveland Avenue</p> <p>City Reading State PA Zip Code 19609</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">447.46</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2015</span>  <b>Transaction ID : SA11AI.84081</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">74.64</span></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">167.42</span>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. STEVEN C. MULLEN</b> 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. <b>C</b> Name of Employer AFSCME PA CN 13 Occupation TRADES LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1043.72			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84082</b> Amount of Each Receipt this Period 179.64
<b>B. TRACY J MUNTZ</b> 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. <b>C</b> 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 ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015 <b>Transaction ID : SA11AI.85662</b> Amount of Each Receipt this Period 25.00
<b>C. TRACY J MUNTZ</b> 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. <b>C</b> 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 ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85707</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			229.64
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 300 OF 490  
(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. DEBORA A. MURPHY**

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

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86201

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MARK MURPHY**

Mailing Address 2133 Farrington Avenue

City	State	Zip Code
Alexandria	VA	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 ▼

552.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83935

Amount of Each Receipt this Period

50.20

Full Name (Last, First, Middle Initial)

**C. MARK MURPHY**

Mailing Address 2133 Farrington Avenue

City	State	Zip Code
Alexandria	VA	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 ▼

602.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84763

Amount of Each Receipt this Period

50.20

SUBTOTAL of Receipts This Page (optional)..... ►

125.40

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

X	11a		11b		11c		12		
	13		14		15		16		17

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

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

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

 FOR LINE NUMBER: PAGE 302 OF 490  
 (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. PHYLLIS S. NAIAD**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

313.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.85596

Amount of Each Receipt this Period

52.26

Full Name (Last, First, Middle Initial)

**B. REBECCA NASSARRE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : SA11AI.86135

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. EDWARD A. NASTARI**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85135

Amount of Each Receipt this Period

72.50

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

149.76

**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 303 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. RACHEL E. NAUMAN</b></p> <p>Mailing Address 11021 Horseshoe Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Frederick</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 21701-3397</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">765.90</span> </p>			City Frederick	State MD	Zip Code 21701-3397	Name of Employer AFSCME INT'L	Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 15 / 2015</span>  <b>Transaction ID : SA11AI.83936</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">76.59</span> </p>	
City Frederick	State MD	Zip Code 21701-3397							
Name of Employer AFSCME INT'L	Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER								
<p>Full Name (Last, First, Middle Initial) <b>B. RACHEL E. NAUMAN</b></p> <p>Mailing Address 11021 Horseshoe Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Frederick</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 21701-3397</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">842.49</span> </p>			City Frederick	State MD	Zip Code 21701-3397	Name of Employer AFSCME INT'L	Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 26 / 2015</span>  <b>Transaction ID : SA11AI.84764</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">76.59</span> </p>	
City Frederick	State MD	Zip Code 21701-3397							
Name of Employer AFSCME INT'L	Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER								
<p>Full Name (Last, First, Middle Initial) <b>C. BENJAMIN A. NEEDHAM</b></p> <p>Mailing Address P.O. Box 15206</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Washington</td> <td style="width: 33%;">State DC</td> <td style="width: 33%;">Zip Code 20003</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation REGIONAL FIELD MANAGER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">768.02</span> </p>			City Washington	State DC	Zip Code 20003	Name of Employer AFSCME INT'L	Occupation REGIONAL FIELD MANAGER	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 15 / 2015</span>  <b>Transaction ID : SA11AI.83937</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">69.82</span> </p>	
City Washington	State DC	Zip Code 20003							
Name of Employer AFSCME INT'L	Occupation REGIONAL FIELD MANAGER								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">223.00</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 304 OF 490  
(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. BENJAMIN A. NEEDHAM**

Mailing Address P.O. Box 15206

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL FIELD MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

837.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84765

Amount of Each Receipt this Period

69.82

Full Name (Last, First, Middle Initial)

**B. NORMAN NEELY**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85408

Amount of Each Receipt this Period

72.58

Full Name (Last, First, Middle Initial)

**C. CHELSA A. NELSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

322.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85177

Amount of Each Receipt this Period

53.84

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

196.24



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 305 OF 490  
(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. CYNTHIA NELSON**

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

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85178

Amount of Each Receipt this Period

73.68

Full Name (Last, First, Middle Initial)

**B. RICHARD NELSON**

Mailing Address 315 South Park

City	State	Zip Code
Springfield	MN	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 ▼

518.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85203

Amount of Each Receipt this Period

71.36

Full Name (Last, First, Middle Initial)

**C. RENEE NESTLER**Mailing Address 27 Fetzner Court  
Unit 1

City	State	Zip Code
Bloomington	IL	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 ▼

325.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85409

Amount of Each Receipt this Period

65.14

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

210.18

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 306 OF 490

<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**

<b>A. JESSE NEWCOMER IV</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 589.92			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84083</b> Amount of Each Receipt this Period 98.32
<b>B. MICHAEL NEWMAN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 554.60			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85410</b> Amount of Each Receipt this Period 110.92
<b>C. MARY L. NICHOL</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015 <b>Transaction ID : SA11AI.85663</b> Amount of Each Receipt this Period 20.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			229.24
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 307 OF 490  
(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. MARY L. NICHOL**Mailing Address 1117 Meridian Street N.  
Apt. E3

City	State	Zip Code
Puyallup	WA	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 ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85708

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. RHONDA J. NICHOLS**

Mailing Address 6233 - 12th Avenue NW

City	State	Zip Code
Marysville	WA	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 ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85709

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. SHERYL L. NICHOLS**

Mailing Address 2410 East Fifth Street

City	State	Zip Code
Dayton	OH	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 ▼

255.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85258

Amount of Each Receipt this Period

43.10

SUBTOTAL of Receipts This Page (optional)..... ►

84.10

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 308 OF 490  
 (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. SHERYL L. NICHOLS**

Mailing Address 2410 East Fifth Street

City	State	Zip Code
Dayton	OH	45403

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85329

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. LEROY J. NIDA**

Mailing Address 208 F Place

City	State	Zip Code
Kalona	IA	52247

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86202

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. JAMES B. NILAND**

Mailing Address 2728 Pleasant Avenue

City	State	Zip Code
Minneapolis	MN	55408

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME MN CN 5/CN14

Occupation

LEGISLATIVE/POLITICAL ACTION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85180

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER: PAGE 309 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JOSEPH NILSSON</b></p> <p>Mailing Address 3215 Eastland Circle SE</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation CLERICAL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 231.00</p>			<p>Date of Receipt  <b>06 / 10 / 2015</b>  <b>Transaction ID : SA11AI.85665</b> </p> <p>Amount of Each Receipt this Period 21.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. JOSEPH NILSSON</b></p> <p>Mailing Address 3215 Eastland Circle SE</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation CLERICAL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 252.00</p>			<p>Date of Receipt  <b>06 / 25 / 2015</b>  <b>Transaction ID : SA11AI.85710</b> </p> <p>Amount of Each Receipt this Period 21.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. JEREMY NOELLE</b></p> <p>Mailing Address 1421 N 14th Street</p> <p>City Herrin State IL Zip Code 62948</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 354.50</p>			<p>Date of Receipt  <b>06 / 01 / 2015</b>  <b>Transaction ID : SA11AI.85411</b> </p> <p>Amount of Each Receipt this Period 70.90</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			112.90		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 310 OF 490  
(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**

<b>A. WILLIAM NOWEL</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 326.13		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85259</b> Amount of Each Receipt this Period 56.02
<b>B. WILLIAM NOWEL</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 382.15		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85330</b> Amount of Each Receipt this Period 56.02
<b>C. VICTORIA M. NUZZI</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 372.13		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83938</b> Amount of Each Receipt this Period 33.83
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		145.87
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 311 OF 490  
(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			

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. VICTORIA M. NUZZI**

Mailing Address 9506 Park Meridian Drive

City	State	Zip Code
Indianapolis	IN	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 ▼

406.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84766

Amount of Each Receipt this Period

34.59

Full Name (Last, First, Middle Initial)

**B. ANTHONY A OGUNDIRAN**

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

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83940

Amount of Each Receipt this Period

28.70

Full Name (Last, First, Middle Initial)

**C. ANTHONY A OGUNDIRAN**

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

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84768

Amount of Each Receipt this Period

28.70

SUBTOTAL of Receipts This Page (optional)..... ►

91.99

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 312 OF 490  
(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. TRAVIS OHM**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84084

Amount of Each Receipt this Period

101.64

Full Name (Last, First, Middle Initial)

**B. ERIN S. OKANTEY**

Mailing Address 722 Pepper Court

City	State	Zip Code
Westerville	OH	43082

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 ▼

589.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83941

Amount of Each Receipt this Period

73.70

Full Name (Last, First, Middle Initial)

**C. ERIN S. OKANTEY**

Mailing Address 722 Pepper Court

City	State	Zip Code
Westerville	OH	43082

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 ▼

663.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84769

Amount of Each Receipt this Period

73.70

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

249.04

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 313 OF 490

<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. RUSSELL K. OKATA**

Mailing Address 1015 Wilder Avenue

City

Honolulu

State

HI

Zip Code

96822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

RETIREE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

Transaction ID : SA11AI.86109

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. YVONNE OLIVARES-MALDONADO**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2015			

Transaction ID : SA11AI.86162

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. LATASHA A. OLIVER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

214.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			04			2015			

Transaction ID : SA11AI.85262

Amount of Each Receipt this Period

41.32

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

225.32

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 314 OF 490

<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. LATASHA A. OLIVER**

Mailing Address 1610 Oakwood Avenue

City	State	Zip Code
Columbus	OH	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 ▼

256.71

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85332

Amount of Each Receipt this Period

42.30

Full Name (Last, First, Middle Initial)

**B. HOLLY Y. OLSON**

Mailing Address 15443 Martins Hundred Drive

City	State	Zip Code
Centerville	VA	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 ▼

717.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83942

Amount of Each Receipt this Period

65.27

Full Name (Last, First, Middle Initial)

**C. HOLLY Y. OLSON**

Mailing Address 15443 Martins Hundred Drive

City	State	Zip Code
Centerville	VA	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 ▼

783.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84770

Amount of Each Receipt this Period

65.27

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

172.84

# **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 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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 C. OPENLANDER**

Mailing Address 466 Prospect

City State Zip Code  
Muir MI 48860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : SA11AI.84997

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. MARY C. OPENLANDER**

Mailing Address 466 Prospect

City State Zip Code  
Muir MI 48860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SA11AI.85035

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. SUSAN ORRIS**

Mailing Address 536 Second Street

City State Zip Code  
Steelton PA 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 ▼

302.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.84085

Amount of Each Receipt this Period

50.38

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

92.38

**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 PageFOR LINE NUMBER: PAGE 316 OF 490  
(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 ORTIZ**

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

AFSC;ME WA CN 28/WA COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85622

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL ORTIZ**

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

AFSC;ME WA CN 28/WA COLLEGE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85623

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. PETER S. OSHIRO**

Mailing Address 95-1076 Pikokea Street

City	State	Zip Code
Milliani Town	HI	96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.86110

Amount of Each Receipt this Period

42.00

**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 317 OF 490

(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**

<b>A. CURT A. OSTRANDER</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 552.20			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83943</b> Amount of Each Receipt this Period 50.20
<b>B. CURT A. OSTRANDER</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 602.40			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84771</b> Amount of Each Receipt this Period 50.20
<b>C. GERALD OTTEN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 514.51			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83944</b> Amount of Each Receipt this Period 47.33
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			147.73
<b>TOTAL</b> This Period (last page this line number 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 490  
 (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. GERALD OTTEN**

Mailing Address 2905 Evergreen Way

City	State	Zip Code
Ellicott City	MD	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 ▼

561.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84772

Amount of Each Receipt this Period

47.33

Full Name (Last, First, Middle Initial)

**B. ROBERT W. OVERTURF**

Mailing Address 1318 E. Rockwell Avenue

City	State	Zip Code
Spokane	WA	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 ▼

201.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85666

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. ROBERT W. OVERTURF**

Mailing Address 1318 E. Rockwell Avenue

City	State	Zip Code
Spokane	WA	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 ▼

221.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85711

Amount of Each Receipt this Period

20.00

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

87.33

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

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

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

FOR LINE NUMBER:  
(check only one)

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. WILLIAM M. PADISAK Jr.</b></p> <p>Mailing Address 4886 Pine Trace Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Austintown</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 44515</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation FIELD REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">383.46</span> </p>			City Austintown	State OH	Zip Code 44515	Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 05 / 2015</span>  <b>Transaction ID : SA11AI.84377</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">34.86</span> </p>	
City Austintown	State OH	Zip Code 44515							
Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) <b>B. WILLIAM M. PADISAK Jr.</b></p> <p>Mailing Address 4886 Pine Trace Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Austintown</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 44515</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation FIELD REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">433.46</span> </p>			City Austintown	State OH	Zip Code 44515	Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 16 / 2015</span>  <b>Transaction ID : SA11AI.84436</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span> </p>	
City Austintown	State OH	Zip Code 44515							
Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) <b>C. WILLIAM M. PADISAK Jr.</b></p> <p>Mailing Address 4886 Pine Trace Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Austintown</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 44515</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation FIELD REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">468.32</span> </p>			City Austintown	State OH	Zip Code 44515	Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 17 / 2015</span>  <b>Transaction ID : SA11AI.84437</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">34.86</span> </p>	
City Austintown	State OH	Zip Code 44515							
Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">119.72</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 320 OF 490  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

<b>A. RACHEL S. PANCIERA</b> Full Name (Last, First, Middle Initial) Mailing Address 5210 Biddison Avenue City Baltimore State MD Zip Code 21206 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MD CN 3 Occupation FIELD COORDINATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.52			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85111</b> Amount of Each Receipt this Period 70.84
<b>B. KOREN PARKER</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.56			Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84086</b> Amount of Each Receipt this Period 36.86
<b>C. TAMMY PARMLY</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85466</b> Amount of Each Receipt this Period 75.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			182.70
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



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

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

FOR LINE NUMBER: PAGE 321 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JAMES PARRETT</b></p> <p>Mailing Address 517 Edgewood Drive</p> <p>City State Zip Code Burlington WI 53105</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WI CN 24 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 348.14</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2015 <b>Transaction ID : SA11AI.85778</b></p> <p>Amount of Each Receipt this Period 53.56</p>
<p>Full Name (Last, First, Middle Initial) <b>B. SHERRY A. PATTERSON</b></p> <p>Mailing Address 404 W. Walnut Street</p> <p>City State Zip Code Mt Vernon OH 43050</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/MT VERNON SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 294.20</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2015 <b>Transaction ID : SA11AI.84482</b></p> <p>Amount of Each Receipt this Period 29.42</p>
<p>Full Name (Last, First, Middle Initial) <b>C. SHERRY A. PATTERSON</b></p> <p>Mailing Address 404 W. Walnut Street</p> <p>City State Zip Code Mt Vernon OH 43050</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/MT VERNON SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 323.62</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.84505</b></p> <p>Amount of Each Receipt this Period 29.42</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p>112.40</p>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 322 OF 490  
(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. DEBORAH JO PATTON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

393.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : SA11AI.85412

Amount of Each Receipt this Period

78.60

Full Name (Last, First, Middle Initial)

**B. JEFFREY D. PAULSEN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : SA11AI.85667

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. JEFFREY D. PAULSEN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SA11AI.85712

Amount of Each Receipt this Period

21.00

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

120.60

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 323 OF 490

<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. BARRY PEARCE**

Mailing Address 130 N. Wilson Street

City  
BellefonteState  
PAZip Code  
16823FEC 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 ▼

447.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84087

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**B. MARIA F PEDERSEN**

Mailing Address 6607 Clearbrook Drive SE

City  
LaceyState  
WAZip Code  
98503FEC 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	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : SA11AI.85668

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MARIA F PEDERSEN**

Mailing Address 6607 Clearbrook Drive SE

City  
LaceyState  
WAZip Code  
98503FEC 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 ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SA11AI.85713

Amount of Each Receipt this Period

20.00

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

114.64

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

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

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

FOR LINE NUMBER: PAGE 324 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. JOANNE M. PELS**

Mailing Address 6987 County 38 NW

City	State	Zip Code
Walker	MN	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 ▼

525.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85181

Amount of Each Receipt this Period

83.38

Full Name (Last, First, Middle Initial)

**B. PAMELA PERILLO**

Mailing Address 9270 Billingsley Road

City	State	Zip Code
White Plains	MD	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 ▼

406.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83945

Amount of Each Receipt this Period

36.96

Full Name (Last, First, Middle Initial)

**C. PAMELA PERILLO**

Mailing Address 9270 Billingsley Road

City	State	Zip Code
White Plains	MD	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 ▼

443.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84773

Amount of Each Receipt this Period

36.96

SUBTOTAL of Receipts This Page (optional)..... ►

157.30

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

X	11a		11b		11c		12		
	13		14		15		16		17

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

288.42

314.64

340.86

78.66

100

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 326 OF 490  
(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**

<b>A. RANDOLPH P. PERREIRA</b> Full Name (Last, First, Middle Initial) Mailing Address 1044 Mokuhano Street City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME HI LOC 152 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 670.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.86111</b> Amount of Each Receipt this Period 100.00
<b>B. RANDOLPH P. PERREIRA</b> Full Name (Last, First, Middle Initial) Mailing Address 1044 Mokuhano Street City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME HI LOC 152 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 684.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.84956</b> Amount of Each Receipt this Period 14.00
<b>C. ELIZABETH PERROW</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.54			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83946</b> Amount of Each Receipt this Period 49.14
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			163.14
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 327 OF 490  
(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**

<b>A. ELIZABETH PERROW</b> Full Name (Last, First, Middle Initial) Mailing Address 958 N. Harrison Street City State Zip Code Arlington VA 22205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME INT'L ASSISTANT TO JUD. PANEL CHAIRPERSON Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 589.68			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84774</b> Amount of Each Receipt this Period 49.14
<b>B. CINDY L. PERRY</b> Full Name (Last, First, Middle Initial) Mailing Address 2613 Edgar Street City State Zip Code Toledo OH 43613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.84457</b> Amount of Each Receipt this Period 50.00
<b>C. CINDY L. PERRY</b> Full Name (Last, First, Middle Initial) Mailing Address 2613 Edgar Street City State Zip Code Toledo OH 43613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.84458</b> Amount of Each Receipt this Period 50.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			149.14
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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. CINDY L. PERRY**

Mailing Address 2613 Edgar Street

City	State	Zip Code
Toledo	OH	43613

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84459

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL S. PERRY**

Mailing Address 313 Sheridan Road

City	State	Zip Code
Wilmette	IL	60091

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

DIRECTOR EMP. INV. DEV. &amp; TRAINING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85413

Amount of Each Receipt this Period

80.96

Full Name (Last, First, Middle Initial)

**C. BOBBIE L. PETERS**

Mailing Address 14999 Wheeler Road

City	State	Zip Code
Lagrange	OH	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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.86223

Amount of Each Receipt this Period

20.00

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

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

140.96



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 329 OF 490

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BOBBIE L. PETERS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86260

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. IVA J. PETERS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

949.66

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83947

Amount of Each Receipt this Period

86.58

Full Name (Last, First, Middle Initial)

**C. IVA J. PETERS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1036.24

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84775

Amount of Each Receipt this Period

86.58

SUBTOTAL of Receipts This Page (optional)..... ►

193.16

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 330 OF 490  
 (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) <b>A. TY PETERSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85414</b>	
Mailing Address 370 Crescent Loop City State Zip Code Vienna IL 62995		Amount of Each Receipt this Period 72.58	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 362.90	
Full Name (Last, First, Middle Initial) <b>B. KOLBY PETERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83948</b>	
Mailing Address 9417 Braymore Circle City State Zip Code Fairfax Station VA 22039		Amount of Each Receipt this Period 50.48	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLLING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 555.28	
Full Name (Last, First, Middle Initial) <b>C. KOLBY PETERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84776</b>	
Mailing Address 9417 Braymore Circle City State Zip Code Fairfax Station VA 22039		Amount of Each Receipt this Period 50.48	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLLING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.76	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		173.54	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 331 OF 490

<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. RONNIE D. PETERSON**

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 ▼

1656.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83949

Amount of Each Receipt this Period

150.61

Full Name (Last, First, Middle Initial)

**B. RONNIE D. PETERSON**

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 ▼

1807.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84777

Amount of Each Receipt this Period

150.61

Full Name (Last, First, Middle Initial)

**C. URSULA PETTERS**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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : SA11AI.85669

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

321.22

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 PageFOR LINE NUMBER: PAGE 332 OF 490  
(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. URSULA PETTERS**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

AFSCME WA CN 28/STATE OF WA

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
06	/	25	/	2015

Transaction ID : SA11AI.85714

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. RICHARD L. PETTIT**

Mailing Address 1957 Coppermine Road

City	State	Zip Code
Buchanan	GA	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 ▼

789.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83950

Amount of Each Receipt this Period

71.74

Full Name (Last, First, Middle Initial)

**C. RICHARD L. PETTIT**

Mailing Address 1957 Coppermine Road

City	State	Zip Code
Buchanan	GA	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 ▼

860.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84778

Amount of Each Receipt this Period

71.74

SUBTOTAL of Receipts This Page (optional)..... ►

163.48

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 PageFOR LINE NUMBER: PAGE 333 OF 490  
(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**

<b>A. STACY PFLUGMACHER</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.30			Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85415</b> Amount of Each Receipt this Period 79.06
<b>B. BRYAN T. PHENICIE</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.86400</b> Amount of Each Receipt this Period 65.00
<b>C. CATHERINE PHILLIPS</b> Full Name (Last, First, Middle Initial) Mailing Address 15707 Manning Street City Detroit State MI Zip Code 48205 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.32			Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.84998</b> Amount of Each Receipt this Period 29.12
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			173.18
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 334 OF 490  
(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**

<b>A. CATHERINE PHILLIPS</b> Full Name (Last, First, Middle Initial) Mailing Address 15707 Manning Street City Detroit State MI Zip Code 48205 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 349.44		Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85036</b> Amount of Each Receipt this Period 29.12
<b>B. MICHELLE R. PHILLIPS</b> Full Name (Last, First, Middle Initial) Mailing Address 323 N. Warren Avenue City Columbus State OH Zip Code 43204 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/SOUTH-WESTERN Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 343.75		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.84506</b> Amount of Each Receipt this Period 62.50
<b>C. STEVAN P. PICKARD</b> Full Name (Last, First, Middle Initial) Mailing Address 3325 Capricio Street, NE City Canton State OH Zip Code 44721-2702 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 391.60		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85263</b> Amount of Each Receipt this Period 65.70
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		157.32
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 335 OF 490  
(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. STEVAN P. PICKARD**

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

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85333

Amount of Each Receipt this Period

65.70

Full Name (Last, First, Middle Initial)

**B. JEFFREY K. PITTMAN**Mailing Address 2601 Woodley Place NW  
Apt. 401

City	State	Zip Code
Washington	DC	20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 3

Occupation

SR. STRATEGIC COMM SPECIALIST 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85113

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. BRET L. PITTS**

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

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECH II

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
06	/	12	/	2015

Transaction ID : SA11AI.86224

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.70

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 PageFOR LINE NUMBER: PAGE 336 OF 490  
(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. BRET L. PITTS**

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

AFSCME OH LOC 11/STATE OF OH

Occupation

HIGHWAY TECH II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Transaction ID : SA11AI.86261

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. RONALD W PITTS**

Mailing Address 2001-A Industrial Drive

City	State	Zip Code
Marion	IL	62959

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 ▼

424.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

Transaction ID : SA11AI.85416

Amount of Each Receipt this Period

84.84

Full Name (Last, First, Middle Initial)

**C. JOSEPH PLUGER**

Mailing Address 605 South Jackson

City	State	Zip Code
Gardner	IL	60424

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 ▼

362.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2015			

Transaction ID : SA11AI.85417

Amount of Each Receipt this Period

72.58

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

177.42

**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 337 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. KEVAN L. PLUMLEE**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.85418

Amount of Each Receipt this Period

72.58

Full Name (Last, First, Middle Initial)

**B. CLIFFORD T. POEHLER**

Mailing Address 565 Glendale Street

City

Minneapolis

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/HENNEPIN COUNTY

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

512.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : SA11AI.85524

Amount of Each Receipt this Period

68.30

Full Name (Last, First, Middle Initial)

**C. RENEE POFF**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

239.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.84088

Amount of Each Receipt this Period

39.88

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

180.76

**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 338 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. STEVE POINTEC**

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 ▼

220.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11AI.85670

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. STEVE POINTEC**

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 ▼

240.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85715

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. NICOLE R. POLLARD**

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 ▼

693.88

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.83951

Amount of Each Receipt this Period

63.08

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

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

103.08

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

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

FOR LINE NUMBER:  
(check only one)

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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. NICOLE R. POLLARD**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

756.96

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.84779

Amount of Each Receipt this Period

63.08

Full Name (Last, First, Middle Initial)

**B. MARY L. PORTER**

Mailing Address 9800 Bellefontaine Road

City

St. Louis

State

MO

Zip Code

63137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

407.66

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.83952

Amount of Each Receipt this Period

37.06

Full Name (Last, First, Middle Initial)

**C. MARY L. PORTER**

Mailing Address 9800 Bellefontaine Road

City

St. Louis

State

MO

Zip Code

63137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

444.72

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.84780

Amount of Each Receipt this Period

37.06

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

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

137.20

# **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 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. EDWARD POTTS</b></p> <p>Mailing Address 240 Bentz Mill Road</p> <p>City State Zip Code Wellsville PA 17365</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 CLERK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 447.46</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84089</b></p> <p>Amount of Each Receipt this Period 74.64</p>
<p>Full Name (Last, First, Middle Initial) <b>B. GREGORY A. POWELL</b></p> <p>Mailing Address 1300 Abbey Road</p> <p>City State Zip Code Round Rock TX 78681</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 530.64</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83953</b></p> <p>Amount of Each Receipt this Period 48.24</p>
<p>Full Name (Last, First, Middle Initial) <b>C. GREGORY A. POWELL</b></p> <p>Mailing Address 1300 Abbey Road</p> <p>City State Zip Code Round Rock TX 78681</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 578.88</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84781</b></p> <p>Amount of Each Receipt this Period 48.24</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		171.12
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

FOR LINE NUMBER: PAGE 341 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. REBECCA POWELL**

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 ▼

330.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11AI.85671

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. REBECCA POWELL**

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

06 / 25 / 2015

Transaction ID : SA11AI.85716

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. STEVE PREBLE**

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 ▼

689.56

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.84957

Amount of Each Receipt this Period

14.00

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

74.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 342 OF 490  
(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. STEVE PREBLE**

Mailing Address P.O. Box 204

City	State	Zip Code
Colerain	MN	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 ▼

787.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SA11AI.85205

Amount of Each Receipt this Period

97.92

Full Name (Last, First, Middle Initial)

**B. HELEN PRESSLEY**

Mailing Address P.O. Box 7606

City	State	Zip Code
Olympia	WA	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 ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

Transaction ID : SA11AI.85672

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. HELEN PRESSLEY**

Mailing Address P.O. Box 7606

City	State	Zip Code
Olympia	WA	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 ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SA11AI.85717

Amount of Each Receipt this Period

21.00

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

139.92

**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 PageFOR LINE NUMBER: PAGE 343 OF 490  
(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. ROBYN PRICE**

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.84999

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ROBYN PRICE**

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85037

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. ERWIN D. PRIM**

Mailing Address 729 1/2 Fourth Street

City	State	Zip Code
Marietta	OH	45750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MARIETTA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84483

Amount of Each Receipt this Period

20.84

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

70.84

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

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

Use separate schedule(s)  
for each category of the  
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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. ERWIN D. PRIM**

Mailing Address 729 1/2 Fourth Street

City State Zip Code  
 Marietta OH 45750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MARIETTA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015

Transaction ID : SA11AI.84507

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. FRANK PROCHASKA**

Mailing Address P.O. Box 1484

City State Zip Code  
 Springfield IL 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 ▼

362.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

Transaction ID : SA11AI.85419

Amount of Each Receipt this Period

72.58

Full Name (Last, First, Middle Initial)

**C. CARY R. QUICK JR.**

Mailing Address 910 Campground Road

City State Zip Code  
 Anna IL 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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

Transaction ID : SA11AI.85467

Amount of Each Receipt this Period

60.00

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

153.42

**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  
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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. LLOYD L. RAINS**

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

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.84378

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. LLOYD L. RAINS**

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

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.84438

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LLOYD L. RAINS**

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

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11AI.84439

Amount of Each Receipt this Period

40.00

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

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

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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) <b>A. SHAWNTAE R. RANA</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83954</b>		
Mailing Address 1353 Talcott Place City State Zip Code Decatur GA 30033			Amount of Each Receipt this Period 21.41		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation FIELD ADMINISTRATIVE ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.51			
Full Name (Last, First, Middle Initial) <b>B. SHAWNTAE R. RANA</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84782</b>		
Mailing Address 1353 Talcott Place City State Zip Code Decatur GA 30033			Amount of Each Receipt this Period 21.41		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation FIELD ADMINISTRATIVE ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.92			
Full Name (Last, First, Middle Initial) <b>C. ZOLLIE RAYNER</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84090</b>		
Mailing Address P.O. Box 51 City State Zip Code Albion PA 16401			Amount of Each Receipt this Period 74.64		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 447.46			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			117.46		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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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. ALICIA R. REDD**

Mailing Address 1283 Republic Avenue

City State Zip Code  
Columbus OH 43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

Transaction ID : SA11AI.84523

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ALICIA R. REDD**

Mailing Address 1283 Republic Avenue

City State Zip Code  
Columbus OH 43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2015

Transaction ID : SA11AI.84532

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. HARRISON REED**

Mailing Address 2737 Yellowoak Place

City State Zip Code  
Hilliard OH 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 ▼

224.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.85335

Amount of Each Receipt this Period

32.26

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

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

82.26

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

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

FOR LINE NUMBER:  
(check only one)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. STEVEN C. REEVES</b></p> <p>Mailing Address 2566 Stillwater Road</p> <p>City State Zip Code  Maplewood Road MN 55119</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/RAMSEY COUNTY MAINTENANCE WORKER I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  240.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2015  <b>Transaction ID : SA11AI.85525</b></p> <p>Amount of Each Receipt this Period  40.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. PATRICK D. REGAN</b></p> <p>Mailing Address 1730 37th Avenue NE</p> <p>City State Zip Code  Minneapolis MN 55421</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  225.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 25 / 2015  <b>Transaction ID : SA11AI.85526</b></p> <p>Amount of Each Receipt this Period  30.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. LAURA REYES</b></p> <p>Mailing Address 3440 Joan Court</p> <p>City State Zip Code  Falls Church VA 20042</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L SECRETARY TREASURER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1634.10</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 15 / 2015  <b>Transaction ID : SA11AI.83956</b></p> <p>Amount of Each Receipt this Period  163.41</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>233.41</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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

FOR LINE NUMBER: PAGE 349 OF 490

(check only one)

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 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. LAURA REYES**

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 ▼

1797.51

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.84784

Amount of Each Receipt this Period

163.41

Full Name (Last, First, Middle Initial)

**B. HARRY RHODES**

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 ▼

420.84

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2015

Transaction ID : SA11AI.84091

Amount of Each Receipt this Period

70.14

Full Name (Last, First, Middle Initial)

**C. TIFFANY A. RICCI**

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 ▼

426.24

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11AI.83957

Amount of Each Receipt this Period

53.28

SUBTOTAL of Receipts This Page (optional)..... ►

286.83

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 350 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. TIFFANY A. RICCI**

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 ▼

479.52

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.84785

Amount of Each Receipt this Period

53.28

Full Name (Last, First, Middle Initial)

**B. LISA E. RICE**

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 &amp;FLD

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

467.75

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11AI.83958

Amount of Each Receipt this Period

43.15

Full Name (Last, First, Middle Initial)

**C. LISA E. RICE**

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 &amp;FLD

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

510.90

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.84786

Amount of Each Receipt this Period

43.15

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

139.58

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 351 OF 490

<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. CINDY S. RICHARDSON**

Mailing Address 808 NW 52nd Street

City  
SeattleState  
WAZip Code  
98107FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 2/KINGS COUNTY

Occupation

LIBRARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
06	29	2015

Transaction ID : SA11AI.84851

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. SHAWN E. RICHARDSON**

Mailing Address 6688 Markwood Street

City  
WorthingtonState  
OHZip Code  
43085FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION TECHN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M	D D	Y Y Y Y
06	12	2015

Transaction ID : SA11AI.86225

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. SHAWN E. RICHARDSON**

Mailing Address 6688 Markwood Street

City  
WorthingtonState  
OHZip Code  
43085FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION TECHN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M	D D	Y Y Y Y
06	26	2015

Transaction ID : SA11AI.86262

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

330.00

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

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

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

 FOR LINE NUMBER: PAGE 352 OF 490  
 (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. ALAN RICHTER**

Mailing Address 6807 Greenspring Avenue

City	State	Zip Code
Baltimore	MD	21209

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83959

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. ALAN RICHTER**

Mailing Address 6807 Greenspring Avenue

City	State	Zip Code
Baltimore	MD	21209

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84787

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MICHELLE RIDER**

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84092

Amount of Each Receipt this Period

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

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 353 OF 490  
(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. CRYSTAL RILEY**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.38

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84093

Amount of Each Receipt this Period

36.26

Full Name (Last, First, Middle Initial)

**B. JOY L. RING**

Mailing Address 1334 Haloa Drive

City	State	Zip Code
Honolulu	HI	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 ▼

480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.86113

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. EVA RIPPETEAU**

Mailing Address 7208 N Mowawk

City	State	Zip Code
Portland	OR	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 ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86319

Amount of Each Receipt this Period

40.00

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

156.26

**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 PageFOR LINE NUMBER: PAGE 354 OF 490  
(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**

<b>A. THOMAS J. RITCHIE Sr.</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 601.64			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85267</b> Amount of Each Receipt this Period 100.94
<b>B. THOMAS J. RITCHIE Sr.</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 702.58			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85336</b> Amount of Each Receipt this Period 100.94
<b>C. JUDITH E. RIVLIN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 767.72			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83960</b> Amount of Each Receipt this Period 70.15
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			272.03
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 355 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. JUDITH E. RIVLIN

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

837.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84788

Amount of Each Receipt this Period

70.15

Full Name (Last, First, Middle Initial)

B. CLAUDIA ROBERSON

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

507.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.85420

Amount of Each Receipt this Period

101.58

Full Name (Last, First, Middle Initial)

C. DALE C. ROBERTS

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.85599

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

221.73

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 356 OF 490  
(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. DEANNA L. ROBERTS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11AI.86203

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. JESSICA R. ROBINSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1387.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11AI.83961

Amount of Each Receipt this Period

126.17

Full Name (Last, First, Middle Initial)

**C. JESSICA R. ROBINSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1514.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11AI.84789

Amount of Each Receipt this Period

126.17

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

272.34

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

X	11a		11b		11c		12		
	13		14		15		16		17

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

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

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

FOR LINE NUMBER: PAGE 358 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. LAWRENCE ROEHRIG</b></p> <p>Mailing Address 13084 Lia Court</p> <p>City State Zip Code London MI 48451</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1702.56</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 25 / 2015  <b>Transaction ID : SA11AI.84960</b> </p> <p>Amount of Each Receipt this Period  70.00         </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. ANDREW ROSENBERGER</b></p> <p>Mailing Address 719 6th Street</p> <p>City State Zip Code Monessen PA 15062</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 260.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 30 / 2015  <b>Transaction ID : SA11AI.86405</b> </p> <p>Amount of Each Receipt this Period  60.00         </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. MICHAEL ROSS</b></p> <p>Mailing Address P.O. Box 841</p> <p>City State Zip Code Mays Landing NJ 08330-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NJ CN 71/LOCAL 2303 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 11 / 2015  <b>Transaction ID : SA11AI.85747</b> </p> <p>Amount of Each Receipt this Period  42.00         </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>172.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 359 OF 490  
(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. STEVEN ROTH**

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

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85269

Amount of Each Receipt this Period

88.70

Full Name (Last, First, Middle Initial)

**B. STEVEN ROTH**

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

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85338

Amount of Each Receipt this Period

88.69

Full Name (Last, First, Middle Initial)

**C. SUSAN L. ROWE**

Mailing Address 207 9th Avenue

City	State	Zip Code
Slater	IA	50244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86204

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

232.39

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

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOSEPH P. RUGOLA**

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 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 ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : SA11AI.84380

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH P. RUGOLA**

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 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 ▼

1390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.84441

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH P. RUGOLA**

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 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 ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : SA11AI.84961

Amount of Each Receipt this Period

14.00

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

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

234.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. BLAINE J. RUMMEL**Mailing Address 5 E. Glebe Road  
Apt. D

City	State	Zip Code
Alexandria	VA	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 ▼

727.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83962

Amount of Each Receipt this Period

66.46

Full Name (Last, First, Middle Initial)

**B. BLAINE J. RUMMEL**Mailing Address 5 E. Glebe Road  
Apt. D

City	State	Zip Code
Alexandria	VA	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 ▼

793.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84790

Amount of Each Receipt this Period

66.46

Full Name (Last, First, Middle Initial)

**C. VICKY S. RUPPERT**

Mailing Address 1016 W Main Street

City	State	Zip Code
Watertown	WI	53098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.85772

Amount of Each Receipt this Period

20.00

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

152.92

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. RHASHIDA RUSSELL</b></p> <p>Mailing Address 1283 Dewolf Street</p> <p>City State Zip Code Des Moines IA 50316</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IA CN 61/LOCAL 1212 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.84338</b></p> <p>Amount of Each Receipt this Period 35.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. VERA SAADE</b></p> <p>Mailing Address 1309 Vine Street</p> <p>City State Zip Code Lansing MI 48912</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 ASSISTANT DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 348.47</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85001</b></p> <p>Amount of Each Receipt this Period 32.43</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. VERA SAADE</b></p> <p>Mailing Address 1309 Vine Street</p> <p>City State Zip Code Lansing MI 48912</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 ASSISTANT DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.90</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85039</b></p> <p>Amount of Each Receipt this Period 32.43</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>99.86</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 363 OF 490  
(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. JEFFREY C. SABIN**

Mailing Address 624 Celevland Street

City	State	Zip Code
Eveleth	MN	55734

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 ▼

299.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85183

Amount of Each Receipt this Period

49.94

Full Name (Last, First, Middle Initial)

**B. GEORGE SACHARIAN**

Mailing Address 126 S. Lynn Blvd.

City	State	Zip Code
Upper Darby	PA	19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84096

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**C. EDWARD SADLOWSKI**

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

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85422

Amount of Each Receipt this Period

72.58

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

197.16

**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)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. CURTIS C. SALOW</b></p> <p>Mailing Address 317 4th Avenue S E</p> <p>City Independence State IA Zip Code 50644</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  390.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 25 / 2015  <b>Transaction ID : SA11AI.86205</b></p> <p>Amount of Each Receipt this Period  30.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. KYM S. SALOW</b></p> <p>Mailing Address 317 4th Avenue S E</p> <p>City Independence State IA Zip Code 50644</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  325.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 25 / 2015  <b>Transaction ID : SA11AI.86206</b></p> <p>Amount of Each Receipt this Period  25.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. BARB SAMPSON</b></p> <p>Mailing Address 22268 110th Street</p> <p>City Fergus Falls State MN Zip Code 56537</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  208.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  06 / 26 / 2015  <b>Transaction ID : SA11AI.85527</b></p> <p>Amount of Each Receipt this Period  32.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			87.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 365 OF 490  
(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. PATRIA L. SAMPSON**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

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
06	/	10	/	2015

Transaction ID : SA11AI.85673

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. PATRIA L. SAMPSON**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

AFSCME WA CN 28/STATE OF WA

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
06	/	25	/	2015

Transaction ID : SA11AI.85718

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. HAIG SARAFIAN**

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

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85674

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 PageFOR LINE NUMBER: PAGE 366 OF 490  
(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			

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HAIG SARAFIAN**

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

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	/	D D	/	Y Y Y Y
06	/	25	/	2015

**Transaction ID : SA11AI.85719**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. WILBERT R. SATTLER**

Mailing Address 73981 Morgan Hill Road

City	State	Zip Code
Adena	OH	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 ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2015

**Transaction ID : SA11AI.86226**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. WILBERT R. SATTLER**

Mailing Address 73981 Morgan Hill Road

City	State	Zip Code
Adena	OH	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 ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

**Transaction ID : SA11AI.86263**

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 367 OF 490

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1409.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83964

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1538.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84792

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.85675

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 PageFOR LINE NUMBER: PAGE 368 OF 490  
(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. SHELLIE A. SAVAGE**

Mailing Address 11540 Waddell Creek Rd. SW

City	State	Zip Code
Olympia	WA	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 ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.85720

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. JENNIFER SCHEIDLER**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.57

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84097

Amount of Each Receipt this Period

50.38

Full Name (Last, First, Middle Initial)

**C. JAMES SCHMITZ**Mailing Address 6437 Rock Forest Drive  
#305

City	State	Zip Code
Bethesda	MD	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 ▼

384.51

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.84934

Amount of Each Receipt this Period

64.21

SUBTOTAL of Receipts This Page (optional)..... ►

144.59

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



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

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

 FOR LINE NUMBER: PAGE 369 OF 490  
 (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. TAMMY SCHOLL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

302.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.84098

Amount of Each Receipt this Period

50.38

Full Name (Last, First, Middle Initial)

**B. DARL D. SCHOSSOW**
Mailing Address 1910 2nd Avenue  
P.O. Box 189

City

Newport

State

MN

Zip Code

55055

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.85528

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. DAWN M. SCHOTT**

Mailing Address 405 E Holum Street

City

De Forest

State

WI

Zip Code

53532

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SA11AI.85773

Amount of Each Receipt this Period

20.00

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

270.38

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. PATRICIA SCHRADER**

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  
 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

06 / 10 / 2015

Transaction ID : SA11AI.85676

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. PATRICIA SCHRADER**

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  
 AFSCME WA CN 28/STATE OF WA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85721

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. KENNETH C. SCHROTH JR.**

Mailing Address 166 Martin Road

City State Zip Code  
 Indiana PA 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 ▼

230.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.86409

Amount of Each Receipt this Period

60.00

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

100.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 371 OF 490  
(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**

<b>A. ERIC SCHUBERT</b> 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. <b>C</b> Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>447.46</b>			Date of Receipt <b>06 / 11 / 2015</b> <b>Transaction ID : SA11AI.84099</b> Amount of Each Receipt this Period <b>74.64</b>
<b>B. JULIE SCHULTZ</b> Full Name (Last, First, Middle Initial) Mailing Address 1325 Meadowview Apt. #1 City Marioun State IA Zip Code 52302 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>204.00</b>			Date of Receipt <b>06 / 10 / 2015</b> <b>Transaction ID : SA11AI.86180</b> Amount of Each Receipt this Period <b>17.00</b>
<b>C. JULIE SCHULTZ</b> Full Name (Last, First, Middle Initial) Mailing Address 1325 Meadowview Apt. #1 City Marioun State IA Zip Code 52302 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>221.00</b>			Date of Receipt <b>06 / 22 / 2015</b> <b>Transaction ID : SA11AI.86181</b> Amount of Each Receipt this Period <b>17.00</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>108.64</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. JULIE SCHULTZ**Mailing Address 1325 Meadowview  
Apt. #1

City	State	Zip Code
Marioun	IA	52302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/DOCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86182

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**B. MARY SCHWANGER**

Mailing Address 419 Valley Street

City	State	Zip Code
Marysville	PA	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 ▼

718.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84100

Amount of Each Receipt this Period

119.76

Full Name (Last, First, Middle Initial)

**C. FRAN SCHWEIGERT**

Mailing Address P.O. Box 5356

City	State	Zip Code
Helena	MT	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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.85483

Amount of Each Receipt this Period

40.00

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

176.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 373 OF 490  
(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. FRAN SCHWEIGERT**

Mailing Address P.O. Box 5356

City  
HelenaState Zip Code  
MT 59604FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MT CN 9

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.85484

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. GAIL M. SCOTT**

Mailing Address 751 Bulen Avenue

City  
ColumbusState Zip Code  
OH 43205FEC 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 ▼

241.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85270

Amount of Each Receipt this Period

39.33

Full Name (Last, First, Middle Initial)

**C. GAIL M. SCOTT**

Mailing Address 751 Bulen Avenue

City  
ColumbusState Zip Code  
OH 43205FEC 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 ▼

283.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85339

Amount of Each Receipt this Period

41.24

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

120.57

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 374 OF 490

<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. JESSIE M. SCOTT**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	2		2	0	1	5		

Transaction ID : SA11AI.86227

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. JESSIE M. SCOTT**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.86264

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. VIRGINIA L. SCOTT**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : SA11AI.84484

Amount of Each Receipt this Period

19.24

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

99.24

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

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

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

FOR LINE NUMBER: PAGE 375 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. VIRGINIA L. SCOTT**

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 ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.84508

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. SHARON ANN SCROGGINS**

Mailing Address 3900 E. Sunset Road  
#1134

City

Las Vegas

State

NV

Zip Code

89120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.71

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83965

Amount of Each Receipt this Period

34.76

Full Name (Last, First, Middle Initial)

**C. SHARON ANN SCROGGINS**

Mailing Address 3900 E. Sunset Road  
#1134

City

Las Vegas

State

NV

Zip Code

89120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.47

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84793

Amount of Each Receipt this Period

34.76

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

88.76

**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 PageFOR LINE NUMBER: PAGE 376 OF 490  
(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**

<b>A. SHELLEY K. SEEBERG</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 685.65		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83966</b> Amount of Each Receipt this Period 61.01
<b>B. SHELLEY K. SEEBERG</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 746.66		Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84794</b> Amount of Each Receipt this Period 61.01
<b>C. ELIOT A. SEIDE</b> 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. <b>C</b> Name of Employer AFSCME MN CN 5/CN14 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 660.14		Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2015 <b>Transaction ID : SA11AI.85184</b> Amount of Each Receipt this Period 98.52
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		220.54
<b>TOTAL</b> This Period (last page this line number only)..... ▶		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. ELIOT A. SEIDE**

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

674.14

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.84962

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL SENN**Mailing Address 8033 Excelsior Drive  
Suite C

City

Madison

State

WI

Zip Code

53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/LOCAL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85774

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL SENN**Mailing Address 8033 Excelsior Drive  
Suite C

City

Madison

State

WI

Zip Code

53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/LOCAL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.85775

Amount of Each Receipt this Period

20.00

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

74.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 378 OF 490  
(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. NICHOLAS A. SERRANO**Mailing Address 3003 Van Ness Street NW  
Apt. S217

City	State	Zip Code
Washington	DC	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 ▼

433.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83967

Amount of Each Receipt this Period

40.66

Full Name (Last, First, Middle Initial)

**B. NICHOLAS A. SERRANO**Mailing Address 3003 Van Ness Street NW  
Apt. S217

City	State	Zip Code
Washington	DC	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 ▼

474.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84795

Amount of Each Receipt this Period

40.66

Full Name (Last, First, Middle Initial)

**C. MICHELLE A. SFORZA**

Mailing Address 415 U Street NW

City	State	Zip Code
Washington	DC	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 ▼

653.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83968

Amount of Each Receipt this Period

59.37

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

140.69

**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 PageFOR LINE NUMBER: PAGE 379 OF 490  
(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**

<b>A. MICHELLE A. SFORZA</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 712.44			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84796</b> Amount of Each Receipt this Period 59.37
<b>B. DOMINIC SGRO</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 718.56			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84101</b> Amount of Each Receipt this Period 119.76
<b>C. JOE E. SHANNON III</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2015 <b>Transaction ID : SA11AI.86228</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			204.13
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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) <b>A. JOE E. SHANNON III</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.86265</b>	
Mailing Address 1614 Omar Drive			Amount of Each Receipt this Period 25.00	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00		
Full Name (Last, First, Middle Initial) <b>B. RANDY E. SHARP</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83969</b>	
Mailing Address 2533 Eargle Road			Amount of Each Receipt this Period 34.76	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.32		
Full Name (Last, First, Middle Initial) <b>C. RANDY E. SHARP</b>			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84797</b>	
Mailing Address 2533 Eargle Road			Amount of Each Receipt this Period 34.76	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.08		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			94.52	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 381 OF 490  
(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. CRYSTAL SHIFFLETT**

Mailing Address 133 N. Penn Street

City	State	Zip Code
Palmyra	PA	17078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/NSP.LOCAL 1086Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. GARY SHIMER**

Mailing Address 5421 Marcy Street

City	State	Zip Code
Warren	MI	48091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85004

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**C. GARY SHIMER**

Mailing Address 5421 Marcy Street

City	State	Zip Code
Warren	MI	48091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85042

Amount of Each Receipt this Period

29.12

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

308.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. SANDRA S. SHONBORN**

Mailing Address P.O. Box 123

City

Jacksonville

State

OH

Zip Code

45740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

534.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : SA11AI.85273

Amount of Each Receipt this Period

89.74

Full Name (Last, First, Middle Initial)

**B. JASON T. SIDENER**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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SA11AI.85732

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. BETTY J. SIMMONS-TALLEY**

Mailing Address 2189 Lexington Avenue

City

Columbus

State

OH

Zip Code

43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : SA11AI.84524

Amount of Each Receipt this Period

25.00

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

199.74

**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)

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. BETTY J. SIMMONS-TALLEY</b></p> <p>Mailing Address 2189 Lexington Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Columbus</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43211</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4/COLUMBUS CITY</td> <td style="width: 33%;">Occupation BUS DRIVER</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">325.00</span> </p>			City Columbus	State OH	Zip Code 43211	Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER		<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 22 / 2015</span>  <b>Transaction ID : SA11AI.84533</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span> </p>		
City Columbus	State OH	Zip Code 43211									
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER										
<p>Full Name (Last, First, Middle Initial) <b>B. ISSA J. SIMPSON</b></p> <p>Mailing Address 1139 S.E. 16th Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Portland</td> <td style="width: 33%;">State OR</td> <td style="width: 33%;">Zip Code 97214-3705</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OR CN 75</td> <td style="width: 33%;">Occupation OFFICE SPECIALIST</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">360.00</span> </p>			City Portland	State OR	Zip Code 97214-3705	Name of Employer AFSCME OR CN 75	Occupation OFFICE SPECIALIST		<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2015</span>  <b>Transaction ID : SA11AI.86320</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">60.00</span> </p>		
City Portland	State OR	Zip Code 97214-3705									
Name of Employer AFSCME OR CN 75	Occupation OFFICE SPECIALIST										
<p>Full Name (Last, First, Middle Initial) <b>C. APRIL SIMS</b></p> <p>Mailing Address 631 110th Street S</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Tacoma</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98444</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28</td> <td style="width: 33%;">Occupation LPA FIELD COORDINATOR</td> <td style="width: 33%;"></td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span> </p>			City Tacoma	State WA	Zip Code 98444	Name of Employer AFSCME WA CN 28	Occupation LPA FIELD COORDINATOR		<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 11 / 2015</span>  <b>Transaction ID : SA11AI.85601</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span> </p>		
City Tacoma	State WA	Zip Code 98444									
Name of Employer AFSCME WA CN 28	Occupation LPA FIELD COORDINATOR										
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">135.00</span>								
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>								

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

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

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TODD L. SINGER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.86414

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

**B. RACHEL Z. SISTOZA**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

369.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83970

Amount of Each Receipt this Period

33.83

Full Name (Last, First, Middle Initial)

**C. RACHEL Z. SISTOZA**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

403.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84798

Amount of Each Receipt this Period

33.83

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

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

108.66



**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 490  
 (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) <b>A. ROBERTA J. SKOK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85274</b>	
Mailing Address 775 Township Road #2204 City State Zip Code Perrysville OH 44864		Amount of Each Receipt this Period 89.34	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 532.52	
Full Name (Last, First, Middle Initial) <b>B. ROBERTA J. SKOK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85342</b>	
Mailing Address 775 Township Road #2204 City State Zip Code Perrysville OH 44864		Amount of Each Receipt this Period 89.84	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 622.36	
Full Name (Last, First, Middle Initial) <b>C. TERRY SKULTETY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84102</b>	
Mailing Address 222 Meade Street City State Zip Code Homer City PA 15748		Amount of Each Receipt this Period 74.64	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 447.46	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		253.82	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 OF 490

(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**

<b>A. SUSAN J. SLABAUGH</b> 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. <b>C</b> Name of Employer Occupation AFSCME OH LOC 4 ACCOUNTING CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2015 <b>Transaction ID : SA11AI.84442</b> Amount of Each Receipt this Period 17.25
<b>B. BETTY SMITH</b> Full Name (Last, First, Middle Initial) Mailing Address 19292 Archer City State Zip Code Detroit MI 48219 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME MI CN 25 ASSISTANT TO THE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.86			Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85005</b> Amount of Each Receipt this Period 33.26
<b>C. BETTY SMITH</b> Full Name (Last, First, Middle Initial) Mailing Address 19292 Archer City State Zip Code Detroit MI 48219 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME MI CN 25 ASSISTANT TO THE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.12			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85043</b> Amount of Each Receipt this Period 33.26
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			83.77
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 387 OF 490

<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. CONNIE SMITH**

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 ▼

351.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11AI.85549

Amount of Each Receipt this Period

58.66

Full Name (Last, First, Middle Initial)

**B. DEREK L. SMITH**

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 ▼

534.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83971

Amount of Each Receipt this Period

48.62

Full Name (Last, First, Middle Initial)

**C. DEREK L. SMITH**

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 ▼

583.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84799

Amount of Each Receipt this Period

48.62

SUBTOTAL of Receipts This Page (optional)..... ►

155.90

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 388 OF 490

<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. KRISTIN SMITH**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

265.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : SA11AI.84103**

Amount of Each Receipt this Period

13.95

Full Name (Last, First, Middle Initial)

**B. MICHELLE L. SMITH**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : SA11AI.86229**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MICHELLE L. SMITH**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SA11AI.86266**

Amount of Each Receipt this Period

25.00

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

63.95

**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)

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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**

<b>A. CHRISTOPHER SMUDDE</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 391.92			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85423</b> Amount of Each Receipt this Period 78.60	
<b>B. BESSIE SNIDER</b> Full Name (Last, First, Middle Initial) Mailing Address 1034 N Washington Avenue City Lansing State MI Zip Code 48906 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85006</b> Amount of Each Receipt this Period 21.00	
<b>C. BESSIE SNIDER</b> Full Name (Last, First, Middle Initial) Mailing Address 1034 N Washington Avenue City Lansing State MI Zip Code 48906 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85044</b> Amount of Each Receipt this Period 21.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			120.60	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 390 OF 490

<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. NORMAN L. SNYDER**Mailing Address 139 Sycamore Street East  
#4

City	State	Zip Code
St. Paul	MN	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 ▼

660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.85529

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**B. DARRIN SPANN**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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84104

Amount of Each Receipt this Period

100.14

Full Name (Last, First, Middle Initial)

**C. ELIZABETH M. SPARKS**

Mailing Address 817 220th St.

City	State	Zip Code
Baldwin	WI	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 ▼

253.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83972

Amount of Each Receipt this Period

23.34

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

233.48

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 PageFOR LINE NUMBER:  
(check only one)

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<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. ELIZABETH M. SPARKS**

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 ▼

298.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : SA11AI.84542**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. ELIZABETH M. SPARKS**

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 ▼

321.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SA11AI.84800**

Amount of Each Receipt this Period

23.34

Full Name (Last, First, Middle Initial)

**C. EDITHIA M. SPEARS**

Mailing Address 4690 Ascot Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : SA11AI.85275**

Amount of Each Receipt this Period

61.70

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

130.04

**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 PageFOR LINE NUMBER: PAGE 392 OF 490  
(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. EDITHIA M. SPEARS**

Mailing Address 4690 Ascot Drive

City	State	Zip Code
Columbus	OH	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 ▼

429.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85343

Amount of Each Receipt this Period

61.70

Full Name (Last, First, Middle Initial)

**B. JAMES L. SPEARS JR.**

Mailing Address 6402 Tunston Lane

City	State	Zip Code
Charlotte	NC	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 ▼

439.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83973

Amount of Each Receipt this Period

39.92

Full Name (Last, First, Middle Initial)

**C. JAMES L. SPEARS JR.**

Mailing Address 6402 Tunston Lane

City	State	Zip Code
Charlotte	NC	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 ▼

479.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84801

Amount of Each Receipt this Period

39.92

SUBTOTAL of Receipts This Page (optional)..... ►

141.54

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 PageFOR LINE NUMBER: PAGE 393 OF 490  
(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. MELISSA SPEED**

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

AFSCME IA CN 61

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85550

Amount of Each Receipt this Period

47.58

Full Name (Last, First, Middle Initial)

**B. MARY SPELTZ**

Mailing Address W364 Palubicki Road

City	State	Zip Code
Fountain City	WI	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 ▼

222.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84336

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**C. HARRIETT SPENCER**

Mailing Address 49 Fulliam Circle

City	State	Zip Code
Allenstown	NH	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 ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85137

Amount of Each Receipt this Period

80.00

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

164.58

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. KYLE A. SPENCER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : SA11AI.85468**

Amount of Each Receipt this Period

62.00

Full Name (Last, First, Middle Initial)

**B. BEVERLY J. SPETZ**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

587.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	5

**Transaction ID : SA11AI.84383**

Amount of Each Receipt this Period

48.86

Full Name (Last, First, Middle Initial)

**C. BEVERLY J. SPETZ**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

636.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : SA11AI.84444**

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 PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. JOHN R. SPIEGELHOFF</b> 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. <b>C</b> Name of Employer Occupation AFSCME MN CN 65 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85209</b> Amount of Each Receipt this Period 40.00
<b>B. LARRY SPIVACK</b> Full Name (Last, First, Middle Initial) Mailing Address 733 S. Lombard Avenue City State Zip Code Oak Park IL 60304-1607 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME IL CN 31 COLLECTIVE BARGAINING SUPERVISOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 448.20		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85424</b> Amount of Each Receipt this Period 89.64
<b>C. JAMES SPRAGUE</b> 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. <b>C</b> Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015 <b>Transaction ID : SA11AI.85677</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		154.64
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

X	11a		11b		11c		12		
	13		14		15		16		17

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

✗	11a		11b		11c		12		
	13		14		15		16		17

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 398 OF 490  
(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**

<b>A. JAMES A STANLEY</b> 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. <b>C</b> Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 434.24		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84804</b> Amount of Each Receipt this Period 37.32
<b>B. KATHY A. STEICHEN</b> 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. <b>C</b> Name of Employer AFSCME IL CN 31 Occupation PROJECT STAFF ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85425</b> Amount of Each Receipt this Period 83.34
<b>C. MICHELE STELOVICH</b> Full Name (Last, First, Middle Initial) Mailing Address 21114 77th Place West Apt. #102 City Edmonds State WA Zip Code 98026 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 242.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 10 / 2015 <b>Transaction ID : SA11AI.85678</b> Amount of Each Receipt this Period 22.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		142.66
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

<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

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. KATHLEEN M. STEWART**

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 ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86267

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. GREGORY S. STIGER**

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 ▼

319.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84105

Amount of Each Receipt this Period

53.20

Full Name (Last, First, Middle Initial)

**C. DIANE STOKES**

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 ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85470

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.20

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



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

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

FOR LINE NUMBER: PAGE 401 OF 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. CHUCK B. STOUT**

Mailing Address 3073 Twin Lakes Drive

City State Zip Code  
Springfield IL 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 ▼

362.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.85426

Amount of Each Receipt this Period

72.58

Full Name (Last, First, Middle Initial)

**B. ANDREA STRADER**

Mailing Address 1234 Massachusetts Avenue NW  
#524

City State Zip Code  
Washington DC 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 ▼

568.81

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83978

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 State Zip Code  
Washington DC 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 ▼

620.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84806

Amount of Each Receipt this Period

51.71

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

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

176.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 402 OF 490  
(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. TRACY STRAUSSER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

372.13

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83979

Amount of Each Receipt this Period

33.83

Full Name (Last, First, Middle Initial)

**B. TRACY STRAUSSER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

405.96

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84807

Amount of Each Receipt this Period

33.83

Full Name (Last, First, Middle Initial)

**C. TIMOTHY J. STRECKER**Mailing Address 70 I Street SE  
Apt. 736

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, INFORMATION SYS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

647.67

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83980

Amount of Each Receipt this Period

53.97

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

121.63

**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:  
 (check only one)

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<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. MARY J. STUCKERT**

Mailing Address 814 S. Spring Street

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing  
federal political committee.

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 ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	5

Transaction ID : SA11AI.86231

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MARY J. STUCKERT**

Mailing Address 814 S. Spring Street

City

Bucyrus

State

OH

Zip Code

44820

FEC ID number of contributing  
federal political committee.

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 ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.86268

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. ARLENE STURDIVANT**

Mailing Address 6113 Kolb Street

City

Fairmont Heights

State

MD

Zip Code

20743

FEC ID number of contributing  
federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83981

Amount of Each Receipt this Period

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

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

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 404 OF 490

<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. ARLENE STURDIVANT**

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 ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84808

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. WANDA M. SUBER**

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 ▼

407.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

Transaction ID : SA11AI.83983

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

**C. WANDA M. SUBER**

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 ▼

444.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SA11AI.84810

Amount of Each Receipt this Period

37.00

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

109.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 405 OF 490

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MICHAEL E. SUKAL**

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 &amp; FIELD SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

892.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

Transaction ID : SA11AI.83984

Amount of Each Receipt this Period

81.13

Full Name (Last, First, Middle Initial)

**B. MICHAEL E. SUKAL**

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 &amp; FIELD SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

973.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84811

Amount of Each Receipt this Period

81.13

Full Name (Last, First, Middle Initial)

**C. MARY E. SULLIVAN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

Transaction ID : SA11AI.85757

Amount of Each Receipt this Period

25.00

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

187.26

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

<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

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

[illegible]

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 407 OF 490

<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. RICHARD J. SURBER**Mailing Address 6449 N Seeley Avenue  
Unit B1

City	State	Zip Code
Chicago	IL	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 ▼

329.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85427

Amount of Each Receipt this Period

65.80

Full Name (Last, First, Middle Initial)

**B. MICHAEL SVEDA**

Mailing Address 439 Willow Circle

City	State	Zip Code
Allentown	PA	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 ▼

420.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84107

Amount of Each Receipt this Period

70.14

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

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84384

Amount of Each Receipt this Period

34.62

SUBTOTAL of Receipts This Page (optional)..... ►

170.56

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 PageFOR LINE NUMBER:  
(check only one)

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<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. JAMES R. TACKETT**

Mailing Address 517 S. High Street

City

Yellow Springs

State

OH

Zip Code

45387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	7		2	0	1	5		

Transaction ID : SA11AI.84445

Amount of Each Receipt this Period

34.62

Full Name (Last, First, Middle Initial)

**B. JEFFREY M. TAGGART**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 &amp; AUDITING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1426.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

Transaction ID : SA11AI.83985

Amount of Each Receipt this Period

132.91

Full Name (Last, First, Middle Initial)

**C. JEFFREY M. TAGGART**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 &amp; AUDITING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1559.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84812

Amount of Each Receipt this Period

132.91

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

300.44

**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: PAGE 409 OF 490  
 (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. IAN K. TAKASHIBA**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.86119

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. ANN M. TANNER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

371.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84386

Amount of Each Receipt this Period

29.20

Full Name (Last, First, Middle Initial)

**C. ANN M. TANNER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84447

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 PageFOR LINE NUMBER: PAGE 410 OF 490  
(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. SCOTT TAVEIRA**

Mailing Address 8 Beacon Street

City  
BostonState  
MAZip Code  
02108-0000FEC 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 ▼

289.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	5

Transaction ID : SA11AI.85138

Amount of Each Receipt this Period

25.50

Full Name (Last, First, Middle Initial)

**B. JANEEN D. TAYLOR**

Mailing Address 1428 Hartford Avenue

City  
AkronState  
OHZip Code  
44320FEC 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 ▼

205.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	5

Transaction ID : SA11AI.85276

Amount of Each Receipt this Period

39.33

Full Name (Last, First, Middle Initial)

**C. JANEEN D. TAYLOR**

Mailing Address 1428 Hartford Avenue

City  
AkronState  
OHZip Code  
44320FEC 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 ▼

246.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : SA11AI.85344

Amount of Each Receipt this Period

41.24

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

106.07

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 411 OF 490

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TODD TAYLOR**

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 ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SA11AI.85552**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MOHAMMED TEHRANI**

Mailing Address 22110 Castleton Court

City

Boys

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 ▼

597.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

**Transaction ID : SA11AI.83986**

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

**C. MOHAMMED TEHRANI**

Mailing Address 22110 Castleton Court

City

Boys

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 ▼

652.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : SA11AI.84813**

Amount of Each Receipt this Period

54.75

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

149.50

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 412 OF 490

<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. MARTHA W. THAMES**

Mailing Address 1981 Wiler Lane

City	State	Zip Code
Toledo	OH	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 ▼

299.09

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83987

Amount of Each Receipt this Period

27.19

Full Name (Last, First, Middle Initial)

**B. MARTHA W. THAMES**

Mailing Address 1981 Wiler Lane

City	State	Zip Code
Toledo	OH	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 ▼

326.28

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84814

Amount of Each Receipt this Period

27.19

Full Name (Last, First, Middle Initial)

**C. COLIN M. THEIS**Mailing Address 2406 W Farragut Avenue  
#3B

City	State	Zip Code
Chicago	IL	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 ▼

299.30

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85428

Amount of Each Receipt this Period

59.86

SUBTOTAL of Receipts This Page (optional)..... ►

114.24

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 PageFOR LINE NUMBER: PAGE 413 OF 490  
(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**

<b>A. BARBARA A. THOMAS</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 216.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2015 <b>Transaction ID : SA11AI.86301</b> Amount of Each Receipt this Period 18.00
<b>B. BARBARA A. THOMAS</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.86269</b> Amount of Each Receipt this Period 18.00
<b>C. BETTY A. THOMAS</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 277.88			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85278</b> Amount of Each Receipt this Period 46.62
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			82.62
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 414 OF 490

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. BETTY A. THOMAS</b></p> <p>Mailing Address 2006 Faycrest Drive</p> <p>City State Zip Code Cincinnati OH 45238</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>324.50</b></p>			<p>Date of Receipt <b>06 / 30 / 2015</b> <b>Transaction ID : SA11AI.85346</b></p> <p>Amount of Each Receipt this Period <b>46.62</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>B. JOHN THOMAS</b></p> <p>Mailing Address 1034 N Washington Avenue</p> <p>City State Zip Code Lansing MI 48906</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>320.32</b></p>			<p>Date of Receipt <b>06 / 04 / 2015</b> <b>Transaction ID : SA11AI.85007</b></p> <p>Amount of Each Receipt this Period <b>29.12</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>C. JOHN THOMAS</b></p> <p>Mailing Address 1034 N Washington Avenue</p> <p>City State Zip Code Lansing MI 48906</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>349.44</b></p>			<p>Date of Receipt <b>06 / 16 / 2015</b> <b>Transaction ID : SA11AI.85045</b></p> <p>Amount of Each Receipt this Period <b>29.12</b></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>104.86</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 415 OF 490

<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**

<b>A. PATRICK S. THOMASSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 391.60			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85279</b> Amount of Each Receipt this Period 65.70
<b>B. PATRICK S. THOMASSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 457.30			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85347</b> Amount of Each Receipt this Period 65.70
<b>C. BRUCE E. THOMPSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2015 <b>Transaction ID : SA11AI.86232</b> Amount of Each Receipt this Period 20.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			151.40
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. BRUCE E. THOMPSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.86270</b> Amount of Each Receipt this Period 20.00	
<b>B. PAULETTE E. THOMPSON</b> Full Name (Last, First, Middle Initial) Mailing Address 3902 154th Street E. City Tacoma State WA Zip Code 98446 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 ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2015 <b>Transaction ID : SA11AI.85679</b> Amount of Each Receipt this Period 25.00	
<b>C. PAULETTE E. THOMPSON</b> Full Name (Last, First, Middle Initial) Mailing Address 3902 154th Street E. City Tacoma State WA Zip Code 98446 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 ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85724</b> Amount of Each Receipt this Period 25.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			70.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 417 OF 490  
(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. ROBERT L. THOMPSON**

Mailing Address 927 Gibbs Avenue, NE

City	State	Zip Code
Canton	OH	44705-1074

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 ▼

532.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85280

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

**B. ROBERT L. THOMPSON**

Mailing Address 927 Gibbs Avenue, NE

City	State	Zip Code
Canton	OH	44705-1074

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 ▼

621.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85348

Amount of Each Receipt this Period

89.34

Full Name (Last, First, Middle Initial)

**C. PETER THOR**

Mailing Address 4 Betts Place

City	State	Zip Code
East Norwalk	CT	06855-0000

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 ▼

292.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.86170

Amount of Each Receipt this Period

45.00

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

223.68

**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 PageFOR LINE NUMBER: PAGE 418 OF 490  
(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. HELEN THORNTON**

Mailing Address 500 N. Elmwood

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

448.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2015

Transaction ID : SA11AI.85429

Amount of Each Receipt this Period

89.64

Full Name (Last, First, Middle Initial)

**B. SHANA L. THORNTON**

Mailing Address 710 Chippewa Square

City

Marquette

State

MI

Zip Code

48955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

398.31

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2015

Transaction ID : SA11AI.85009

Amount of Each Receipt this Period

36.21

Full Name (Last, First, Middle Initial)

**C. SHANA L. THORNTON**

Mailing Address 710 Chippewa Square

City

Marquette

State

MI

Zip Code

48955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

434.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2015

Transaction ID : SA11AI.85047

Amount of Each Receipt this Period

36.21

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

162.06

**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 419 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. GINGER THRASHER**

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

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

Transaction ID : SA11AI.85211

Amount of Each Receipt this Period

73.80

Full Name (Last, First, Middle Initial)

## **B. TAMARA L. TOCHER**

Mailing Address 321 SE 19th Street

City State Zip Code  
Olympia WA 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 ▼

700.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.83989

Amount of Each Receipt this Period

47.35

Full Name (Last, First, Middle Initial)

## **C. TAMARA L. TOCHER**

Mailing Address 321 SE 19th Street

City State Zip Code  
Olympia WA 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 ▼

772.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84816

Amount of Each Receipt this Period

72.35

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

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

193.50

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

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

FOR LINE NUMBER: PAGE 420 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JONATHAN TOLAR**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.84108

Amount of Each Receipt this Period

36.86

Full Name (Last, First, Middle Initial)

**B. ROSELLA P. TOPE**

Mailing Address 9839 Oaklane Drive SE

City State Zip Code  
Waynesburg OH 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 ▼

361.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SA11AI.84509

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. ROSELLA P. TOPE**

Mailing Address 9839 Oaklane Drive SE

City State Zip Code  
Waynesburg OH 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 ▼

399.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2015

Transaction ID : SA11AI.84510

Amount of Each Receipt this Period

38.46

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

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

225.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 421 OF 490  
(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. TOM TOSTI**

Mailing Address 327 Lincoln Avenue

City	State	Zip Code
Bristol	PA	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 ▼

718.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84109

Amount of Each Receipt this Period

119.76

Full Name (Last, First, Middle Initial)

**B. TOM TOSTI**

Mailing Address 327 Lincoln Avenue

City	State	Zip Code
Bristol	PA	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 ▼

738.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.84545

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. TOM TOSTI**

Mailing Address 327 Lincoln Avenue

City	State	Zip Code
Bristol	PA	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 ▼

760.56

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.84546

Amount of Each Receipt this Period

22.00

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

161.76

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 422 OF 490

<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**

<b>A. DOROTHY L. TOWNSEND</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 797.61		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83990</b> Amount of Each Receipt this Period 74.04
<b>B. DOROTHY L. TOWNSEND</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 871.65		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84817</b> Amount of Each Receipt this Period 74.04
<b>C. VON TREAS</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.84		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84110</b> Amount of Each Receipt this Period 70.14
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		218.22
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 423 OF 490  
(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. ELIZABETH A. TURNBOW**

Mailing Address 4443 Libby Road NE

City	State	Zip Code
Olympia	WA	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 ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85609

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. JENNIFER D. TURNER**

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

AFSCME OH LOC 4/FRANKLIN CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84460

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

**C. TIMM TWARDOSKI**

Mailing Address 1897 Wooten Road

City	State	Zip Code
Helena	MT	59602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MT CN 9

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84334

Amount of Each Receipt this Period

50.00

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

133.68

**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 PageFOR LINE NUMBER:  
(check only one)

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<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. JOHN TWIFORD**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

391.22

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84111

Amount of Each Receipt this Period

65.26

Full Name (Last, First, Middle Initial)

**B. KAREN J. TYLER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

609.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83991

Amount of Each Receipt this Period

56.25

Full Name (Last, First, Middle Initial)

**C. KAREN J. TYLER**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84818

Amount of Each Receipt this Period

56.25

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

177.76

**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)

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. JOHN UMPHRESS</b></p> <p>Mailing Address 1812 Centre Creek Drive #310</p> <p>City Austin State TX Zip Code 78754</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME TX LOC 1624 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2015 <b>Transaction ID : SA11AI.86338</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. JOSE URIBE</b></p> <p>Mailing Address 1707 Lindig Street Apt. 7</p> <p>City St. Paul State MN Zip Code 55113</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 256.74</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83992</b></p> <p>Amount of Each Receipt this Period 23.34</p>
<p>Full Name (Last, First, Middle Initial) <b>C. JOSE URIBE</b></p> <p>Mailing Address 1707 Lindig Street Apt. 7</p> <p>City St. Paul State MN Zip Code 55113</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.08</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84819</b></p> <p>Amount of Each Receipt this Period 23.34</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		66.68
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

 FOR LINE NUMBER:  
 (check only one)

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<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) <b>A. BARBARA S. UWEKOOLANI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.86126</b>	
Mailing Address 888 Mililani Street Suite 601 City Honolulu State HI Zip Code 96813-2991		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) <b>B. JENNIFER L. VALENTIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.83993</b>	
Mailing Address 2551 Aqueduct Avenue Apt. 4d City Bronx State NY Zip Code 10468		Amount of Each Receipt this Period 38.73	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 418.44	
Full Name (Last, First, Middle Initial) <b>C. JENNIFER L. VALENTIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84820</b>	
Mailing Address 2551 Aqueduct Avenue Apt. 4d City Bronx State NY Zip Code 10468		Amount of Each Receipt this Period 38.73	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 457.17	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		177.46	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. KAREN VALENTINE**

Mailing Address 702 Ponderosa Road

City

Magnolia

State

DE

Zip Code

19962

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 ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84973

Amount of Each Receipt this Period

66.00

Full Name (Last, First, Middle Initial)

**B. SHERI S. VAN HORSEN**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 ▼

208.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11AI.84821

Amount of Each Receipt this Period

34.76

Full Name (Last, First, Middle Initial)

**C. KATHRYN VANIER**

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84112

Amount of Each Receipt this Period

46.22

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

146.98

**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 PageFOR LINE NUMBER:  
(check only one)

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<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**

<b>A. DONALD L. VAUGHAN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 272.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2015 <b>Transaction ID : SA11AI.85680</b> Amount of Each Receipt this Period 27.00
<b>B. DONALD L. VAUGHAN</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 299.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.85725</b> Amount of Each Receipt this Period 27.00
<b>C. LEONARDO VERGIL</b> 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 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2015 <b>Transaction ID : SA11AI.86150</b> Amount of Each Receipt this Period 36.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		90.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. ANTHONY VERNELL**

Mailing Address 14 Meadow Lane

City	State	Zip Code
Athens	OH	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 ▼

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84387

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. ANTHONY VERNELL**

Mailing Address 14 Meadow Lane

City	State	Zip Code
Athens	OH	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 ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84448

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MARIANNE P. VON NORDECK**Mailing Address 3003 Van Ness Street NW  
Apt. S1024

City	State	Zip Code
Washington	DC	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 ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.83996

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

102.00

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

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

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

FOR LINE NUMBER: PAGE 430 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. MARIANNE P. VON NORDECK</b></p> <p>Mailing Address 3003 Van Ness Street NW Apt. S1024</p> <p>City Washington State DC Zip Code 20008</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 294.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.84823</b></p> <p>Amount of Each Receipt this Period 42.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. SUSAN L. WAGONER</b></p> <p>Mailing Address 5434 Briardale Lane Apt. E</p> <p>City Dublin State OH Zip Code 43016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 458.96</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85281</b></p> <p>Amount of Each Receipt this Period 77.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. SUSAN L. WAGONER</b></p> <p>Mailing Address 5434 Briardale Lane Apt. E</p> <p>City Dublin State OH Zip Code 43016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 535.96</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015 <b>Transaction ID : SA11AI.85349</b></p> <p>Amount of Each Receipt this Period 77.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		196.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 431 OF 490  
(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. NAOMI A. WALKER**

Mailing Address 2229 First Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1076.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : SA11AI.83998**

Amount of Each Receipt this Period

97.90

Full Name (Last, First, Middle Initial)

**B. NAOMI A. WALKER**

Mailing Address 2229 First Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1174.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SA11AI.84825**

Amount of Each Receipt this Period

97.90

Full Name (Last, First, Middle Initial)

**C. ELIZABETH A. WALLS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11AI.84388**

Amount of Each Receipt this Period

19.23

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

215.03

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. ELIZABETH A. WALLS**

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 ▼

231.53

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.84449

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. ELIZABETH A. WALLS**

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 ▼

281.53

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84450

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. ELIZABETH A. WALLS**

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 ▼

300.76

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84451

Amount of Each Receipt this Period

19.23

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

89.23

**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 PageFOR LINE NUMBER: PAGE 433 OF 490  
(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. ELIZABETH A. WALLS**

Mailing Address 5 Northgate Drive

City	State	Zip Code
Mount Vernon	OH	43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/MT. VERNONOccupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84452

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. KATHLEEN M. WALPOLE**

Mailing Address 139 East Cayuga Street

City	State	Zip Code
Oswego	NY	13126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.85758

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. KATHLEEN M. WALPOLE**

Mailing Address 139 East Cayuga Street

City	State	Zip Code
Oswego	NY	13126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.85766

Amount of Each Receipt this Period

19.24

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

63.48

**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 434 OF 490

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. BARBARA J. WARD**

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 ▼

268.40

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11Al.84485

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. BARBARA J. WARD**

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 ▼

289.24

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11Al.84511

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**C. BARBARA J. WARD**

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 ▼

310.08

Date of Receipt

06 / 17 / 2015

Transaction ID : SA11Al.84512

Amount of Each Receipt this Period

20.84

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

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

62.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 435 OF 490

<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. JAMES A. WARD**

Mailing Address 5692 Northpointe Parkway

City	State	Zip Code
Lorain	OH	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 ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		17		2015

**Transaction ID : SA11AI.84513**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. LORRAINE K. WAREHAM**

Mailing Address 3604 Teakwood

City	State	Zip Code
Springfield	IL	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 ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		01		2015

**Transaction ID : SA11AI.85471**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. DAVID WARRICK**

Mailing Address 2638 Jay Court

City	State	Zip Code
Indianapolis	IN	46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD CORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.80

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		15		2015

**Transaction ID : SA11AI.83999**

Amount of Each Receipt this Period

46.80

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

128.80

**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 PageFOR LINE NUMBER: PAGE 436 OF 490  
(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. DAVID WARRICK**

Mailing Address 2638 Jay Court

City	State	Zip Code
Indianapolis	IN	46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD CORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84826

Amount of Each Receipt this Period

46.80

Full Name (Last, First, Middle Initial)

**B. ANDRE' J. WASHINGTON**

Mailing Address 45 Knollwood Drive

City	State	Zip Code
Perrysburg	OH	43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.97

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84389

Amount of Each Receipt this Period

38.12

Full Name (Last, First, Middle Initial)

**C. ANDRE' J. WASHINGTON**

Mailing Address 45 Knollwood Drive

City	State	Zip Code
Perrysburg	OH	43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.09

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84453

Amount of Each Receipt this Period

38.12

SUBTOTAL of Receipts This Page (optional)..... ►

123.04

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 PageFOR LINE NUMBER: PAGE 437 OF 490  
(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**

<b>A. KEVIN J. WATSON</b> 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. <b>C</b> Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 299.30			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.85430</b> Amount of Each Receipt this Period 59.86
<b>B. WENDY G. WATSON</b> Full Name (Last, First, Middle Initial) Mailing Address 1800 Audrey Road City State Zip Code Columbus OH 43224 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 08 / 2015 <b>Transaction ID : SA11AI.84525</b> Amount of Each Receipt this Period 25.00
<b>C. WENDY G. WATSON</b> Full Name (Last, First, Middle Initial) Mailing Address 1800 Audrey Road City State Zip Code Columbus OH 43224 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2015 <b>Transaction ID : SA11AI.84534</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			109.86
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 438 OF 490

<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. JO ANN WAUGH**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

447.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

**Transaction ID : SA11AI.84113**

Amount of Each Receipt this Period

74.64

Full Name (Last, First, Middle Initial)

**B. LONITA M. WAYBRIGHT**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

665.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	5

**Transaction ID : SA11AI.84001**

Amount of Each Receipt this Period

61.83

Full Name (Last, First, Middle Initial)

**C. LONITA M. WAYBRIGHT**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

727.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

**Transaction ID : SA11AI.84828**

Amount of Each Receipt this Period

61.83

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

198.30

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 439 OF 490

<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. BRENDA S. WEAVER**

Mailing Address 114 West Drive

City	State	Zip Code
Gallipolis	OH	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 ▼

211.64

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11AI.84486

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. BRENDA S. WEAVER**

Mailing Address 114 West Drive

City	State	Zip Code
Gallipolis	OH	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 ▼

230.88

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : SA11AI.84514

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. JANA WEAVER**

Mailing Address 451 London Road

City	State	Zip Code
Deerfield	WI	53531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.92

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11AI.85779

Amount of Each Receipt this Period

73.68

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

112.16

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 440 OF 490  
(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. KIMBERLY A. WEAVER**

Mailing Address 702 6th Avenue

City	State	Zip Code
Sheldon	IA	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 ▼

295.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.86208

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. BRENDA WEBB**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84114

Amount of Each Receipt this Period

53.48

Full Name (Last, First, Middle Initial)

**C. JOANNA L. WEBB-GAUVIN**Mailing Address 1200 W. Lawrence  
#12

City	State	Zip Code
Springfield	IL	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 ▼

393.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85431

Amount of Each Receipt this Period

78.60

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

157.08

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 441 OF 490

<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. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

771.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	5		2	0	1	5		

**Transaction ID : SA11AI.84002**

Amount of Each Receipt this Period

70.15

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

841.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

**Transaction ID : SA11AI.84829**

Amount of Each Receipt this Period

70.15

Full Name (Last, First, Middle Initial)

**C. CINDY L. WEIBLE**

Mailing Address 5849 Rambo Lane

City

Toledo

State

OH

Zip Code

43623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WASHINGTON LS

Occupation

CUSTODIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

423.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

**Transaction ID : SA11AI.84487**

Amount of Each Receipt this Period

38.47

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

178.77

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 442 OF 490

<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. CINDY L. WEIBLE**

Mailing Address 5849 Rambo Lane

City	State	Zip Code
Toledo	OH	43623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WASHINGTON LS

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84515

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. JOSEPH W. WEIDNER**

Mailing Address 255 Binns Boulevard

City	State	Zip Code
Columbus	OH	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 ▼

399.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85283

Amount of Each Receipt this Period

67.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH W. WEIDNER**

Mailing Address 255 Binns Boulevard

City	State	Zip Code
Columbus	OH	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 ▼

466.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85351

Amount of Each Receipt this Period

67.00

SUBTOTAL of Receipts This Page (optional)..... ►

172.47

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 PageFOR LINE NUMBER: PAGE 443 OF 490  
(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. MAXIMUS J. WEIKEL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

223.34

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.84003

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MAXIMUS J. WEIKEL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

243.34

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84830

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. JESSICA WEINSTEIN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1306.91

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.84004

Amount of Each Receipt this Period

118.81

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

158.81

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 444 OF 490

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JESSICA WEINSTEIN**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1425.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.84831

Amount of Each Receipt this Period

118.81

Full Name (Last, First, Middle Initial)

**B. SUSAN WELDON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.84324

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER RYAN WELLES**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

339.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85189

Amount of Each Receipt this Period

56.64

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

235.45

**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: PAGE 445 OF 490

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

**A. KELLY WELLS**

Mailing Address 4650 Beard Road

City	State	Zip Code
Sunbury	OH	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 ▼

320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		05		2015

Transaction ID : SA11AI.84390

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. KELLY WELLS**

Mailing Address 4650 Beard Road

City	State	Zip Code
Sunbury	OH	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 ▼

345.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2015

Transaction ID : SA11AI.84454

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. ROSETTA WELLS**

Mailing Address 5065 Hannan Trace Road

City	State	Zip Code
Patriot	OH	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 ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2015

Transaction ID : SA11AI.86233

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 446 OF 490  
(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. ROSETTA WELLS**

Mailing Address 5065 Hannan Trace Road

City	State	Zip Code
Patriot	OH	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 ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86271

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. NICHOLE M. WENTZLAFF**

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

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85190

Amount of Each Receipt this Period

93.54

Full Name (Last, First, Middle Initial)

**C. JOHN P. WESTMORELAND**

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

AFSCME MN CN 5/CN14

Occupation

BUSINESS AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.85191

Amount of Each Receipt this Period

77.72

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

196.26

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 447 OF 490

<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. JAMES RANDAL WESTON**

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

AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84391

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. JAMES RANDAL WESTON**

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

AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84455

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. SANDRA L. WHEELER**

Mailing Address W Hazel Avenue

City	State	Zip Code
Lima	OH	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 ▼

250.12

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11AI.84516

Amount of Each Receipt this Period

38.48

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

158.48

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 448 OF 490  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. TAMARA V. WHITE**

Mailing Address 3355 Alden Place NE

City

Washington

State

DC

Zip Code

20019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

HUMAN RESOURCES ASSISTANT III

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

406.56

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11AI.84005

Amount of Each Receipt this Period

36.96

Full Name (Last, First, Middle Initial)

**B. TAMARA V. WHITE**

Mailing Address 3355 Alden Place NE

City

Washington

State

DC

Zip Code

20019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

HUMAN RESOURCES ASSISTANT III

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

443.52

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

Transaction ID : SA11AI.84832

Amount of Each Receipt this Period

36.96

Full Name (Last, First, Middle Initial)

**C. DIANE WHITE-HARRIS**

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

324.17

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

Transaction ID : SA11AI.85010

Amount of Each Receipt this Period

29.47

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

103.39

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



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 449 OF 490  
(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**

<b>A. DIANE WHITE-HARRIS</b> Full Name (Last, First, Middle Initial) Mailing Address 1142 Wolf Run Drive City Lansing State MI Zip Code 48917 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 353.64			Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2015 <b>Transaction ID : SA11AI.85048</b> Amount of Each Receipt this Period 29.47
<b>B. BRYCE WICKSTROM</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 <b>Transaction ID : SA11AI.85531</b> Amount of Each Receipt this Period 160.00
<b>C. ANN E. WIDGER</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 698.67			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2015 <b>Transaction ID : SA11AI.84006</b> Amount of Each Receipt this Period 63.53
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			253.00
<b>TOTAL</b> This Period (last page this line number 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 490

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. ANN E. WIDGER**

Mailing Address 1205 Morse Street NE  
Unit 3

City State Zip Code  
Washington DC 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 ▼

762.20

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84833

Amount of Each Receipt this Period

63.53

Full Name (Last, First, Middle Initial)

**B. WILLIAM WILKINSON**

Mailing Address 5272 Bradgen Court

City State Zip Code  
Springfield VA 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 ▼

602.25

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.84007

Amount of Each Receipt this Period

54.75

Full Name (Last, First, Middle Initial)

**C. WILLIAM WILKINSON**

Mailing Address 5272 Bradgen Court

City State Zip Code  
Springfield VA 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 ▼

657.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2015

Transaction ID : SA11AI.84834

Amount of Each Receipt this Period

54.75

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

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

173.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. ANDREW WILLIAMS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

269.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.85554

Amount of Each Receipt this Period

44.84

Full Name (Last, First, Middle Initial)

**B. ANDREW WILLIAMS**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

289.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	7		2	0	1	5		

Transaction ID : SA11AI.85615

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. CARLA WILLIAMS**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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

362.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	5		

Transaction ID : SA11AI.85432

Amount of Each Receipt this Period

72.58

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

137.42

**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)

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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**

<p>Full Name (Last, First, Middle Initial) <b>A. DONNIE R. WILLIAMS</b></p> <p>Mailing Address 10 S 140 Suffield Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Downers Grove</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">Zip Code 60516</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IL CN 31/STATE OF IL</td> <td style="width: 66%;">Occupation PUBLIC SERVICE ADMIN</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">330.00</span> </p>			City Downers Grove	State IL	Zip Code 60516	Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M / D D / Y Y Y Y Y Y 06 / 01 / 2015</td> <td style="width: 66%;"></td> </tr> </table> <p><b>Transaction ID : SA11AI.85472</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">90.00</span> </p>		M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
City Downers Grove	State IL	Zip Code 60516									
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN										
M M / D D / Y Y Y Y Y Y 06 / 01 / 2015											
<p>Full Name (Last, First, Middle Initial) <b>B. CHARLES H. WILLIAMSON</b></p> <p>Mailing Address 162 South Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Minford</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 45653</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation CORRECTION OFFICER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">360.00</span> </p>			City Minford	State OH	Zip Code 45653	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M / D D / Y Y Y Y Y Y 06 / 12 / 2015</td> <td style="width: 66%;"></td> </tr> </table> <p><b>Transaction ID : SA11AI.86234</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span> </p>		M M / D D / Y Y Y Y Y Y 06 / 12 / 2015	
City Minford	State OH	Zip Code 45653									
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER										
M M / D D / Y Y Y Y Y Y 06 / 12 / 2015											
<p>Full Name (Last, First, Middle Initial) <b>C. CHARLES H. WILLIAMSON</b></p> <p>Mailing Address 162 South Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Minford</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 45653</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation CORRECTION OFFICER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">390.00</span> </p>			City Minford	State OH	Zip Code 45653	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M / D D / Y Y Y Y Y Y 06 / 26 / 2015</td> <td style="width: 66%;"></td> </tr> </table> <p><b>Transaction ID : SA11AI.86272</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span> </p>		M M / D D / Y Y Y Y Y Y 06 / 26 / 2015	
City Minford	State OH	Zip Code 45653									
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER										
M M / D D / Y Y Y Y Y Y 06 / 26 / 2015											
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">150.00</span>								
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>								

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

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

FOR LINE NUMBER:  
(check only one)

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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**

<p>Full Name (Last, First, Middle Initial)  <b>A. MICHAEL WILMORE</b></p> <p>Mailing Address 608 Hessel Boulevard</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Champaign</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">Zip Code 61820</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IL CN 31</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">354.50</span></p>			City Champaign	State IL	Zip Code 61820	Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 01 / 2015</span>  <b>Transaction ID : SA11AI.85433</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">70.90</span></p>		
City Champaign	State IL	Zip Code 61820								
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE									
<p>Full Name (Last, First, Middle Initial)  <b>B. SARAH C. WILSON</b></p> <p>Mailing Address 3609 Apollo Street, SE</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Lacey</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98503</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">283.00</span></p>			City Lacey	State WA	Zip Code 98503	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 10 / 2015</span>  <b>Transaction ID : SA11AI.85681</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">27.00</span></p>		
City Lacey	State WA	Zip Code 98503								
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE									
<p>Full Name (Last, First, Middle Initial)  <b>C. SARAH C. WILSON</b></p> <p>Mailing Address 3609 Apollo Street, SE</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Lacey</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98503</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">310.00</span></p>			City Lacey	State WA	Zip Code 98503	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 25 / 2015</span>  <b>Transaction ID : SA11AI.85726</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">27.00</span></p>		
City Lacey	State WA	Zip Code 98503								
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE									
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">124.90</span>							
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>							

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

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

FOR LINE NUMBER:  
(check only one)

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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. TRACY WILSON**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85727

Amount of Each Receipt this Period

17.50

Full Name (Last, First, Middle Initial)

## **B. BRUCE H. WITHAM**

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 ▼

330.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11AI.85683

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. BRUCE H. WITHAM**

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 ▼

360.00

Date of Receipt

06 / 25 / 2015

Transaction ID : SA11AI.85728

Amount of Each Receipt this Period

30.00

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

77.50

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 455 OF 490

<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**

<b>A. KRISTIE WOLF-MALONEY</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 609.84		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2015 <b>Transaction ID : SA11AI.84116</b> Amount of Each Receipt this Period 101.64
<b>B. DARREN T. WONG</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Keahole Place #1516 City Honolulu State HI Zip Code 96825 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.86129</b> Amount of Each Receipt this Period 100.00
<b>C. ARTHUR WOOD</b> Full Name (Last, First, Middle Initial) Mailing Address 31062 Birchwood City Westland State MI Zip Code 48185 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.57		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2015 <b>Transaction ID : SA11AI.85011</b> Amount of Each Receipt this Period 15.27
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		216.91
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 456 OF 490  
(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. ARTHUR WOOD**

Mailing Address 31062 Birchwood

City

Westland

State

MI

Zip Code

48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.85049

Amount of Each Receipt this Period

15.63

Full Name (Last, First, Middle Initial)

**B. SHELBY L. WOODALL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

381.80

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.85285

Amount of Each Receipt this Period

63.90

Full Name (Last, First, Middle Initial)

**C. SHELBY L. WOODALL**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

445.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.85353

Amount of Each Receipt this Period

63.90

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

143.43

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 457 OF 490

<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. PHELTON WOODS**

Mailing Address 5435 York Lane S.

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

LAB TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.84526

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. PHELTON WOODS**

Mailing Address 5435 York Lane S.

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

LAB TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.84535

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. A DUFF WOODSIDE**Mailing Address 5051 Sandman Drive  
Apt. 86

City	State	Zip Code
Taylor Mill	KY	41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.32

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.86235

Amount of Each Receipt this Period

23.36

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

73.36

**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 PageFOR LINE NUMBER: PAGE 458 OF 490  
(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. A DUFF WOODSIDE**Mailing Address 5051 Sandman Drive  
Apt. 86

City	State	Zip Code
Taylor Mill	KY	41015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.86273

Amount of Each Receipt this Period

23.36

Full Name (Last, First, Middle Initial)

**B. DOUGLAS N. WOODSON**Mailing Address 108 Elgin  
Apt. 1

City	State	Zip Code
Forest Park	IL	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 ▼

448.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.85434

Amount of Each Receipt this Period

89.64

Full Name (Last, First, Middle Initial)

**C. 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

AFSCME OH LOC 4/SYLVANIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.84488

Amount of Each Receipt this Period

19.24

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

132.24

**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 PageFOR LINE NUMBER: PAGE 459 OF 490  
(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. 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

AFSCME OH LOC 4/SYLVANIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	17	/	2015

Transaction ID : SA11Al.84517

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER A. WYNN**

Mailing Address 2094 Wadsworth Drive

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

FOOD SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11Al.84527

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER A. WYNN**

Mailing Address 2094 Wadsworth Drive

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

FOOD SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11Al.84536

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 PageFOR LINE NUMBER: PAGE 460 OF 490  
(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**

<b>A. JEANETTE WYNN</b> Full Name (Last, First, Middle Initial) Mailing Address 3064 Highland Oak Terrace City Tallahassee State FL Zip Code 32301 FEC ID number of contributing federal political committee. C Name of Employer AFSCME FL CN 79 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 535.36			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2015 <b>Transaction ID : SA11AI.84872</b> Amount of Each Receipt this Period 77.56
<b>B. JEANETTE WYNN</b> Full Name (Last, First, Middle Initial) Mailing Address 3064 Highland Oak Terrace City Tallahassee State FL Zip Code 32301 FEC ID number of contributing federal political committee. C Name of Employer AFSCME FL CN 79 Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 549.36			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 <b>Transaction ID : SA11AI.84966</b> Amount of Each Receipt this Period 14.00
<b>C. WAYNE J. YAMASAKI</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 <b>Transaction ID : SA11AI.86131</b> Amount of Each Receipt this Period 50.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			141.56
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 461 OF 490

<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. STEVEN YATES**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

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	0		2	0	1	5		

Transaction ID : SA11AI.85684

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**B. STEVEN YATES**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

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

Transaction ID : SA11AI.85729

Amount of Each Receipt this Period

19.00

Full Name (Last, First, Middle Initial)

**C. CRYSTAL YINGER**

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

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.84117

Amount of Each Receipt this Period

50.38

SUBTOTAL of Receipts This Page (optional)..... ►

88.38

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 462 OF 490  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. DON ZAVODNY</b></p> <p>Mailing Address 9801 West O Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Lincoln</td> <td style="width: 33%;">State NE</td> <td style="width: 33%;">Zip Code 68528</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation AREA FIELD SERVICES DIRECTOR</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			City Lincoln	State NE	Zip Code 68528	Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 15 / 2015</span> </div> <p><b>Transaction ID : SA11AI.84010</b></p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>48.24</span> </div>
City Lincoln	State NE	Zip Code 68528						
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR							
<p>Full Name (Last, First, Middle Initial) <b>B. DON ZAVODNY</b></p> <p>Mailing Address 9801 West O Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Lincoln</td> <td style="width: 33%;">State NE</td> <td style="width: 33%;">Zip Code 68528</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation AREA FIELD SERVICES DIRECTOR</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			City Lincoln	State NE	Zip Code 68528	Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 26 / 2015</span> </div> <p><b>Transaction ID : SA11AI.84837</b></p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>48.24</span> </div>
City Lincoln	State NE	Zip Code 68528						
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR							
<p>Full Name (Last, First, Middle Initial) <b>C. JANE ZIMMER</b></p> <p>Mailing Address 1212 Jefferson Street SE</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Olympia</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98501</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			City Olympia	State WA	Zip Code 98501	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>06 / 10 / 2015</span> </div> <p><b>Transaction ID : SA11AI.85685</b></p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>22.50</span> </div>
City Olympia	State WA	Zip Code 98501						
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE							
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>118.98</span> </div>					
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 463 OF 490  
(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. JANE ZIMMER**

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

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
06	/	25	/	2015

Transaction ID : SA11AI.85730

Amount of Each Receipt this Period

22.50

Full Name (Last, First, Middle Initial)

**B. MATTHEW D. ZUVICH**

Mailing Address 720 Mox-Chehalis Road

City	State	Zip Code
McCleary	WA	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 ▼

265.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.85612

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. MATTHEW D. ZUVICH**

Mailing Address 720 Mox-Chehalis Road

City	State	Zip Code
McCleary	WA	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 ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.84331

Amount of Each Receipt this Period

5.00

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

67.50

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

7114.22

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

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

FOR LINE NUMBER: PAGE 464 OF 490

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. ERIE COUNTY MEDICAL CENTER CORPORATION**

Mailing Address 462 Grider Street

City State Zip Code  
 Buffalo NY 14215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13656.57

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 23 2015

Transaction ID : SA12.84903

Amount of Each Receipt this Period

13656.57

Erroneous deposit from a non-fed political committee

Full Name (Last, First, Middle Initial)

## **B.**

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

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

13656.57

13656.57



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

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

FOR LINE NUMBER: PAGE 465 OF 490  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 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. AMALGAMATED BANK**

Mailing Address 275 Seventh Avenue

City State Zip Code  
 New York NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2258.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : SA17.84849

Amount of Each Receipt this Period

466.82

Interest Income 6/30/2015

Full Name (Last, First, Middle Initial)

## **B.**

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

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

466.82

466.82

<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

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

### A. AMERICAN EXPRESS

Date of Disbursement



Three 7-segment displays are shown, each with a label above it. The first display shows '06', the second shows '01', and the third shows '2015'. The displays are arranged horizontally and separated by slashes.

Transaction ID : SB21B.84862

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

4.55

## B. AMERICAN EXPRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.84863

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	0.73%

### C. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.84864

001

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Statement	Proportion of 'Yes' Responses
The government should do more to help people who are struggling financially	0.44

Age Group	Percentage
18-24	5.72
25-34	~12.5
35-44	~15.0
45-54	~18.0
55-64	~20.0
65-74	~22.0
75-84	~25.0
85+	~28.0

<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

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

### A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.84869

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

5.17

### B. BART GROUP

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.84865

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100.00
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75-84	107.06
85+	100.00

### C. BART GROUP

Date of Disbursement

Transaction ID : SB21B.84866

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

258.26

370.49

370.49

<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

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

### A. FIS MERCHANT SERVICES-LL

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

304.33

## B. PAYPAL INC.

00

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	139.85
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75-84	100.00
85+	100.00

**C.**

---

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

444.18

820.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 469 OF 490

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ERIE COUNTY MEDICAL CENTER CORPORATION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Mailing Address 462 Grider Street

City	State	Zip Code
Buffalo	NY	14215

**Transaction ID : SB22.84907**Purpose of Disbursement  
Erroneous deposit

008

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

13656.57

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

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

0.00

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 470 OF 490

<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. AL GREEN FOR CONGRESS**

Mailing Address P.O. Box 56761

City	State	Zip Code
Houston	TX	77256

Purpose of Disbursement  
Contribution

Candidate Name

**ALEXANDER GREEN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84591**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. ALMA ADAMS FOR CONGRESS**

Mailing Address P.O. Box 20622

City	State	Zip Code
Greensboro	NC	27420

Purpose of Disbursement  
Contribution

Candidate Name

**ALMA SHEALEY ADAMS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84610**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ANDRE CARSON FOR CONGRESS**

Mailing Address P.O. Box 1863

City	State	Zip Code
Indianapolis	IN	46206

Purpose of Disbursement  
Contribution

Candidate Name

**ANDRE CARSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84592**

Amount of Each Disbursement this Period

2000.00
---------

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

6500.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 471 OF 490

<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. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL CMTE**

Mailing Address P.O. Box 1242

City Tucson	State AZ	Zip Code 85702
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**RAUL M GRIJALVA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84590**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. BARBARA LEE FOR CONGRESS**Mailing Address 409 13th Street  
17th Floor

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**BARBARA LEE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : SB23.84878**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles	State CA	Zip Code 90026
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**XAVIER BECERRA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84593**

Amount of Each Disbursement this Period

2000.00
---------

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

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 472 OF 490

<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. BILL FOSTER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Mailing Address 499 South Capitol Street SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**G. WILLIAM (BILL) FOSTER**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 11

**Transaction ID : SB23.84879**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BRENDA LAWRENCE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 3060

City Southfield State MI Zip Code 48037

Purpose of Disbursement  
Contribution

011

Candidate Name

**BRENDA LULENAR LAWRENCE**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 14

**Transaction ID : SB23.84611**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CATHERINE CORTEZ MASTO**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Mailing Address 8020 South Rainbow Blvd.  
#100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement  
Contribution

011

Candidate Name

**CATHERINE CORTEZ MASTO**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 00

**Transaction ID : SB23.84892**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 473 OF 490

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CLAY, JR. FOR CONGRESS**

Mailing Address P.O. Box 4544

City	State	Zip Code
Saint Louis	MO	63108

Purpose of Disbursement  
Contribution

011

Candidate Name

**WILLIAM LACY JR CLAY Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : SB23.84880**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. CORY BOOKER FOR SENATE**

Mailing Address P.O. Box 32237

City	State	Zip Code
Newark	NJ	07102

Purpose of Disbursement  
Contribution

011

Candidate Name

**CORY A BOOKER**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84555**

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	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOSEPH D COURTNEY**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

**Transaction ID : SB23.84881**

Amount of Each Disbursement this Period

2500.00
---------

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

5000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 474 OF 490

<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. DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement  
Contribution

011

Candidate Name

**DAVID ALBERT SCOTT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : SB23.84568**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF WISCONSIN**Mailing Address 110 King Street  
Suite 203

City	State	Zip Code
Madison	WI	53703

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☐ Primary ☐ General  
☒ Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SB23.84549**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. DONALD NORCROSS FOR CONGRESS**

Mailing Address P.O. Box 160

City	State	Zip Code
Collingswood	NJ	08108

Purpose of Disbursement  
Contribution

011

Candidate Name

**DONALD W NORCROSS**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : SB23.84594**

Amount of Each Disbursement this Period

2000.00
---------

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

8000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

### A. EDDIE BERNICE JOHNSON FOR CONGRESS

011

# EDDIE BERNICE JOHNSON

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB23.84856

Amount of Each Disbursement this Period

-1500.00

## B. ELLISON FOR CONGRESS COMMITTEE

MM / DD / YYYY

011

KEITH MAURICE ELLISON

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB23.84614

Amount of Each Disbursement this Period

2500.00

### C. FATTAH FOR CONGRESS

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '24' with two squares above it. The third display shows '2015' with four squares above it. The displays are separated by slashes.

011

CHAKA MR. FATTAH

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB23.84578

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional).....

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

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 476 OF 490

<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. FREDERICA S. WILSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address 19821 NW 2nd Avenue  
Box 354City State Zip Code  
Miami Gardens FL 33169Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84595**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**FREDERICA S. WILSON**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 24

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF BENNIE THOMPSON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 100

City State Zip Code  
Bolton MS 39041Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84579**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**BENNIE G. THOMPSON**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 02

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF BRENDAN BOYLE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address 518 Burgess Street

City State Zip Code  
Philadelphia PA 19116Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84615**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**BRENDAN F BOYLE**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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 DAN KILDEE**

Mailing Address P.O. Box 248

City Flint	State MI	Zip Code 48501
---------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**DANIEL T KILDEE**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84569**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address P.O. Box 12567

City Columbia	State SC	Zip Code 29211
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**JAMES E. CLYBURN**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : SB23.84888**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE SESTAK**

Mailing Address PO BOX 1936

City MEDIA	State PA	Zip Code 19063
---------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**JOSEPH A JR SESTAK**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84556**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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 MICHELLE GRISHAM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address P.O. Box 439703

City	State	Zip Code
Albuquerque	NM	87125

**Transaction ID : SB23.84889**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**MICHELLE GRISHAM**Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 01

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PATRICK MURPHY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Mailing Address 4521 PGA Blvd.  
#412

City	State	Zip Code
Palm Beach Gardens	FL	33418

**Transaction ID : SB23.84890**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**PATRICK MURPHY**Category/  
Type

5000.00

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

Full Name (Last, First, Middle Initial)

**C. HOYER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Mailing Address 700 13th Street NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

**Transaction ID : SB23.84857**Purpose of Disbursement  
Contribution - void check from prior report

011

Amount of Each Disbursement this Period

Candidate Name

**STENY H HOYER**Category/  
Type

-1000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

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

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. HUFFMAN FOR CONGRESS**

Mailing Address P.O. Box 151563

City	State	Zip Code
San Rafael	CA	94915

Purpose of Disbursement  
Contribution

Candidate Name

**JARED HUFFMAN**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84596**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. JACKIE FOR CONGRESS**

Mailing Address P.O. Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement  
Contribution

Candidate Name

**JACKIE SPEIER**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84583**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. JEFFRIES FOR CONGRESS**

Mailing Address 630 Washington Avenue

City	State	Zip Code
Brooklyn	NY	11238

Purpose of Disbursement  
Contribution

Candidate Name

**HAKEEM JEFFRIES**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

**Transaction ID : SB23.84618**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. KAREN BASS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Mailing Address 777 S. Figueroa Street  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84882**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**KAREN BASS**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 37Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. KATHERINE CLARK FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 361

City Malden State MA Zip Code 02148

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84597**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**KATHERINE CLARK**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: MA District: 05Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. KUSTER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84619**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**ANN MCLANE KUSTER**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: NH District: 02Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. LEAHY FOR U.S. SENATOR COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Mailing Address P.O. Box 1042

City	State	Zip Code
Montpelier	VT	05601

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84891**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**PATRICK J LEAHY**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VT District: 00

Full Name (Last, First, Middle Initial)

**B. LEVIN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Mailing Address P.O. Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84599**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**SANDER M MR LEVIN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 09

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Mailing Address 1150 University Avenue  
Building 5

City	State	Zip Code
Rochester	NY	14607

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84621**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**LOUISE M SLAUGHTER**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 25

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

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. MARCIA L. FUDGE FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address 3729 Silsby Road

City	State	Zip Code
University Heights	OH	44118

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84624**

Amount of Each Disbursement this Period

3500.00
---------

Candidate Name

**MARCIA L FUDGE**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 11

Full Name (Last, First, Middle Initial)

**B. MARCIA L. FUDGE FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Mailing Address 3729 Silsby Road

City	State	Zip Code
University Heights	OH	44118

Purpose of Disbursement  
Contribution - void check from prior report

011

**Transaction ID : SB23.84846**

Amount of Each Disbursement this Period

-1500.00
----------

Candidate Name

**MARCIA L FUDGE**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District: 11

Full Name (Last, First, Middle Initial)

**C. MARK POCAN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 327

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84600**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**MARK POCAN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 02

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

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MIKE HONDA FOR CONGRESS**Mailing Address 123 E. San Carlos Street  
#531

City San Jose State CA Zip Code 95112

Purpose of Disbursement  
Contribution

Candidate Name

**MIKE HONDA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : SB23.84622**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. MISSOURIANS FOR KANDER**

Mailing Address P.O. Box 548

City Columbia State MO Zip Code 65205

Purpose of Disbursement  
Contribution

Candidate Name

**JASON KANDER**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : SB23.84895**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. NADLER FOR CONGRESS**Mailing Address Village Station  
P.O. Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement  
Contribution

Candidate Name

**JERROLD LEWIS NADLER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : SB23.84623**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Mailing Address P.O. Box 1041

City	State	Zip Code
Brainerd	MN	56401

**Transaction ID : SB23.84603**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**RICHARD MICHAEL NOLAN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 08

2000.00

Full Name (Last, First, Middle Initial)

**B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Mailing Address P.O. Box 1041

City	State	Zip Code
Brainerd	MN	56401

**Transaction ID : SB23.84847**Purpose of Disbursement  
Contribution - void check from prior report

011

Amount of Each Disbursement this Period

Candidate Name

**RICHARD MICHAEL NOLAN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 08

-1000.00

Full Name (Last, First, Middle Initial)

**C. NORMA TORRES FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Mailing Address 728 W Edna Place

City	State	Zip Code
Covina	CA	91722

**Transaction ID : SB23.84604**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**NORMA TORRES**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 32

2000.00

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

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. PEOPLE FOR BEN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 31129

**Transaction ID : SB23.84587**

City	State	Zip Code
Santa Fe	NM	87594

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011

1500.00
---------

Candidate Name

**BEN R MR. LUJAN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NM District: 03

Full Name (Last, First, Middle Initial)

**B. PROGRESSIVE ACTION PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Mailing Address 228 2nd Street SE

**Transaction ID : SB23.84848**

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution - void check from prior report

011

-2500.00
----------

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: PAC

Full Name (Last, First, Middle Initial)

**C. RUSS FOR WISCONSIN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 620061

**Transaction ID : SB23.84564**

City	State	Zip Code
Middleton	WI	53562

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011

5000.00
---------

Candidate Name

**RUSSELL D FEINGOLD**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 00

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

4000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 487 OF 490

<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. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. Box 5130

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement  
Contribution

011

Candidate Name

**JANICE D SCHAKOWSKY**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : SB23.84884**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. SCHATZ FOR SENATE**

Mailing Address P.O. Box 3828

City	State	Zip Code
Honolulu	HI	96812

Purpose of Disbursement  
Contribution

011

Candidate Name

**BRIAN SCHATZ**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

**Transaction ID : SB23.84557**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SCOTT FOR CONGRESS**

Mailing Address P.O. Box 251

City	State	Zip Code
Newport News	VA	23607

Purpose of Disbursement  
Contribution

011

Candidate Name

**ROBERT C. SCOTT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : SB23.84885**

Amount of Each Disbursement this Period

1000.00
---------

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

6000.00
---------

--

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

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

### A. SCOTT PETERS FOR CONGRESS

011

SCOTT PETERS

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

## B. SEAN PATRICK MALONEY FOR CONGRESS

011

SEAN PATRICK MALONEY

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

### C. STRICKLAND FOR SENATE

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '24' with two squares above it. The third display shows '2015' with four squares above it. The displays are separated by slashes.

011

5000.00

TED STRICKLAND

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

6000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 489 OF 490

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. THE CICILLINE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Mailing Address One Park Row  
Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84886**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**DAVID N CICILLINE**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 01

Full Name (Last, First, Middle Initial)

**B. THE NIKI TSONGAS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Mailing Address P.O. Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84887**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**NICOLA S TSONGAS**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 03

Full Name (Last, First, Middle Initial)

**C. VIRGIN ISLANDS FOR PLASKETT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Mailing Address P.O. Box 26502

City CHristiansted State VI Zip Code 00824

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.84576**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**STACEY PLASKETT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VI District: 00

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

4500.00

115000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 490 OF 490

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**ERIE COUNTY MEDICAL CENTER CORPORATION**

Nature of Debt (Purpose):

Memo item on Schedule B, Line 22 -  
Erroneous deposit

Mailing Address 462 Grider Street

City State

Zip Code

Buffalo

NY

14215

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.84906

Amount Incurred This Period

13656.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

13656.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

13656.57

2) **TOTALS** This Period (last page this line number only)..... ►

13656.57

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

13656.57