

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

ADDRESS (number and street) 1625 L Street NW
 Check if different than previously reported. (ACC)
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00011114
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 2010

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 LEE A. SAUNDERS

Signature of Treasurer Electronically Filed by LEE A. SAUNDERS Date 12 02 2010

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

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		923124.80
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	2257117.30									
(c) Total Receipts (from Line 19)	2756941.48	9245916.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5014058.78	10169041.19								
7. Total Disbursements (from Line 31)	4310688.81	9465671.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	703369.97	703369.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	2000000.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	82652.68	468800.04
(ii) Unitemized	613668.27	6142979.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	696320.95	6611779.70
(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)	696320.95	6611779.70
12. Transfers From Affiliated/Other Party Committees	60135.50	500989.12
13. All Loans Received	2000000.00	2000000.00
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	100160.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	26000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	485.03	6987.57
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 Transfer (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))	2756941.48	9245916.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2756941.48	9245916.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	41990.17	85342.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	41990.17	85342.90
22. Transfers to Affiliated/Other Party Committees.....	783000.00	3347900.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	181000.00	1537000.00
24. Independent Expenditure (use Schedule E)	3300315.00	4379243.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	4383.64	11110.32
(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))	4383.64	11110.32
29. Other Disbursements.....	0.00	105075.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	4310688.81	9465671.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4310688.81	9465671.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 1078

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)	696320.95	6611779.70
34. Total Contribution Refunds (from Line 28(d))	4383.64	11110.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	691937.31	6600669.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41990.17	85342.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	100160.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41990.17	-14817.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEFFREY SCOTT ABBE		Date of Receipt
	Mailing Address P.O. Box 486		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Harold	KY	41635
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183567
Name of Employer AFSCME INT'L		Occupation ORGANIZER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 954.45	<input type="text"/> 58.52

B.	Full Name (Last, First, Middle Initial) JEFFREY SCOTT ABBE		Date of Receipt
	Mailing Address P.O. Box 486		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Harold	KY	41635
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183674
Name of Employer AFSCME INT'L		Occupation ORGANIZER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1012.97	<input type="text"/> 58.52

C.	Full Name (Last, First, Middle Initial) JEFFREY SCOTT ABBE		Date of Receipt
	Mailing Address P.O. Box 486		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Harold	KY	41635
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185384
Name of Employer AFSCME INT'L		Occupation ORGANIZER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1071.49	<input type="text"/> 58.52

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.56
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KAREN ABBIATICI		Date of Receipt
	Mailing Address 4602 W. Barlind		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Pittsburgh	PA	15227
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185223
Name of Employer AFSCME PA CN 13		Occupation SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 511.58	<input type="text"/> 48.18

B.	Full Name (Last, First, Middle Initial) ARNOLD D. ABE		Date of Receipt
	Mailing Address P.O. Box 1208		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 03 / 2010
	City	State	Zip Code
	Haiku	HI	96708
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183942
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 251.00	<input type="text"/> 21.00

C.	Full Name (Last, First, Middle Initial) JULIE K. ABEL		Date of Receipt
	Mailing Address 4109 S. 147 Plaza #204		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 03 / 2010
	City	State	Zip Code
	Omaha	NE	68137
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187009
Name of Employer AFSCME NE LOC 61		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.00	<input type="text"/> 56.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.18
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 RICHARD ABELSON
 Mailing Address 4315 N. Lake Drive
 City Shorewood State WI Zip Code 53211
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.185949
 Amount of Each Receipt this Period 42.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 48 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 991.75

B. Full Name (Last, First, Middle Initial)
 RICHARD ABELSON
 Mailing Address 4315 N. Lake Drive
 City Shorewood State WI Zip Code 53211
 Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.184212
 Amount of Each Receipt this Period 14.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 48 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1005.75

C. Full Name (Last, First, Middle Initial)
 RICHARD ABELSON
 Mailing Address 4315 N. Lake Drive
 City Shorewood State WI Zip Code 53211
 Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.185950
 Amount of Each Receipt this Period 42.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WI CN 48 Occupation EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1047.75

SUBTOTAL of Receipts This Page (optional) ► 98.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 1078
(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

A. Full Name (Last, First, Middle Initial)
MARSHA JOAN ABERCROMBIE

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 ▼ **202.02**

Date of Receipt **11 / 17 / 2010**

Transaction ID: SA11AI.187085

Amount of Each Receipt this Period **9.62**

B. Full Name (Last, First, Middle Initial)
HOWARD ABERNATHY

Mailing Address **13268 Wellesley Drive**

City **Pickerington** State **OH** Zip Code **43147**

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

Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **PROGRAMMER/ANALYST V**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 22 / 2010**

Transaction ID: SA11AI.182807

Amount of Each Receipt this Period **10.00**

C. Full Name (Last, First, Middle Initial)
HOWARD ABERNATHY

Mailing Address **13268 Wellesley Drive**

City **Pickerington** State **OH** Zip Code **43147**

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

Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **PROGRAMMER/ANALYST V**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 05 / 2010**

Transaction ID: SA11AI.184566

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional) ► **29.62**

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 10 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
HOWARD ABERNATHY

Mailing Address 13268 Wellesley Drive

City Pickerington State OH Zip Code 43147

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PROGRAMMER/ANALYST V

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185533
Amount of Each Receipt this Period 10.00

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

Mailing Address 3136 N. Seminary Avenue

City Chicago State IL Zip Code 60657-3309

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

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR OF ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 866.80

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.184253
Amount of Each Receipt this Period 82.68

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

Mailing Address 9 Appollo Place

City Iowa City State IA Zip Code 52240

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.72

Date of Receipt 10 / 26 / 2010
Transaction ID: SA11AI.187086
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 117.68

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) CANDACE M. ACORD		Date of Receipt
	Mailing Address 9 Appollo Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Iowa City	IA	52240
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187087
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer AFSCME IA CN 61/SOIA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 487.72

B.	Full Name (Last, First, Middle Initial) CATHYRN ACTON		Date of Receipt
	Mailing Address 190 W. Ostend Street Suite 101		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Baltimore	MD	21230
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185508
		Amount of Each Receipt this Period	<input type="text"/> 53.12
Name of Employer AFSCME MD CN 982		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 573.92

C.	Full Name (Last, First, Middle Initial) DAVID ADAM		Date of Receipt
	Mailing Address 468 Hudson Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Newark	OH	43055
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183793
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer AFSCME OH LOC 4		Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 440.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.12
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DAVID ADAM		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 468 Hudson Avenue		Transaction ID: SA11AI.186353
City Newark	State OH	Zip Code 43055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME OH LOC 4	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

B.

Full Name (Last, First, Middle Initial) TOMMY SUE ADAM		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 468 Hudson Avenue		Transaction ID: SA11AI.183855
City Newark	State OH	Zip Code 43055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH LOC 4/NEWARK CS	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.64	

C.

Full Name (Last, First, Middle Initial) TOMMY SUE ADAM		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 468 Hudson Avenue		Transaction ID: SA11AI.186412
City Newark	State OH	Zip Code 43055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH LOC 4/NEWARK CS	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 531.26	

SUBTOTAL of Receipts This Page (optional)	▶	39.24
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 13 / 1078
(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

A.

Full Name (Last, First, Middle Initial) TOMMY SUE ADAM		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 468 Hudson Avenue		Transaction ID: SA11AI.186413
City Newark	State OH	Zip Code 43055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH LOC 4/NEWARK CS	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.88	

B.

Full Name (Last, First, Middle Initial) ABRAHAM ADAMS		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 223 176th Street E.		Transaction ID: SA11AI.183265
City Spanaway	State WA	Zip Code 98387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) ABRAHAM ADAMS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 223 176th Street E.		Transaction ID: SA11AI.184985
City Spanaway	State WA	Zip Code 98387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	▶	30.62
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) EDITHA ADAMS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 12578 Caminito De La Gallardo	Transaction ID: SA11AI.187800
	City State Zip Code San Diego CA 92128	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 3930 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) KAI D. ADAMS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 10307 Detroit Avenue Unit 30	Transaction ID: SA11AI.182809
	City State Zip Code Cleveland OH 44102	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

C.	Full Name (Last, First, Middle Initial) KAI D. ADAMS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 10307 Detroit Avenue Unit 30	Transaction ID: SA11AI.184568
	City State Zip Code Cleveland OH 44102	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

SUBTOTAL of Receipts This Page (optional)	▶	44.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KAI D. ADAMS		Date of Receipt		
	Mailing Address 10307 Detroit Avenue Unit 30		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0		
	City Cleveland	State OH	Zip Code 44102	Transaction ID: SA11AI.185535	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00		
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	Aggregate Year-to-Date 276.00		

B.	Full Name (Last, First, Middle Initial) THOMAS J. ADAMS		Date of Receipt		
	Mailing Address 816 Lakeview Avenue Apt. A		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0		
	City South Milwaukee	State WI	Zip Code 53127	Transaction ID: SA11AI.185957	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00		
	Name of Employer AFSCME WI CN 48/MILWAUKEE CNTY	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 240.00		

C.	Full Name (Last, First, Middle Initial) THOMAS J. ADAMS		Date of Receipt		
	Mailing Address 816 Lakeview Avenue Apt. A		M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 1 0		
	City South Milwaukee	State WI	Zip Code 53127	Transaction ID: SA11AI.185958	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00		
	Name of Employer AFSCME WI CN 48/MILWAUKEE CNTY	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	32.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 1078
(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

A.

Full Name (Last, First, Middle Initial) PARASETTA ADENUJ		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
Mailing Address 1003B S. Mechanic Street		Transaction ID: SA11AI.184339
City Marion	State IL	Zip Code 62959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation EDUCATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) JAMES M. ADKINS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
Mailing Address 21 Herbert Street		Transaction ID: SA11AI.182814
City Richwood	State OH	Zip Code 43344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PLUMBER II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00	

C.

Full Name (Last, First, Middle Initial) JAMES M. ADKINS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
Mailing Address 21 Herbert Street		Transaction ID: SA11AI.184573
City Richwood	State OH	Zip Code 43344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PLUMBER II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

SUBTOTAL of Receipts This Page (optional)	▶	52.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) JAMES M. ADKINS	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 21 Herbert Street	Transaction ID: SA11AI.185540
	City State Zip Code Richwood OH 43344	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PLUMBER II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.00	

B.	Full Name (Last, First, Middle Initial) JOVAN AGEE	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 3737 Camino Del Rio South	Transaction ID: SA11AI.187791
	City State Zip Code San Diego CA 92108	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 3930 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) ADIL AHMED	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 190 W. Ostend Street Suite 101	Transaction ID: SA11AI.185509
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 35.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MD CN 982 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.57	

SUBTOTAL of Receipts This Page (optional)	66.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) AUDREY AHRENS	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183266
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

B.	Full Name (Last, First, Middle Initial) AUDREY AHRENS	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.184986
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 220.50	

C.	Full Name (Last, First, Middle Initial) SAMUEL K. AH YUEN, JR.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1239 Gulick Avenue	Transaction ID: SA11AI.183943
	City Honolulu State HI Zip Code 96819	Amount of Each Receipt this Period 21.00
	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 231.00	

SUBTOTAL of Receipts This Page (optional)	42.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
RICK M. AKEMAN

Mailing Address 4386 Rugby Drive

City Toledo State OH Zip Code 43614

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

Name of Employer AFSCME OH CN 8/TOLEDO Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.09

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.187874
 Amount of Each Receipt this Period: 9.62

B.

Full Name (Last, First, Middle Initial)
RICK M. AKEMAN

Mailing Address 4386 Rugby Drive

City Toledo State OH Zip Code 43614

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

Name of Employer AFSCME OH CN 8/TOLEDO Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.71

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.187875
 Amount of Each Receipt this Period: 9.62

C.

Full Name (Last, First, Middle Initial)
RICK M. AKEMAN

Mailing Address 4386 Rugby Drive

City Toledo State OH Zip Code 43614

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

Name of Employer AFSCME OH CN 8/TOLEDO Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.33

Date of Receipt: 11 / 09 / 2010
Transaction ID: SA11AI.187876
 Amount of Each Receipt this Period: 9.62

SUBTOTAL of Receipts This Page (optional) ► 28.86

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) AUDREY AKI		Date of Receipt
	Mailing Address 66-370 Paalaa Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Haleiwa	HI	96712
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183944
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) GERALD T AKO		Date of Receipt
	Mailing Address 888 Mililani Street Suite 601		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Honolulu	HI	96813-2991
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183945
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MUSILIU ADE ALAGBALA		Date of Receipt
	Mailing Address 5701 N. Sheridan #10A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184254
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 657.60	<input type="text"/> 65.76

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.76
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JOAN ALBAUGH		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 66490 Wintergreen Road		Transaction ID: SA11AI.186414
City Lore City	State OH	Zip Code 43755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer AFSCME OH LOC 4/GUERNSEY CNTY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.00	

B.

Full Name (Last, First, Middle Initial) THORNTON P. ALBERG		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183267
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) THORNTON P. ALBERG		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.184987
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.00	

SUBTOTAL of Receipts This Page (optional)	66.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 22 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 955 Overland Court
Suite 150

City San Dimas State CA Zip Code 91773-1718

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.187581
Amount of Each Receipt this Period: 20.00

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

Mailing Address 955 Overland Court
Suite 150

City San Dimas State CA Zip Code 91773-1718

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.187582
Amount of Each Receipt this Period: 20.00

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

Mailing Address 955 Overland Court
Suite 150

City San Dimas State CA Zip Code 91773-1718

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.187583
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 SHIRA Y. ALBERT
 Mailing Address 955 Overland Court
 Suite 150
 City San Dimas State CA Zip Code 91773-1718
 Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.187584
 Amount of Each Receipt this Period 20.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 460.00

B. Full Name (Last, First, Middle Initial)
 MAUREEN E. ALBIETZ
 Mailing Address 34352 Lorain Road
 City North Ridgeville State OH Zip Code 44039
 Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.183856
 Amount of Each Receipt this Period 9.62
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/STRONGSVILLE CITY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 251.64

C. Full Name (Last, First, Middle Initial)
 MAUREEN E. ALBIETZ
 Mailing Address 34352 Lorain Road
 City North Ridgeville State OH Zip Code 44039
 Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.186415
 Amount of Each Receipt this Period 9.62
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/STRONGSVILLE CITY Occupation BUS DRIVER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 261.26

SUBTOTAL of Receipts This Page (optional) ► **39.24**
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 24 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DIANN ALBRIGHT		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 2405 South Fourth Sreet		Transaction ID: SA11AI.185224
City Steelton	State PA	Zip Code 17113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 68.94
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 ▼ 764.88	

B.

Full Name (Last, First, Middle Initial) SHANA ALDERTON		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 710 Chippewa Square		Transaction ID: SA11AI.184010
City Marquette	State MI	Zip Code 48955
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.32
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 ▼ 727.74	

C.

Full Name (Last, First, Middle Initial) SHANA ALDERTON		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 710 Chippewa Square		Transaction ID: SA11AI.184062
City Marquette	State MI	Zip Code 48955
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.32
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 ▼ 765.06	

SUBTOTAL of Receipts This Page (optional)	143.58
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 25 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) SHANA ALDERTON		Date of Receipt	
	Mailing Address 710 Chippewa Square		M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185332
	Marquette	MI	48955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.32	
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 ▼ 802.38		

B.	Full Name (Last, First, Middle Initial) ARYEH ALEX		Date of Receipt	
	Mailing Address 390 Worthington Road		M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186533
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		46.00	
Name of Employer AFSCME OH LOC 11		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 483.00		

C.	Full Name (Last, First, Middle Initial) LISA A. ALEXANDER		Date of Receipt	
	Mailing Address 5050 Westbrook Street SE		M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184470
	Magnolia	OH	44643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		41.94	
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 ▼ 460.01		

SUBTOTAL of Receipts This Page (optional)	▶	125.26
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHARON J. ALEXANDER		Date of Receipt
	Mailing Address 12510 Chalford Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
	City	State	Zip Code
	Bowie	MD	20715
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183568
Name of Employer AFSCME INT'L		Occupation EXECUTIVE OFFICE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 778.35	<input type="text"/> 37.91

B.	Full Name (Last, First, Middle Initial) SHARON J. ALEXANDER		Date of Receipt
	Mailing Address 12510 Chalford Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Bowie	MD	20715
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183675
Name of Employer AFSCME INT'L		Occupation EXECUTIVE OFFICE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 816.26	<input type="text"/> 37.91

C.	Full Name (Last, First, Middle Initial) SHARON J. ALEXANDER		Date of Receipt
	Mailing Address 12510 Chalford Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Bowie	MD	20715
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185385
Name of Employer AFSCME INT'L		Occupation EXECUTIVE OFFICE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 854.17	<input type="text"/> 37.91

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 113.73
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) ANGEL ALLEN	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183269
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) ANGEL ALLEN	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.184989
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

C.	Full Name (Last, First, Middle Initial) DENISE A. ALLEN	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1 Cedar Avenue Apt. 2	Transaction ID: SA11AI.187635
	City Troy State NY Zip Code 12182	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.28	

SUBTOTAL of Receipts This Page (optional)	▶	40.24
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) DENISE A. ALLEN	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1 Cedar Avenue Apt. 2	Transaction ID: SA11AI.187636
	City State Zip Code Troy NY 12182	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 442.52	

B.	Full Name (Last, First, Middle Initial) KENNETH L. ALLEN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 7935 SW Santolina Place	Transaction ID: SA11AI.184213
	City State Zip Code Beaverton OR 97008-6272	Amount of Each Receipt this Period 14.00
	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 ▼ 1121.00	

C.	Full Name (Last, First, Middle Initial) KENNETH L. ALLEN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 7935 SW Santolina Place	Transaction ID: SA11AI.186270
	City State Zip Code Beaverton OR 97008-6272	Amount of Each Receipt this Period 109.00
	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 ▼ 1230.00	

SUBTOTAL of Receipts This Page (optional)	▶	142.24
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ROBERT ALLEN		Date of Receipt
	Mailing Address 3325 Galcier Ridge		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186151
Name of Employer AFSCME WI CN 11		Occupation REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 220.00	

B.	Full Name (Last, First, Middle Initial) GINA L. ALLENDER		Date of Receipt
	Mailing Address 3032 Endrow Avenue NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Canton	OH	44705
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183794
Name of Employer AFSCME OH LOC 4		Occupation FIELD SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) GINA L. ALLENDER		Date of Receipt
	Mailing Address 3032 Endrow Avenue NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Canton	OH	44705
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186354
Name of Employer AFSCME OH LOC 4		Occupation FIELD SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 310.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 40.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 30 / 1078
(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

A.	Full Name (Last, First, Middle Initial) CONNIE G. ALONZO		Date of Receipt	
	Mailing Address 5965 Hickory Woods Drive		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183569
	Plainfield	IN	46168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		17.80	
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 ▼ 332.10		

B.	Full Name (Last, First, Middle Initial) CONNIE G. ALONZO		Date of Receipt	
	Mailing Address 5965 Hickory Woods Drive		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183676
	Plainfield	IN	46168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		17.80	
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 ▼ 349.90		

C.	Full Name (Last, First, Middle Initial) CONNIE G. ALONZO		Date of Receipt	
	Mailing Address 5965 Hickory Woods Drive		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185386
	Plainfield	IN	46168	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		17.80	
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 ▼ 367.70		

SUBTOTAL of Receipts This Page (optional)	53.40
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 31 / 1078
(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

A.

Full Name (Last, First, Middle Initial) LAQUITA ALSUM		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1424 N. Pennsylvania Street		Transaction ID: SA11AI.187010
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer AFSCME IN CN 62	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.00	

B.

Full Name (Last, First, Middle Initial) GLORIA ALT		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1819 Ames Avenue		Transaction ID: SA11AI.186666
City St. Paul	State MN	Zip Code 55119-4801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) STEVEN E. ALVIENE		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 38 Highland Drive		Transaction ID: SA11AI.187637
City East Greenbush	State NY	Zip Code 12061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional)	113.62
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) STEVEN E. ALVIENE		Date of Receipt																					
	Mailing Address 38 Highland Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	1	0														
	City State Zip Code East Greenbush NY 12061		Transaction ID: SA11AI.187638																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																						
Name of Employer Occupation AFSCME NY LOC 1000 STAFF REPRESENTATIVE		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 221.26																						

B.	Full Name (Last, First, Middle Initial) CAROL A ANDERSON		Date of Receipt																					
	Mailing Address 303 Dias Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City State Zip Code Fort Washington MD 20744		Transaction ID: SA11AI.183570																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.97																						
Name of Employer Occupation AFSCME INT'L ASSOCIATE DIRECTOR, EDUCATION		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 968.49																						

C.	Full Name (Last, First, Middle Initial) CAROL A ANDERSON		Date of Receipt																					
	Mailing Address 303 Dias Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Fort Washington MD 20744		Transaction ID: SA11AI.183677																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.97																						
Name of Employer Occupation AFSCME INT'L ASSOCIATE DIRECTOR, EDUCATION		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 1019.46																						

SUBTOTAL of Receipts This Page (optional)	▶	111.56
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 33 / 1078
(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

A.	Full Name (Last, First, Middle Initial) CAROL A ANDERSON		Date of Receipt																					
	Mailing Address 303 Dias Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	5	/	2	0	1	0														
City	State	Zip Code	Transaction ID: SA11AI.185387																					
Fort Washington	MD	20744	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	50.97																					
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, EDUCATION																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1070.43																						

B.	Full Name (Last, First, Middle Initial) EARLENE ANDERSON		Date of Receipt																					
	Mailing Address 2396 Highway 22 W		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	9	/	2	0	1	0														
City	State	Zip Code	Transaction ID: SA11AI.187059																					
Muscatine	IA	52761	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	40.00																					
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 ▼ 440.00																						

C.	Full Name (Last, First, Middle Initial) JON ANDERSON		Date of Receipt																					
	Mailing Address 315 South Park		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	5	/	2	0	1	0														
City	State	Zip Code	Transaction ID: SA11AI.186876																					
Springfield	MN	56087	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	18.34																					
Name of Employer AFSCME MN CN 65		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.74																						

SUBTOTAL of Receipts This Page (optional)	▶	109.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 1078
(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

A. Full Name (Last, First, Middle Initial)
JOSH ANDERSON

Mailing Address **7240 Via Contenta NE**

City **Albuquerque** State **NM** Zip Code **87112**

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

Name of Employer **AFSCME NM CN 18** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.94**

Date of Receipt **11 / 03 / 2010**

Transaction ID: SA11AI.186964

Amount of Each Receipt this Period **36.52**

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

Mailing Address **2467 Caledonia Street**

City **Toledo** State **OH** Zip Code **43605**

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

Name of Employer **AFSCME OH LOC 4/OREGON BOE** Occupation **CUSTODIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.33**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.183858

Amount of Each Receipt this Period **41.67**

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

Mailing Address **1414 SE 145th Avenue**

City **Portland** State **OR** Zip Code **97233**

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

Name of Employer **AFSCME OR CN 75/STATE OF OR** Occupation **OFFICE SPECIALIST**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.186290

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional) ► **108.19**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 1078	
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MICHAEL ANDREJCO	Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2010
	Mailing Address 5075 Pajabon Drive #201	Transaction ID: SA11AI.185225
	City Harrisburg State PA Zip Code 17111	Amount of Each Receipt this Period 70.34
	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 ▼ 759.46	

B.	Full Name (Last, First, Middle Initial) MICHELLE ANDRIANI	Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2010
	Mailing Address 35 Fairway Drive	Transaction ID: SA11AI.187639
	City Wading Drive State NY Zip Code 11792	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

C.	Full Name (Last, First, Middle Initial) MICHELLE ANDRIANI	Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2010
	Mailing Address 35 Fairway Drive	Transaction ID: SA11AI.187640
	City Wading Drive State NY Zip Code 11792	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

SUBTOTAL of Receipts This Page (optional)	89.58
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) KEITH J. ANGEL		Date of Receipt	
	Mailing Address 2711 Hafton Road		M M / D D / Y Y Y Y Y 11 / 19 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.185544
	Columbus	OH	43204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
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 ▼ 202.00		

B.	Full Name (Last, First, Middle Initial) JOHN C. ANTHONY		Date of Receipt	
	Mailing Address 2591 Bryton Drive		M M / D D / Y Y Y Y Y 10 / 22 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.182820
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		12.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation NETWORK SERVICES TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00		

C.	Full Name (Last, First, Middle Initial) JOHN C. ANTHONY		Date of Receipt	
	Mailing Address 2591 Bryton Drive		M M / D D / Y Y Y Y Y 11 / 05 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.184579
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		12.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation NETWORK SERVICES TECHNICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 264.00		

SUBTOTAL of Receipts This Page (optional)	▶	34.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) JOHN C. ANTHONY	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 2591 Bryton Drive	Transaction ID: SA11AI.185546
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

B.	Full Name (Last, First, Middle Initial) DAVID ANTLE	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address P.O. Box 1093	Transaction ID: SA11AI.185227
	City State Zip Code Moscow PA 18444	Amount of Each Receipt this Period 114.54
	FEC ID number of contributing federal political committee. C	
	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 ▼ 1271.01	

C.	Full Name (Last, First, Middle Initial) JOHN M. ARDENO	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 207 Dilly Street P.O. Box 366	Transaction ID: SA11AI.186205
	City State Zip Code Midway PA 15060	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)	156.54
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ALVA ARELLANO		Date of Receipt MM / DD / YYYY 11 / 09 / 2010		
	Mailing Address 890 Sharps Lot Rd.		Transaction ID: SA11AI.185491		
	City Swansea	State MA	Zip Code 02777-0000	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MA CN 93	Occupation DIRECTOR OF ORGANIZING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			

B.	Full Name (Last, First, Middle Initial) STEPHEN L. ARMSTRONG		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187092		
	City Des Moines	State IA	Zip Code 50313	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IA CN 61/STATE WRNT	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) STEPHEN L. ARMSTRONG		Date of Receipt MM / DD / YYYY 11 / 17 / 2010		
	Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187093		
	City Des Moines	State IA	Zip Code 50313	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IA CN 61/STATE WRNT	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00			

SUBTOTAL of Receipts This Page (optional)	▶	72.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 39 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
AMY J. ARNOLD

Mailing Address 4434 Cardan Lane

City State Zip Code
Centerburg OH 43011

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

Name of Employer Occupation
AFSCME OH LOC 4 ACCOUNT CLERK

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183795

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
AMY J. ARNOLD

Mailing Address 4434 Cardan Lane

City State Zip Code
Centerburg OH 43011

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

Name of Employer Occupation
AFSCME OH LOC 4 ACCOUNT CLERK

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186355

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
HORTENCIA F. ARRIAGA

Mailing Address 8385 Ira Court

City State Zip Code
Riverside CA 92508

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

Name of Employer Occupation
AFSCME CA LOC 1199/COPE STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187588

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
HORTENCIA F. ARRIAGA
 Mailing Address **8385 Ira Court**
 City **Riverside** State **CA** Zip Code **92508**
 Date of Receipt **11 / 22 / 2010**
Transaction ID: SA11AI.187589
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME CA LOC 1199/COPE** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **220.00**

B. Full Name (Last, First, Middle Initial)
GLORIA J. ARSENEAU
 Mailing Address **2602 Chippewa Drive**
 City **Bourbonnais** State **IL** Zip Code **60914**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184340
 Amount of Each Receipt this Period **30.00**
 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 ▼ **300.00**

C. Full Name (Last, First, Middle Initial)
LINDA L. ARTER
 Mailing Address **7943 Solinger Road**
 City **Crestline** State **OH** Zip Code **44827**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183859
 Amount of Each Receipt this Period **19.24**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/CRESTVIEW LSD** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **270.88**

SUBTOTAL of Receipts This Page (optional) ► **59.24**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) MICHAEL L. ARTZ		Date of Receipt	
	Mailing Address 745 Irving Street, N.W.		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183571
	Washington	DC	20010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		39.76	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE TO GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 755.41		

B.	Full Name (Last, First, Middle Initial) MICHAEL L. ARTZ		Date of Receipt	
	Mailing Address 745 Irving Street, N.W.		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183678
	Washington	DC	20010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		39.76	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE TO GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 795.17		

C.	Full Name (Last, First, Middle Initial) MICHAEL L. ARTZ		Date of Receipt	
	Mailing Address 745 Irving Street, N.W.		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185388
	Washington	DC	20010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		39.76	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE TO GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 834.93		

SUBTOTAL of Receipts This Page (optional)	▶	119.28
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ELIZABETH L ASAHARA	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 902 Hoalauna Way	Transaction ID: SA11AI.183946
	City State Zip Code Hilo HI 96720	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) LAURA M. ASKELIN	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 1031 4th Avenue S.E.	Transaction ID: SA11AI.186572
	City State Zip Code Rochester MN 55904	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	

C.	Full Name (Last, First, Middle Initial) LAURA M. ASKELIN	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 1031 4th Avenue S.E.	Transaction ID: SA11AI.186618
	City State Zip Code Rochester MN 55904	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 1078
(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>A. Full Name (Last, First, Middle Initial) JALADAH ASLAM</p> <p>Mailing Address 3895 Cannon Road</p> <p>City State Zip Code Austintown OH 44515-5372</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 440.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184471</p> <p>Amount of Each Receipt this Period 40.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) ANNETTE ATKINS</p> <p>Mailing Address P.O. Box 2572</p> <p>City State Zip Code Country Club Hills IL 60478</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IL CN 31/STATE OF IL CASEWORKER</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184342</p> <p>Amount of Each Receipt this Period 40.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) DOMINGO AVILA</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City State Zip Code Olympia WA 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183270</p> <p>Amount of Each Receipt this Period 10.50</p>
---	---

SUBTOTAL of Receipts This Page (optional)	90.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 44 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DOMINGO AVILA		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.184990
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.

Full Name (Last, First, Middle Initial) DEBORAH A. BABB		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 6005 East Oakwood Drive		Transaction ID: SA11AI.187094
City Pleasanthill	State IA	Zip Code 50327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation SAFETY AND HEALTH CON.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.

Full Name (Last, First, Middle Initial) DEBORAH A. BABB		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 6005 East Oakwood Drive		Transaction ID: SA11AI.187095
City Pleasanthill	State IA	Zip Code 50327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation SAFETY AND HEALTH CON.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	50.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DEBORAH A. BABB	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 6005 East Oakwood Drive	Transaction ID: SA11AI.187096
	City State Zip Code Pleasanthill IA 50327	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA SAFETY AND HEALTH CON. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) DEBORAH A. BABB	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 6005 East Oakwood Drive	Transaction ID: SA11AI.187097
	City State Zip Code Pleasanthill IA 50327	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA SAFETY AND HEALTH CON. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) W. JEAN BACKMAN	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1212 Jefferson Street	Transaction ID: SA11AI.183223
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 432.00	

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 46 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) THOR E. BACKUS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
Mailing Address 8033 Excelsior Drive Suite B		Transaction ID: SA11AI.185982
City Madison	State WI	Zip Code 53717-1903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) RICHARD C. BADGER, II		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
Mailing Address P.O. Box 2825		Transaction ID: SA11AI.185983
City Appleton	State WI	Zip Code 54912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00	

C.

Full Name (Last, First, Middle Initial) PRISCILLA A. BADUA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0
Mailing Address P.O. Box 390		Transaction ID: SA11AI.183947
City Hanapepe	State HI	Zip Code 96716-0390
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 47 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 ALDEAN BAER
 Mailing Address 3505 West Lincolnshire Blvd.
 City Toledo State OH Zip Code 43606
 Date of Receipt 10 / 27 / 2010
 Transaction ID: SA11AI.183860
 Amount of Each Receipt this Period 19.24
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 438.25

B. Full Name (Last, First, Middle Initial)
 ALDEAN BAER
 Mailing Address 3505 West Lincolnshire Blvd.
 City Toledo State OH Zip Code 43606
 Date of Receipt 11 / 10 / 2010
 Transaction ID: SA11AI.186417
 Amount of Each Receipt this Period 19.24
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 457.49

C. Full Name (Last, First, Middle Initial)
 ALDEAN BAER
 Mailing Address 3505 West Lincolnshire Blvd.
 City Toledo State OH Zip Code 43606
 Date of Receipt 11 / 15 / 2010
 Transaction ID: SA11AI.186418
 Amount of Each Receipt this Period 19.24
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 476.73

SUBTOTAL of Receipts This Page (optional) ► 57.72
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 48 / 1078
(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

A.	Full Name (Last, First, Middle Initial) RONALD S. BAER		Date of Receipt	
	Mailing Address P.O. Box 1831		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183781
	Auburn	WA	98002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	21.00	
Name of Employer AFSCME WA CN 28/UNIV OF WA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00		

B.	Full Name (Last, First, Middle Initial) JOE BAESSLER		Date of Receipt	
	Mailing Address 2512 NE 50th		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186272
	Portland	OR	97213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	25.00	
Name of Employer AFSCME OR CN 75		Occupation COUNCIL REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) ANDREW F. BAHR		Date of Receipt	
	Mailing Address 4227 Caroline Avenue		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187879
	Toledo	OH	43612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	8.36	
Name of Employer AFSCME OH CN 8/TOLEDO UNI-V.		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.64		

SUBTOTAL of Receipts This Page (optional)	54.36
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 1078	
	(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

A.	Full Name (Last, First, Middle Initial) DAVID B. BAILEY		Date of Receipt																					
	Mailing Address 601 N. Mulberry Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	1	0														
	City State Zip Code Mount Vernon OH 43050		Transaction ID: SA11AI.182824																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 525.00		<table border="1"> <tr> <td colspan="10" style="text-align: right;">25.00</td> </tr> </table>		25.00																				
25.00																								

B.	Full Name (Last, First, Middle Initial) DAVID B. BAILEY		Date of Receipt																					
	Mailing Address 601 N. Mulberry Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	5		2	0	1	0														
	City State Zip Code Mount Vernon OH 43050		Transaction ID: SA11AI.184583																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 550.00		<table border="1"> <tr> <td colspan="10" style="text-align: right;">25.00</td> </tr> </table>		25.00																				
25.00																								

C.	Full Name (Last, First, Middle Initial) DAVID B. BAILEY		Date of Receipt																					
	Mailing Address 601 N. Mulberry Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	9		2	0	1	0														
	City State Zip Code Mount Vernon OH 43050		Transaction ID: SA11AI.185550																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 575.00		<table border="1"> <tr> <td colspan="10" style="text-align: right;">25.00</td> </tr> </table>		25.00																				
25.00																								

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

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

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

FOR LINE NUMBER: PAGE 50 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 423.28
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.183796
Amount of Each Receipt this Period
19.24

B. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 442.52
Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.186356
Amount of Each Receipt this Period
19.24

C. Full Name (Last, First, Middle Initial)
KENNETH BAILEY
Mailing Address 1034 N. Washington Avenue
City State Zip Code
Lansing MI 48906
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.184011
Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► 48.98
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) KENNETH BAILEY			Date of Receipt MM / DD / YYYY 11 / 02 / 2010		
	Mailing Address 1034 N. Washington Avenue			Transaction ID: SA11AI.184063		
	City Lansing	State MI	Zip Code 48906	Amount of Each Receipt this Period 10.50		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 220.50		

B.	Full Name (Last, First, Middle Initial) KENNETH BAILEY			Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1034 N. Washington Avenue			Transaction ID: SA11AI.185333		
	City Lansing	State MI	Zip Code 48906	Amount of Each Receipt this Period 10.50		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 231.00		

C.	Full Name (Last, First, Middle Initial) PATRICIA A. BAILEY			Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 606 N. Van Buren Street			Transaction ID: SA11AI.186945		
	City Wilmington	State DE	Zip Code 19805	Amount of Each Receipt this Period 95.21		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME DE CN 81		Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 826.87		

SUBTOTAL of Receipts This Page (optional)	▶	116.21
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) KAREN BAKER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 8335 Banbury Street	Transaction ID: SA11AI.182826
	City State Zip Code Cincinnati OH 45216	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS EXTERNAL AUDITOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00	

B.	Full Name (Last, First, Middle Initial) KAREN BAKER	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 8335 Banbury Street	Transaction ID: SA11AI.184585
	City State Zip Code Cincinnati OH 45216	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS EXTERNAL AUDITOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.00	

C.	Full Name (Last, First, Middle Initial) KAREN BAKER	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	Mailing Address 8335 Banbury Street	Transaction ID: SA11AI.185552
	City State Zip Code Cincinnati OH 45216	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS EXTERNAL AUDITOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 253.00	

SUBTOTAL of Receipts This Page (optional)	▶	33.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) KATE BAKER		Date of Receipt
	Mailing Address 2647 SE Paropa Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Gresham	OR	97080
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186273
Name of Employer AFSCME OR CN 75		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 30.00

B.	Full Name (Last, First, Middle Initial) MARK T. BAKER		Date of Receipt
	Mailing Address 300 Hardman Avenue South		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	City	State	Zip Code
	South St. Paul	MN	55075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186573
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 465.14	<input type="text"/> 44.76

C.	Full Name (Last, First, Middle Initial) MARK T. BAKER		Date of Receipt
	Mailing Address 300 Hardman Avenue South		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	South St. Paul	MN	55075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186619
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 509.90	<input type="text"/> 44.76

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 119.52
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) ANTHONY L. BAKKEN		Date of Receipt	
	Mailing Address 500 E Parish Street		M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184113
	Prair Du Chien	WI	53821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 940.00		

B.	Full Name (Last, First, Middle Initial) ANTHONY L. BAKKEN		Date of Receipt	
	Mailing Address 500 E Parish Street		M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186038
	Prair Du Chien	WI	53821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 965.00		

C.	Full Name (Last, First, Middle Initial) ANTHONY L. BAKKEN		Date of Receipt	
	Mailing Address 500 E Parish Street		M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186039
	Prair Du Chien	WI	53821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 990.00		

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

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

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

FOR LINE NUMBER: PAGE 55 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 362.13

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.185228
Amount of Each Receipt this Period 36.48

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

Mailing Address 33 Champlain Drive

City Springfield State IL Zip Code 62707

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.184344
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 513.28

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.183797
Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional) ▶ 75.72

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.

Full Name (Last, First, Middle Initial) MATTHEW M. BANAL		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 5424 Olde Vintage Drive		Transaction ID: SA11AI.186357
City Hilliard	State OH	Zip Code 43026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
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 ▼ 532.52	

B.

Full Name (Last, First, Middle Initial) JANICE C. BANICKI		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address N1629 State Road 22		Transaction ID: SA11AI.184114
City Montello	State WI	Zip Code 53949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.

Full Name (Last, First, Middle Initial) JANICE C. BANICKI		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address N1629 State Road 22		Transaction ID: SA11AI.186040
City Montello	State WI	Zip Code 53949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	▶	49.24
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JANICE C. BANICKI	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address N1629 State Road 22	Transaction ID: SA11AI.186041
	City State Zip Code Montello WI 53949	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) GINA M. BANKS	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1911 Overlook Ridge Drive	Transaction ID: SA11AI.182829
	City State Zip Code Columbus OH 43219	Amount of Each Receipt this Period 15.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

C.	Full Name (Last, First, Middle Initial) GINA M. BANKS	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1911 Overlook Ridge Drive	Transaction ID: SA11AI.184587
	City State Zip Code Columbus OH 43219	Amount of Each Receipt this Period 15.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) GINA M. BANKS		Date of Receipt	
	Mailing Address 1911 Overlook Ridge Drive		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185554
	Columbus	OH	43219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CUSTOMER SERVICE REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00		

B.	Full Name (Last, First, Middle Initial) LEE R. BANKS, JR.		Date of Receipt	
	Mailing Address 303 Wilson		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184345
	Joliet	IL	60433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation CORRECTIONAL OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.40		

C.	Full Name (Last, First, Middle Initial) ELAINE BARBER		Date of Receipt	
	Mailing Address 1826 Forster Street		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185229
	Harrisburg	PA	17103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		31.26	
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 ▼ 296.97		

SUBTOTAL of Receipts This Page (optional)	▶	67.10
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 59 / 1078
(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

A.

Full Name (Last, First, Middle Initial) SUSAN BARKULIS		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 9051 Southwest Blvd. #P		Transaction ID: SA11AI.183572
City Jefferson	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.19
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 717.49	

B.

Full Name (Last, First, Middle Initial) SUSAN BARKULIS		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 9051 Southwest Blvd. #P		Transaction ID: SA11AI.183679
City Jefferson	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.19
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.68	

C.

Full Name (Last, First, Middle Initial) SUSAN BARKULIS		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 9051 Southwest Blvd. #P		Transaction ID: SA11AI.185389
City Jefferson	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.19
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 793.87	

SUBTOTAL of Receipts This Page (optional)	▶	114.57
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 60 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183271
Amount of Each Receipt this Period: 21.00

B. Full Name (Last, First, Middle Initial)
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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.184991
Amount of Each Receipt this Period: 21.00

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

Mailing Address 122 Forest Ridge Place

City Columbus State OH Zip Code 43235

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

Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183798
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 52.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KAREN BARNES			Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 122 Forest Ridge Place			Transaction ID: SA11AI.186358		
	City Columbus	State OH	Zip Code 43235	Amount of Each Receipt this Period 10.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME OH LOC 4		Occupation ACCOUNT CLERK	Aggregate Year-to-Date 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

B.	Full Name (Last, First, Middle Initial) SHERIE L. BARNES			Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 3015 Whisper Drive NW			Transaction ID: SA11AI.183272		
	City Bremerton	State WA	Zip Code 98312	Amount of Each Receipt this Period 10.50		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

C.	Full Name (Last, First, Middle Initial) SHERIE L. BARNES			Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 3015 Whisper Drive NW			Transaction ID: SA11AI.184992		
	City Bremerton	State WA	Zip Code 98312	Amount of Each Receipt this Period 10.50		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 220.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

SUBTOTAL of Receipts This Page (optional)	▶	31.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (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 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) MARY ANNE BARNETT		Date of Receipt
	Mailing Address 1155 Lakepointe		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Grosse Pointe Park	MI	48230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183573
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, ORGANIZING DVLPT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1423.43	<input type="text"/> 76.46

B.	Full Name (Last, First, Middle Initial) MARY ANNE BARNETT		Date of Receipt
	Mailing Address 1155 Lakepointe		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Grosse Pointe Park	MI	48230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183680
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, ORGANIZING DVLPT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1499.89	<input type="text"/> 76.46

C.	Full Name (Last, First, Middle Initial) MARY ANNE BARNETT		Date of Receipt
	Mailing Address 1155 Lakepointe		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Grosse Pointe Park	MI	48230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185390
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, ORGANIZING DVLPT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1576.35	<input type="text"/> 76.46

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 229.38
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL BARNEY	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1 Kennedy Court	Transaction ID: SA11AI.187641
	City State Zip Code Massena NY 13662	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64	

B.	Full Name (Last, First, Middle Initial) MICHAEL BARNEY	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1 Kennedy Court	Transaction ID: SA11AI.187642
	City State Zip Code Massena NY 13662	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26	

C.	Full Name (Last, First, Middle Initial) STEVE BARON	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1606 Walnut Street	Transaction ID: SA11AI.186194
	City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 16.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 47 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00	

SUBTOTAL of Receipts This Page (optional)	35.24
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 64 / 1078
(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

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

Mailing Address **514 Shatto Place**

City **Los Angeles** State **CA** Zip Code **90020**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 20 / 2010**
Transaction ID: SA11AI.187540
 Amount of Each Receipt this Period **40.00**

B. Full Name (Last, First, Middle Initial)
CHERYL L. BARTON

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 WRNT** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.187099
 Amount of Each Receipt this Period **20.00**

C. Full Name (Last, First, Middle Initial)
RANDY D BARTON

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 WRNT** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.187101
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 1078
(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

A.

Full Name (Last, First, Middle Initial) NANCY E. BARTTER		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0
Mailing Address 888 Mililani Street Suite 601		Transaction ID: SA11AI.183948
City Honolulu	State HI	Zip Code 96813-2991
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.62
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 ▼ 380.82	

B.

Full Name (Last, First, Middle Initial) DEBRA L. BASHAM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
Mailing Address 5378 Cherry Creek Parkway N.		Transaction ID: SA11AI.186420
City Columbus	State OH	Zip Code 43228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME OH LOC 4/BATH LSD	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) CARLOS D. BASS		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0
Mailing Address 393 Irwin		Transaction ID: SA11AI.187445
City Pontiac	State MI	Zip Code 48341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME MI CN 25/LOCAL 1820	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional)	▶	95.62
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 66 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
KATHLEEN M. BASS
 Mailing Address **408 West Beacon Court**
 City **Mt Vernon** State **IL** Zip Code **62864**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184346
 Amount of Each Receipt this Period **38.08**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IL CN 31/STATE OF IL** Occupation **CHILD WELFARE SPECIALIST**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **380.80**

B. Full Name (Last, First, Middle Initial)
RAYMOND D. BASS
 Mailing Address **826 N. Court Street**
 City **Circleville** State **OH** Zip Code **43113**
 Date of Receipt **10 / 22 / 2010**
Transaction ID: SA11AI.182831
 Amount of Each Receipt this Period **10.00**
 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 **210.00**

C. Full Name (Last, First, Middle Initial)
RAYMOND D. BASS
 Mailing Address **826 N. Court Street**
 City **Circleville** State **OH** Zip Code **43113**
 Date of Receipt **11 / 05 / 2010**
Transaction ID: SA11AI.184589
 Amount of Each Receipt this Period **10.00**
 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 **220.00**

SUBTOTAL of Receipts This Page (optional) ► **58.08**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
RAYMOND D. BASS

Mailing Address 826 N. Court Street

City State Zip Code
Circleville OH 43113

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185556

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L LEGAL ASSISTANT I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 582.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183574

Amount of Each Receipt this Period
30.63

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L LEGAL ASSISTANT I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 612.77

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183681

Amount of Each Receipt this Period
30.63

SUBTOTAL of Receipts This Page (optional) ▶ **71.26**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 1078
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial) LINDA BATES		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1510 Walnut Street		Transaction ID: SA11AI.185391
City Woodbridge	State VA	Zip Code 22191
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.63
Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 643.40	

B.

Full Name (Last, First, Middle Initial) TROY BAUCH		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 1190 Ruffedt Road		Transaction ID: SA11AI.186021
City Cornell	State WI	Zip Code 54732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.36
Name of Employer AFSCME WI CN 24	Occupation FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 567.51	

C.

Full Name (Last, First, Middle Initial) MICHAEL D. BAUER		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 23 Valley Forge Lane		Transaction ID: SA11AI.184472
City Elyria	State OH	Zip Code 44035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 86.02
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 ▼ 943.73	

SUBTOTAL of Receipts This Page (optional)	175.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 1078
(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

A.

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

Mailing Address 4031 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

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

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 990.38

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185230

Amount of Each Receipt this Period
94.46

B.

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

Mailing Address 539 W. Winding Hill Road

City State Zip Code
Mechanicsburg PA 17055

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

Name of Employer Occupation
AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186206

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME IL CN 31 EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1305.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184214

Amount of Each Receipt this Period
28.00

SUBTOTAL of Receipts This Page (optional) ► **142.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) HENRY BAYER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 1507 W. Chase Street	Transaction ID: SA11AI.184255
	City State Zip Code Chicago IL 60626-2125	Amount of Each Receipt this Period 113.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1419.00	

B.	Full Name (Last, First, Middle Initial) BRIAN L. BEALLOR	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 3898 Rubythroat Drive	Transaction ID: SA11AI.183799
	City State Zip Code Gahanna OH 42230	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

C.	Full Name (Last, First, Middle Initial) BRIAN L. BEALLOR	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 3898 Rubythroat Drive	Transaction ID: SA11AI.186359
	City State Zip Code Gahanna OH 42230	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional)	153.90
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KENT BEAUCHAMP	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2309 Mariners Point Lane	Transaction ID: SA11AI.184256
	City State Zip Code Springfield IL 62712	Amount of Each Receipt this Period 78.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 788.60	

B.	Full Name (Last, First, Middle Initial) NANCY BECKER	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1210 Westwood	Transaction ID: SA11AI.185984
	City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 40 ACTIVITY AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.00	

C.	Full Name (Last, First, Middle Initial) NANCY BECKER	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 1210 Westwood	Transaction ID: SA11AI.186011
	City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 40 ACTIVITY AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.00	

SUBTOTAL of Receipts This Page (optional)	119.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
NEIL G. BEDNARCZYK

Mailing Address 7775 O'neil Road North

City State Zip Code
Keizer OR 97303

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186274

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
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 ▼
987.97

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186946

Amount of Each Receipt this Period
177.60

C.

Full Name (Last, First, Middle Initial)
PAUL W. BEHNKE

Mailing Address 350 S. Westfield Street

City State Zip Code
Oshkosh WI 54902

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

Name of Employer
AFSCME WI CN 40

Occupation
DELEGATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.185985

Amount of Each Receipt this Period
23.00

SUBTOTAL of Receipts This Page (optional) ▶ **230.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) MARTIN BEIL</p> <p>Mailing Address 10363 Hudson Road</p> <hr/> <p>City State Zip Code Mazomanie WI 53560-9773</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24 EXECUTIVE DIRECTOR</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 993.20</p>	<p>Date of Receipt MM / DD / YYYY 11 / 03 / 2010</p> <p>Transaction ID: SA11AI.186023</p> <p>Amount of Each Receipt this Period 34.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) MARTIN BEIL</p> <p>Mailing Address 10363 Hudson Road</p> <hr/> <p>City State Zip Code Mazomanie WI 53560-9773</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24 EXECUTIVE DIRECTOR</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1086.10</p>	<p>Date of Receipt MM / DD / YYYY 11 / 04 / 2010</p> <p>Transaction ID: SA11AI.186022</p> <p>Amount of Each Receipt this Period 92.90</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) COURTNEY R. BELCHER</p> <p>Mailing Address 1928 Billingsley Road</p> <hr/> <p>City State Zip Code Columbus OH 43235</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 SECRETARY</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 29 / 2010</p> <p>Transaction ID: SA11AI.183800</p> <p>Amount of Each Receipt this Period 10.00</p>
---	--

SUBTOTAL of Receipts This Page (optional)	136.90
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 1078
(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

A.

Full Name (Last, First, Middle Initial) COURTNEY R. BELCHER		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1928 Billingsley Road		Transaction ID: SA11AI.186360
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 4	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.

Full Name (Last, First, Middle Initial) NANCY L. BELCHER		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 390 Worthington Road		Transaction ID: SA11AI.186534
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) TURNEIKEIO E. BELCHER		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 304 Chatterly Lane		Transaction ID: SA11AI.182833
City Columbus	State OH	Zip Code 43207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	▶	41.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TURNEIKEIO E. BELCHER	Date of Receipt
	Mailing Address 304 Chatterly Lane	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City State Zip Code Columbus OH 43207	Transaction ID: SA11AI.184591
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text"/> 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 242.00	

B.	Full Name (Last, First, Middle Initial) TURNEIKEIO E. BELCHER	Date of Receipt
	Mailing Address 304 Chatterly Lane	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City State Zip Code Columbus OH 43207	Transaction ID: SA11AI.185558
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text"/> 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 253.00	

C.	Full Name (Last, First, Middle Initial) MARILYN A. BELL	Date of Receipt
	Mailing Address 4714 38th Avenue S.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City State Zip Code Minneapolis MN 55406	Transaction ID: SA11AI.186722
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 32.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 1078
(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>A. Full Name (Last, First, Middle Initial) MARILYN A. BELL</p> <p>Mailing Address 4714 38th Avenue S.</p> <p>City State Zip Code Minneapolis MN 55406</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY</p> <p>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 1 1 / 0 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186723</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) SANDRA F BELL</p> <p>Mailing Address 2968 Tracer Road</p> <p>City State Zip Code Columbus OH 43232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 11</p> <p>Occupation ATTORNEY</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 1 1 / 0 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186535</p> <p>Amount of Each Receipt this Period 20.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) JOSEPH BELLA</p> <p>Mailing Address 501 W George Street</p> <p>City State Zip Code Arlington Heights IL 60005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IL CN 31</p> <p>Occupation REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 788.60</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184257</p> <p>Amount of Each Receipt this Period 78.86</p>
--	---

SUBTOTAL of Receipts This Page (optional)	108.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) CATHERINE S. BENCINI		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1471 Seahorse Lane		Transaction ID: SA11AI.184349	
City Carbondale	State IL	Zip Code 62901	Amount of Each Receipt this Period 20.84
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation TELECOMMUNICATOR SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 634.12		

B.

Full Name (Last, First, Middle Initial) CHARLES BENN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 141 Eddington Avenue		Transaction ID: SA11AI.185231	
City Harrisburg	State PA	Zip Code 17111-3520	Amount of Each Receipt this Period 97.22
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 ▼ 1078.76		

C.

Full Name (Last, First, Middle Initial) PETER J. BENNER		Date of Receipt MM / DD / YYYY 11 / 02 / 2010	
Mailing Address 7650 Cahill Avenue		Transaction ID: SA11AI.186818	
City Inver Grove Hqts.	State MN	Zip Code 55076	Amount of Each Receipt this Period 43.30
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 ▼ 476.30		

SUBTOTAL of Receipts This Page (optional)	▶	161.36
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 1078
(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

A.	Full Name (Last, First, Middle Initial) MARY BENNETT		Date of Receipt																					
	Mailing Address 5849 N. Bernard		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Chicago IL 60659		Transaction ID: SA11AI.184350																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00																						
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation REHABILITATION SPECIALIST																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.80																						

B.	Full Name (Last, First, Middle Initial) STACEY D. BENSON-TAYLOR		Date of Receipt																					
	Mailing Address 241 Brooklyn Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	8		2	0	1	0														
	City State Zip Code Dayton OH 45417		Transaction ID: SA11AI.184473																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.34																						
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 ▼ 625.47																						

C.	Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt																					
	Mailing Address 3701 Oakview Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City State Zip Code Orlando FL 32812		Transaction ID: SA11AI.183575																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 97.42																						
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 ▼ 1850.94																						

SUBTOTAL of Receipts This Page (optional)	▶	194.76
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 79 / 1078
(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

A.

Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
Mailing Address 3701 Oakview Drive		Transaction ID: SA11AI.183682
City Orlando	State FL	Zip Code 32812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 97.42
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 ▼ 1948.36	

B.

Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
Mailing Address 3701 Oakview Drive		Transaction ID: SA11AI.185392
City Orlando	State FL	Zip Code 32812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.63
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 ▼ 2046.99	

C.

Full Name (Last, First, Middle Initial) BRENDA L BENTON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
Mailing Address 6800 N. High Street		Transaction ID: SA11AI.183576
City Worthington	State OH	Zip Code 43085-2512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.40
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 ▼ 478.16	

SUBTOTAL of Receipts This Page (optional)	▶	221.45
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 80 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BRENDA L BENTON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 6800 N. High Street		Transaction ID: SA11AI.183683	
City Worthington	State OH	Zip Code 43085-2512	Amount of Each Receipt this Period 25.40
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 ▼ 503.56		

B.

Full Name (Last, First, Middle Initial) BRENDA L BENTON		Date of Receipt MM / DD / YYYY 11 / 15 / 2010	
Mailing Address 6800 N. High Street		Transaction ID: SA11AI.185393	
City Worthington	State OH	Zip Code 43085-2512	Amount of Each Receipt this Period 25.40
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 ▼ 528.96		

C.

Full Name (Last, First, Middle Initial) PAUL L. BENTON		Date of Receipt MM / DD / YYYY 10 / 25 / 2010	
Mailing Address P.O. Box 351130		Transaction ID: SA11AI.183782	
City Seattle	State WA	Zip Code 98195-1130	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/UNIV OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 462.00		

SUBTOTAL of Receipts This Page (optional)	▶	92.80
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 81 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
STEVEN BERGER
 Mailing Address **190 W. Ostend Street**
Suite 101
 City **Baltimore** State **MD** Zip Code **21230**
 Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.185511
 Amount of Each Receipt this Period **45.82**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MD CN 982** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **504.02**

B. Full Name (Last, First, Middle Initial)
GINGER K. BERNETHY
 Mailing Address **1212 Jefferson St., SE**
Suite 300
 City **Olympia** State **WA** Zip Code **98501**
 Date of Receipt **10 / 25 / 2010**
Transaction ID: SA11AI.183277
 Amount of Each Receipt this Period **10.50**
 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 **210.00**

C. Full Name (Last, First, Middle Initial)
GINGER K. BERNETHY
 Mailing Address **1212 Jefferson St., SE**
Suite 300
 City **Olympia** State **WA** Zip Code **98501**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.184997
 Amount of Each Receipt this Period **10.50**
 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 **220.50**

SUBTOTAL of Receipts This Page (optional) ► **66.82**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) JACK BERNFELD	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 8033 Excelsior Drive Suite B	Transaction ID: SA11AI.185986
	City Madison State WI Zip Code 53717-1903	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00	

B.	Full Name (Last, First, Middle Initial) PATRICIA A. BERRY	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1658 Rainbow Park	Transaction ID: SA11AI.182837
	City Columbus State OH Zip Code 43206	Amount of Each Receipt this Period 10.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA A. BERRY	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1658 Rainbow Park	Transaction ID: SA11AI.184595
	City Columbus State OH Zip Code 43206	Amount of Each Receipt this Period 10.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PATRICIA A. BERRY	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1658 Rainbow Park	Transaction ID: SA11AI.185562
	City State Zip Code Columbus OH 43206	Amount of Each Receipt this Period 10.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) JAMES BESTPITCH	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 11922 Getson Lane	Transaction ID: SA11AI.186826
	City State Zip Code Cumberland MD 21502	Amount of Each Receipt this Period 52.72
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 579.92	

C.	Full Name (Last, First, Middle Initial) JAMES BESTPITCH	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 11922 Getson Lane	Transaction ID: SA11AI.186851
	City State Zip Code Cumberland MD 21502	Amount of Each Receipt this Period 52.72
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 632.64	

SUBTOTAL of Receipts This Page (optional)	115.44
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 84 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 DALE A. BESTWICK
 Mailing Address 669 Sanchez Trail
 City Mercer State PA Zip Code 16137
 Date of Receipt: 10 / 29 / 2010
 Transaction ID: SA11AI.186207
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AFSCME PA CN 13/STATE OF PA
 Occupation: CLERICAL/ADMINISTRATIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 220.00

B. Full Name (Last, First, Middle Initial)
 OWEN R. BICKFORD
 Mailing Address 4320 NW Second Avenue
 City Des Moines State IA Zip Code 50313
 Date of Receipt: 11 / 17 / 2010
 Transaction ID: SA11AI.187111
 Amount of Each Receipt this Period: 9.67
 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: 203.07

C. Full Name (Last, First, Middle Initial)
 ALFRED L. BIERBRODT, JR.
 Mailing Address 307 Huber Street Apt. A
 City Anamosa State IA Zip Code 52205
 Date of Receipt: 11 / 17 / 2010
 Transaction ID: SA11AI.187115
 Amount of Each Receipt this Period: 9.64
 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: 202.44

SUBTOTAL of Receipts This Page (optional) ► **39.31**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 85 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JEFFREY BIGELOW
 Mailing Address **29 N. Wacker Drive**
 City **Chicago** State **IL** Zip Code **60606**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184258
 Amount of Each Receipt this Period **78.86**
 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 **788.60**

B. Full Name (Last, First, Middle Initial)
DEBORAH K. BINDAS
 Mailing Address **901 North Road S.E.**
 City **Niles** State **OH** Zip Code **44446**
 Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.184474
 Amount of Each Receipt this Period **22.74**
 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 **250.14**

C. Full Name (Last, First, Middle Initial)
CAROL J. BIRD
 Mailing Address **4834 Poplar Street #2**
 City **Norwood** State **OH** Zip Code **45212**
 Date of Receipt **10 / 22 / 2010**
Transaction ID: SA11AI.182838
 Amount of Each Receipt this Period **11.00**
 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 **231.00**

SUBTOTAL of Receipts This Page (optional) ► **112.60**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 86 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 CAROL J. BIRD
 Mailing Address 4834 Poplar Street #2
 City Norwood State OH Zip Code 45212
 Date of Receipt 11 / 05 / 2010
Transaction ID: SA11AI.184596
 Amount of Each Receipt this Period 11.00
 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 242.00

B. Full Name (Last, First, Middle Initial)
 CAROL J. BIRD
 Mailing Address 4834 Poplar Street #2
 City Norwood State OH Zip Code 45212
 Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185563
 Amount of Each Receipt this Period 11.00
 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 253.00

C. Full Name (Last, First, Middle Initial)
 JEFFERY J. BIRTNEN
 Mailing Address 7650 23rd Street N.
 City Oakdale State MN Zip Code 55128
 Date of Receipt 10 / 28 / 2010
Transaction ID: SA11AI.186725
 Amount of Each Receipt this Period 22.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN 14 MBR Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 259.00

SUBTOTAL of Receipts This Page (optional) ► 44.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 1078
(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

A.

Full Name (Last, First, Middle Initial) CHRISTINE C. BISCHOFF		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 1825 Maple Avenue		Transaction ID: SA11AI.187643
City Peekskill	State NY	Zip Code 10566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.04	

B.

Full Name (Last, First, Middle Initial) CHRISTINE C. BISCHOFF		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 1825 Maple Avenue		Transaction ID: SA11AI.187644
City Peekskill	State NY	Zip Code 10566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28	

C.

Full Name (Last, First, Middle Initial) CHRISTINE C. BISCHOFF		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1825 Maple Avenue		Transaction ID: SA11AI.187645
City Peekskill	State NY	Zip Code 10566
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	

SUBTOTAL of Receipts This Page (optional)	▶	57.72
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PAUL BISSEN		Date of Receipt
	Mailing Address 1906 Bear Court SE		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rochester	MN	55904
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186669
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="378.00"/>	<input type="text" value="26.00"/>

B.	Full Name (Last, First, Middle Initial) TARONE BITTNER		Date of Receipt
	Mailing Address 2201 Broadway Suite 315		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Oakland	CA	94612
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME CA LOC 3299		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187759
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="275.00"/>	<input type="text" value="25.00"/>

C.	Full Name (Last, First, Middle Initial) CORNELIA BLACK		Date of Receipt
	Mailing Address 669 E 109th Street		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cleveland	OH	44108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS		Occupation BUS DRIVER	Transaction ID: SA11AI.183863
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="12.50"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="63.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CORNELIA BLACK		Date of Receipt
	Mailing Address 669 E 109th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Cleveland	OH	44108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186422
Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.50	<input type="text"/> 12.50

B.	Full Name (Last, First, Middle Initial) CORNELIA BLACK		Date of Receipt
	Mailing Address 669 E 109th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 18 / 2010
	City	State	Zip Code
	Cleveland	OH	44108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186423
Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00	<input type="text"/> 12.50

C.	Full Name (Last, First, Middle Initial) MICHAEL BLAIR		Date of Receipt
	Mailing Address 8 Beacon Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	Boston	MA	02108-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185492
Name of Employer AFSCME MA CN 93		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 431.42	<input type="text"/> 39.22

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 64.22
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 / 1078
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) WALTER BLAIR		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 2223 Wintergreen Avenue		Transaction ID: SA11AI.183577		
	City District Heights	State MD	Zip Code 20747	Amount of Each Receipt this Period 41.06	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.08			

B.	Full Name (Last, First, Middle Initial) WALTER BLAIR		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 2223 Wintergreen Avenue		Transaction ID: SA11AI.183684		
	City District Heights	State MD	Zip Code 20747	Amount of Each Receipt this Period 41.06	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 821.14			

C.	Full Name (Last, First, Middle Initial) WALTER BLAIR		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 2223 Wintergreen Avenue		Transaction ID: SA11AI.185394		
	City District Heights	State MD	Zip Code 20747	Amount of Each Receipt this Period 41.06	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 862.20			

SUBTOTAL of Receipts This Page (optional)	▶	123.18
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KORY BLAKE	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1410 Bush Street Suite A	Transaction ID: SA11AI.186827
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 40.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 443.30	

B.	Full Name (Last, First, Middle Initial) KORY BLAKE	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1410 Bush Street Suite A	Transaction ID: SA11AI.186852
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 40.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 483.60	

C.	Full Name (Last, First, Middle Initial) RONALD F. BLATT	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2202 S. Racoon Road Apt. 4	Transaction ID: SA11AI.183801
	City State Zip Code Austintown OH 44515	Amount of Each Receipt this Period 19.24
	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 ▼ 463.28	

SUBTOTAL of Receipts This Page (optional)	99.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 1078
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial) RONALD F. BLATT		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2202 S. Racoon Road Apt. 4		Transaction ID: SA11AI.186361
City Austintown	State Zip Code OH 44515	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24
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 ▼ 482.52	

B.

Full Name (Last, First, Middle Initial) JOHN A. BLESSING		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 2119 Robinwood Avenue		Transaction ID: SA11AI.184475
City Toledo	State Zip Code OH 43620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.52
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 ▼ 609.08	

C.

Full Name (Last, First, Middle Initial) LISA A. BLEVINS		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 11907 Tarragon Road #G		Transaction ID: SA11AI.185395
City Reisterstown	State Zip Code MD 21136	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	84.76
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 93 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
HEIDI L. BLINDAUER

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.185000
Amount of Each Receipt this Period 10.00

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

Mailing Address 7426 Harrison Street

City Forest Park State IL Zip Code 60130

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.56

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.184259
Amount of Each Receipt this Period 49.44

C. Full Name (Last, First, Middle Initial)
LANETTE R. BLOEM

Mailing Address 164 Hilltop Drive

City West Branch State IA Zip Code 52538

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 ▼ 404.04

Date of Receipt 10 / 26 / 2010
Transaction ID: SA11AI.187116
Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional) ► 78.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LANETTE R. BLOEM		Date of Receipt
	Mailing Address 164 Hilltop Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	West Branch	IA	52538
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187117
Name of Employer AFSCME IA CN 61/DOCS		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.28	<input type="text"/> 19.24

B.	Full Name (Last, First, Middle Initial) JAMES T. BLOOM		Date of Receipt
	Mailing Address 2333 Priscilla Street Apt. 11		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 18 / 2010
	City	State	Zip Code
	St. Paul	MN	55108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186726
Name of Employer AFSCME MN CN 5/ST. PAUL CITY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) JAMES T. BLOOM		Date of Receipt
	Mailing Address 2333 Priscilla Street Apt. 11		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 01 / 2010
	City	State	Zip Code
	St. Paul	MN	55108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186727
Name of Employer AFSCME MN CN 5/ST. PAUL CITY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 39.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JAMES T. BLOOM		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2333 Priscilla Street Apt. 11		Transaction ID: SA11AI.186728
City St. Paul	State Zip Code MN 55108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME MN CN 5/ST. PAUL CITY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) KAREN BLOOMINGDALE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 4301 Executive Park Drive		Transaction ID: SA11AI.185232
City Harrisburg	State Zip Code PA 17111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.20
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 ▼ 724.04	

C.

Full Name (Last, First, Middle Initial) DAVID L. BLYTH		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 1656 Gilbert Road		Transaction ID: SA11AI.184476
City Toledo	State Zip Code OH 43614	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.94
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 ▼ 574.36	

SUBTOTAL of Receipts This Page (optional)	▶	133.14
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 1078						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) EUGENE BOATRIGHT		Date of Receipt	
	Mailing Address 8542 South Bishop		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184260
	Chicago	IL	60620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		53.42	
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 ▼ 525.08		

B.	Full Name (Last, First, Middle Initial) CINDY L. BOBBITT		Date of Receipt	
	Mailing Address 2958 Pleasant Drive NE		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.182841
	Lancaster	OH	43130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS CUSTOMER SERVICES REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.00		

C.	Full Name (Last, First, Middle Initial) CINDY L. BOBBITT		Date of Receipt	
	Mailing Address 2958 Pleasant Drive NE		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184599
	Lancaster	OH	43130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS CUSTOMER SERVICES REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00		

SUBTOTAL of Receipts This Page (optional)	▶	73.42
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 97 / 1078
(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

A.

Full Name (Last, First, Middle Initial) CINDY L. BOBBITT		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 2958 Pleasant Drive NE		Transaction ID: SA11AI.185566
City Lancaster	State OH	Zip Code 43130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICES REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

B.

Full Name (Last, First, Middle Initial) JOYCE C. BOBO		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 5745 Hamill Road		Transaction ID: SA11AI.183802
City Albany	State OH	Zip Code 45710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) JOYCE C. BOBO		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 5745 Hamill Road		Transaction ID: SA11AI.186362
City Albany	State OH	Zip Code 45710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BARRY BOGARDE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 4303 Vermont Court		Transaction ID: SA11AI.185233
City Harrisburg	State PA	Zip Code 17112-9512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.54
Name of Employer AFSCME PA CN 13	Occupation UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1226.48	

B.

Full Name (Last, First, Middle Initial) CYNTHIA E. BOGGAN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 584 Summerwind Lane		Transaction ID: SA11AI.186424
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH LOC 4/OLENTANGY LSD	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

C.

Full Name (Last, First, Middle Initial) CYNTHIA E. BOGGAN		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 584 Summerwind Lane		Transaction ID: SA11AI.186425
City Lewis Center	State OH	Zip Code 43035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH LOC 4/OLENTANGY LSD	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional)	129.78
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 99 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JANET BOLAND

Mailing Address 1938 S. County Line Road

City State Zip Code
Geneva OH 44041

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

Name of Employer Occupation
AFSCME OH CN 8/ASHTABULA CNTY STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.187880

Amount of Each Receipt this Period
11.90

B. Full Name (Last, First, Middle Initial)
JANET BOLAND

Mailing Address 1938 S. County Line Road

City State Zip Code
Geneva OH 44041

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

Name of Employer Occupation
AFSCME OH CN 8/ASHTABULA CNTY STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 249.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.187881

Amount of Each Receipt this Period
11.90

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

Mailing Address 1003 S Frazier Street

City State Zip Code
Philadelphia PA 19143

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

Name of Employer Occupation
AFSCME PA CN 47/LOCAL 2187 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 339.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184215

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional) ► 37.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) KAHIM BOLES	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1003 S Frazier Street	Transaction ID: SA11AI.186195
	City Philadelphia State PA Zip Code 19143	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 47/LOCAL 2187 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.25	

B.	Full Name (Last, First, Middle Initial) LYNDA L. BOLIN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 8 Circle Drive	Transaction ID: SA11AI.183803
	City The Plains State OH Zip Code 45780	Amount of Each Receipt this Period 19.24
	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 ▼ 463.28	

C.	Full Name (Last, First, Middle Initial) LYNDA L. BOLIN	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 8 Circle Drive	Transaction ID: SA11AI.186363
	City The Plains State OH Zip Code 45780	Amount of Each Receipt this Period 19.24
	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 ▼ 482.52	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) SHAWN P. BOLLER	Date of Receipt
	Mailing Address 341 Chartwell Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City State Zip Code Mount Gilead OH 43338	Transaction ID: SA11AI.182844
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) SHAWN P. BOLLER	Date of Receipt
	Mailing Address 341 Chartwell Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City State Zip Code Mount Gilead OH 43338	Transaction ID: SA11AI.184602
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 230.00	

C.	Full Name (Last, First, Middle Initial) SHAWN P. BOLLER	Date of Receipt
	Mailing Address 341 Chartwell Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City State Zip Code Mount Gilead OH 43338	Transaction ID: SA11AI.185569
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 102 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 ALAN R. BOLLINGER
 Mailing Address P.O. Box 577
 City State Zip Code
 Saint Paris OH 43072
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.182845
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN III
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

B. Full Name (Last, First, Middle Initial)
 ALAN R. BOLLINGER
 Mailing Address P.O. Box 577
 City State Zip Code
 Saint Paris OH 43072
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 1 0
Transaction ID: SA11AI.184603
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN III
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

C. Full Name (Last, First, Middle Initial)
 ALAN R. BOLLINGER
 Mailing Address P.O. Box 577
 City State Zip Code
 Saint Paris OH 43072
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.185570
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN III
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

SUBTOTAL of Receipts This Page (optional) ► 30.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 103 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GEORGE A. BONCORAGLIO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0
Mailing Address 344 Maine Avenue		Transaction ID: SA11AI.187646
City Staten Island	State NY	Zip Code 10314-2209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation INT'L VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

B.

Full Name (Last, First, Middle Initial) GEORGE A. BONCORAGLIO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
Mailing Address 344 Maine Avenue		Transaction ID: SA11AI.184216
City Staten Island	State NY	Zip Code 10314-2209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation INT'L VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

C.

Full Name (Last, First, Middle Initial) GEORGE A. BONCORAGLIO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 1 0
Mailing Address 344 Maine Avenue		Transaction ID: SA11AI.187647
City Staten Island	State NY	Zip Code 10314-2209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation INT'L VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	22.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GEORGE A. BONCORAGLIO		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 344 Maine Avenue		Transaction ID: SA11AI.187648
City Staten Island	State NY	Zip Code 10314-2209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation INT'L VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00	

B.

Full Name (Last, First, Middle Initial) BRUCE BOND		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 86 Parkwood Blvd.		Transaction ID: SA11AI.185571
City Mansfield	State OH	Zip Code 44906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) CATHERINE J. BOND		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 48048 Sarahsville Road		Transaction ID: SA11AI.182847
City Caldwell	State OH	Zip Code 43724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation LIBRARY ASSISTANT II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

SUBTOTAL of Receipts This Page (optional)	▶	27.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 / 1078						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) CATHERINE J. BOND		Date of Receipt	
	Mailing Address 48048 Sarahsville Road		M M / D D / Y Y Y Y Y 11 / 05 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.184605
	Caldwell	OH	43724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		13.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation LIBRARY ASSISTANT II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

B.	Full Name (Last, First, Middle Initial) CATHERINE J. BOND		Date of Receipt	
	Mailing Address 48048 Sarahsville Road		M M / D D / Y Y Y Y Y 11 / 19 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.185572
	Caldwell	OH	43724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		13.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation LIBRARY ASSISTANT II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00		

C.	Full Name (Last, First, Middle Initial) DEBRA BOND		Date of Receipt	
	Mailing Address 1295 Mariuon Road		M M / D D / Y Y Y Y Y 10 / 29 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.186670
	Rochester	MN	55904-5780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	▶	46.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 106 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL P. BONETTI	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1901 JFK Blvd. # 613	Transaction ID: SA11AI.186196
	City Philadelphia State PA Zip Code 19103	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 47/LOCAL 2187 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) SHAWN L. BONJOUR	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 509 Aztalan Drive	Transaction ID: SA11AI.185964
	City Madison State WI Zip Code 53718	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40/CTY OF MADISON Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 377.00	

C.	Full Name (Last, First, Middle Initial) SHAWN L. BONJOUR	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 509 Aztalan Drive	Transaction ID: SA11AI.185965
	City Madison State WI Zip Code 53718	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40/CTY OF MADISON Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JEAN B. BORD

Mailing Address 945 Dove Street

City State Zip Code
Oshkosh WI 54902

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.184116

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
JEAN B. BORD

Mailing Address 945 Dove Street

City State Zip Code
Oshkosh WI 54902

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

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.184117

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
PAMELA BORDEN

Mailing Address 5947 Cooper

City State Zip Code
Taylor MI 48180

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

Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 438.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.184012

Amount of Each Receipt this Period
22.15

SUBTOTAL of Receipts This Page (optional) ► **42.15**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 1078
(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

A.

Full Name (Last, First, Middle Initial) PAMELA BORDEN		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 5947 Cooper		Transaction ID: SA11AI.185334
City Taylor	State MI	Zip Code 48180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.30
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 ▼ 482.82	

B.

Full Name (Last, First, Middle Initial) MATHEW A. BORDERS		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187121
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
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 ▼ 202.02	

C.

Full Name (Last, First, Middle Initial) BENJAMIN BORGES-HERNANDEZ		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address Paseo De Palma Real Buzon 185		Transaction ID: SA11AI.183579
City Juncos	State PR	Zip Code 00777-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.17
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.45	

SUBTOTAL of Receipts This Page (optional)	91.09
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 Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BENJAMIN BORGES-HERNANDEZ	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address Paseo De Palma Real Buzon 185	Transaction ID: SA11AI.183686
	City Juncos State PR Zip Code 00777-0000	Amount of Each Receipt this Period 37.17
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 726.62	

B.	Full Name (Last, First, Middle Initial) BENJAMIN BORGES-HERNANDEZ	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address Paseo De Palma Real Buzon 185	Transaction ID: SA11AI.185396
	City Juncos State PR Zip Code 00777-0000	Amount of Each Receipt this Period 37.17
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 763.79	

C.	Full Name (Last, First, Middle Initial) CAROL BOWSHIER	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 159 East Main Street	Transaction ID: SA11AI.186537
	City Mt. Sterling State OH Zip Code 43143	Amount of Each Receipt this Period 72.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11 Occupation OPERATIONS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 864.00	

SUBTOTAL of Receipts This Page (optional)	146.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ERIC R. BOYD		Date of Receipt	
	Mailing Address 118 East Walnut Street		M M / D D / Y Y Y Y Y 11 / 08 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.184477
	Westerville	OH	43801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		56.78	
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 ▼ 618.59		

B.	Full Name (Last, First, Middle Initial) JOYCE BOYD		Date of Receipt	
	Mailing Address 6927 Mearl Avenue		M M / D D / Y Y Y Y Y 10 / 22 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.182853
	Cincinnati	OH	45239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation DENTAL ASSISTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) JOYCE BOYD		Date of Receipt	
	Mailing Address 6927 Mearl Avenue		M M / D D / Y Y Y Y Y 11 / 05 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.184611
	Cincinnati	OH	45239	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation DENTAL ASSISTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	▶	76.78
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 111 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOYCE BOYD		Date of Receipt																					
	Mailing Address 6927 Mearl Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	1	0														
	City State Zip Code Cincinnati OH 45239		Transaction ID: SA11AI.185578																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: DENTAL ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>		10.00																				
10.00																								

B.	Full Name (Last, First, Middle Initial) ROY E. BOYES		Date of Receipt																					
	Mailing Address 10104 Ruth Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	6	/	2	0	1	0														
	City State Zip Code Wadsworth OH 44281		Transaction ID: SA11AI.187883																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME OH CN 8/WADSWORTH Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>		10.00																				
10.00																								

C.	Full Name (Last, First, Middle Initial) ROY E. BOYES		Date of Receipt																					
	Mailing Address 10104 Ruth Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	0	/	2	0	1	0														
	City State Zip Code Wadsworth OH 44281		Transaction ID: SA11AI.187884																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME OH CN 8/WADSWORTH Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		<table border="1"> <tr> <td colspan="10">10.00</td> </tr> </table>		10.00																				
10.00																								

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>30.00</td></tr></table>	30.00
30.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 112 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ANDREA BRACHTER	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 4301 Executive Park Drive	Transaction ID: SA11AI.185234
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 22.68
	FEC ID number of contributing federal political committee. C	
	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 ▼ 247.64	

B.	Full Name (Last, First, Middle Initial) MIKE BRADLEY	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2320 Turner Lane	Transaction ID: SA11AI.186828
	City State Zip Code Bel Air MD 21015	Amount of Each Receipt this Period 35.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MD CN 67 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.78	

C.	Full Name (Last, First, Middle Initial) MIKE BRADLEY	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 2320 Turner Lane	Transaction ID: SA11AI.186853
	City State Zip Code Bel Air MD 21015	Amount of Each Receipt this Period 35.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MD CN 67 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 431.76	

SUBTOTAL of Receipts This Page (optional)	▶	94.64
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 113 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) NORMA BRAIDIGAN		Date of Receipt
	Mailing Address 300 N Derr Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
	City	State	Zip Code
	Lewisburg	PA	17837-1387
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186819
Name of Employer AFSCME INT'L/STATE STREET		Occupation RETIREE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 220.00	

B.	Full Name (Last, First, Middle Initial) TALISHIA R. BRANDAO		Date of Receipt
	Mailing Address 155 Market Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Highspire	PA	17034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186209
Name of Employer AFSCME PA CN 13/STATE OF PA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) MARTHA J. BRANDLY		Date of Receipt
	Mailing Address 8033 Excelsior Drive Suite A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
	City	State	Zip Code
	Madison	WI	53717-1903
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186012
Name of Employer AFSCME WI CN 40		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 385.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MARTHA J. BRANDLY	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 8033 Excelsior Drive Suite A	Transaction ID: SA11AI.185987
	City Madison State WI Zip Code 53717-1903	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00	

B.	Full Name (Last, First, Middle Initial) MARTHA J. BRANDLY	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 8033 Excelsior Drive Suite A	Transaction ID: SA11AI.186013
	City Madison State WI Zip Code 53717-1903	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) JOANNE BRANNOCK	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 85 Hancock Drive	Transaction ID: SA11AI.187649
	City Glenmont State NY Zip Code 12077	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional)	44.62
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 115 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
JOANNE BRANNOCK

Mailing Address 85 Hancock Drive

City State Zip Code
Glenmont NY 12077

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

Name of Employer
AFSCME NY LOC 1000/NYS AD-MIN.

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.26

Date of Receipt
MM / DD / YYYY
11 / 10 / 2010

Transaction ID: SA11AI.187650

Amount of Each Receipt this Period
9.62

B.

Full Name (Last, First, Middle Initial)
CHERYELLE L. BRATCHER

Mailing Address 13 B Calle Carla

City State Zip Code
Santa Fe NM 87501

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

Name of Employer
AFSCME NM LOC 1199

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.186994

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
NIKKI BRAYMAN

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/SOWA

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: SA11AI.183285

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **40.12**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 116 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) NIKKI BRAYMAN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185005		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

B.	Full Name (Last, First, Middle Initial) WILLIAM BRENNER		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 3300 Old Trail Road		Transaction ID: SA11AI.185235		
	City York Haven	State PA	Zip Code 17370	Amount of Each Receipt this Period 84.94	
	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 ▼ 871.09			

C.	Full Name (Last, First, Middle Initial) KAREN L. BRIGHT		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address P.O. Box 78		Transaction ID: SA11AI.187651		
	City Wampsville	State NY	Zip Code 13163	Amount of Each Receipt this Period 20.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME NY LOC 1000/NYS AD- MIN.	Occupation DELEGATE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.40			

SUBTOTAL of Receipts This Page (optional)	116.28
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

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

Mailing Address P.O. Box 78

City State Zip Code
Wampsville NY 13163

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

Name of Employer Occupation
AFSCME NY LOC 1000/NYS AD-MIN. DELEGATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.187652

Amount of Each Receipt this Period
20.84

B. Full Name (Last, First, Middle Initial)
JUDITH E. BRINSON

Mailing Address 6530 Dublin Road

City State Zip Code
Delaware OH 43015

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

Name of Employer Occupation
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.62

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184478

Amount of Each Receipt this Period
37.40

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

Mailing Address 1212 Jefferson St., SE Suite 300

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183286

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **68.74**

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 118 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ROBERT BRISTOL		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185006
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.

Full Name (Last, First, Middle Initial) JOE BRITTON		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 4635 Mira Loma Street		Transaction ID: SA11AI.187566
City Castro Valley	State CA	Zip Code 94546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME CA CN 57/EAST BAY PARKS	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) MARIA BRITTON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 12 Archer Avenue		Transaction ID: SA11AI.184261
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.50
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 ▼ 421.63	

SUBTOTAL of Receipts This Page (optional)	▶	83.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) SELENA BRITTON	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1410 Bush Street Suite A	Transaction ID: SA11AI.186829
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 23.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 262.24	

B.	Full Name (Last, First, Middle Initial) SELENA BRITTON	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1410 Bush Street Suite A	Transaction ID: SA11AI.186854
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 23.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.08	

C.	Full Name (Last, First, Middle Initial) HENRY BROCKINGTON	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 1411 Medina Drive	Transaction ID: SA11AI.187129
	City State Zip Code Bettenfor IA 52722	Amount of Each Receipt this Period 10.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IA CN 61/PALMER COLLEGE Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40	

SUBTOTAL of Receipts This Page (optional)	58.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BILL BROCKMILLER	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 1418 10th Street #204	Transaction ID: SA11AI.184118
	City Lacrosse State WI Zip Code 54601	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 771.00	

B.	Full Name (Last, First, Middle Initial) BILL BROCKMILLER	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1418 10th Street #204	Transaction ID: SA11AI.186044
	City Lacrosse State WI Zip Code 54601	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 801.00	

C.	Full Name (Last, First, Middle Initial) PAMELA K. BRODERSEN	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 418 W Santa Clara Avenue	Transaction ID: SA11AI.187591
	City Santa Anna State CA Zip Code 92706	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA LOC 1199/COPE Occupation REGISTRERED NURSE PRACTITIONER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 121 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) PAMELA K. BRODERSEN	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 418 W Santa Clara Avenue	Transaction ID: SA11AI.187592
	City State Zip Code Santa Anna CA 92706	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 1199/COPE REGISTERED NURSE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) PAMELA K. BRODERSEN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 418 W Santa Clara Avenue	Transaction ID: SA11AI.187593
	City State Zip Code Santa Anna CA 92706	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 1199/COPE REGISTERED NURSE PRACTITIONER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) MATTHEW BROKMAN	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 444 East Main Street	Transaction ID: SA11AI.187026
	City State Zip Code New Britain CT 06051-0000	Amount of Each Receipt this Period 39.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CT CN 4 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.92	

SUBTOTAL of Receipts This Page (optional)	59.92
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 122 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DEBORAH L. BROOKMAN		Date of Receipt
	Mailing Address 1517 5th Avenue SE		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WA CN 28		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.183224
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) CHARLETON D. BROWN		Date of Receipt
	Mailing Address 104 Riverview Drive		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Marietta	OH	45750
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 4/MARIETTA CSD		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.183864
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="218.82"/>	<input type="text" value="10.42"/>

C.	Full Name (Last, First, Middle Initial) LOUIS T. BROWN		Date of Receipt
	Mailing Address 13 Clinton Street		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bloomville	OH	44818
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Transaction ID: SA11AI.182857
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) LOUIS T. BROWN		Date of Receipt																					
	Mailing Address 13 Clinton Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	5	/	2	0	1	0														
	City State Zip Code Bloomville OH 44818		Transaction ID: SA11AI.184617																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
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 ▼ 220.00																						

B.	Full Name (Last, First, Middle Initial) LOUIS T. BROWN		Date of Receipt																					
	Mailing Address 13 Clinton Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	1	0														
	City State Zip Code Bloomville OH 44818		Transaction ID: SA11AI.185584																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
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 ▼ 230.00																						

C.	Full Name (Last, First, Middle Initial) MYRTLE E. BROWN		Date of Receipt																					
	Mailing Address 3331 Maywood Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	1	5	/	2	0	1	0														
	City State Zip Code Flint MI 48504		Transaction ID: SA11AI.187501																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
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 ▼ 312.00																						

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MYRTLE E. BROWN		Date of Receipt
Mailing Address 3331 Maywood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
City	State	Zip Code
Flint	MI	48504
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187502
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
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 ▼	
	<input type="text"/> 337.00	

B.

Full Name (Last, First, Middle Initial) PAMELA D. BROWN		Date of Receipt
Mailing Address 1603 E 27th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 1 0
City	State	Zip Code
Cleveland	OH	44114
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187885
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 9.62
Name of Employer AFSCME OH CN 8/CUYAHOGA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 202.02	

C.

Full Name (Last, First, Middle Initial) PAMELA D. BROWN		Date of Receipt
Mailing Address 1603 E 27th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
City	State	Zip Code
Cleveland	OH	44114
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187886
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 9.62
Name of Employer AFSCME OH CN 8/CUYAHOGA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 211.64	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 44.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A. Full Name (Last, First, Middle Initial)
PAMELA D. BROWN

Mailing Address 1603 E 27th Street

City Cleveland State OH Zip Code 44114

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

Name of Employer AFSCME OH CN 8/CUYAHOGA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt 11 / 17 / 2010

Transaction ID: SA11AI.187887

Amount of Each Receipt this Period 9.62

B. Full Name (Last, First, Middle Initial)
TYLER BROWN

Mailing Address 29 N. Wacker Drive

City Chicago State IL Zip Code 60606

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 656.34

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.184262

Amount of Each Receipt this Period 78.86

C. Full Name (Last, First, Middle Initial)
WILLIAM H. BROWN

Mailing Address 17431 SE Forest Hill Drive

City Damascus State OR Zip Code 97089

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ENVIRONMENTAL SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.186295

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 118.48

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 126 / 1078
(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

A. Full Name (Last, First, Middle Initial)
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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **407.72**

Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185236
 Amount of Each Receipt this Period **48.18**

B. Full Name (Last, First, Middle Initial)
ADRIANE D. BUCHANAN

Mailing Address **17252 Hawthorne Blvd. #277**

City **Torrance** State **CA** Zip Code **90504**

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

Name of Employer **AFSCME CA CN 36/CITY OF LA** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 18 / 2010**
Transaction ID: SA11AI.187542
 Amount of Each Receipt this Period **10.00**

C. Full Name (Last, First, Middle Initial)
ADRIANE D. BUCHANAN

Mailing Address **17252 Hawthorne Blvd. #277**

City **Torrance** State **CA** Zip Code **90504**

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

Name of Employer **AFSCME CA CN 36/CITY OF LA** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.187543
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional) ► **68.18**

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

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

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

FOR LINE NUMBER: PAGE 127 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ADRIANE D. BUCHANAN

Mailing Address 17252 Hawthorne Blvd.
#277

City State Zip Code
Torrance CA 90504

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

Name of Employer Occupation
AFSCME CA CN 36/CITY OF LA STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.187544

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
ROBERT L. BUCKINGHAM

Mailing Address 413 1st Street N.E.

City State Zip Code
Little Falls MN 56345-2607

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 367.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186575

Amount of Each Receipt this Period
24.00

C. Full Name (Last, First, Middle Initial)
ROBERT L. BUCKINGHAM

Mailing Address 413 1st Street N.E.

City State Zip Code
Little Falls MN 56345-2607

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 391.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186621

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional) ► 58.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) EDITH E. BUCKLE		Date of Receipt	
	Mailing Address 1184 Trentwood Road		M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184479
	Columbus	OH	43221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.88	
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 ▼ 558.14		

B.	Full Name (Last, First, Middle Initial) MICHAEL BUESING		Date of Receipt	
	Mailing Address 4218 Nancy Place		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186672
	Shoreview	MN	55126-6412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		48.00	
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 578.00		

C.	Full Name (Last, First, Middle Initial) SHANE A. BUMGARNER		Date of Receipt	
	Mailing Address 2619 S. Walnut		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184263
	Springfield	IL	62704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		47.94	
Name of Employer AFSCME IL CN 31		Occupation ASST MIS SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 479.40		

SUBTOTAL of Receipts This Page (optional)	▶	146.82
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 129 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address P.O. Box 14

City State Zip Code
Copake Falls NY 12517

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

Name of Employer Occupation
AFSCME NY LOC 1000/OYSTER BAY 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 Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.187653

Amount of Each Receipt this Period
9.62

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

Mailing Address P.O. Box 14

City State Zip Code
Copake Falls NY 12517

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

Name of Employer Occupation
AFSCME NY LOC 1000/OYSTER BAY STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.187654

Amount of Each Receipt this Period
9.62

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

Mailing Address 44 Beard Road

City State Zip Code
New Boston NH 03070-0000

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

Name of Employer Occupation
AFSCME MA CN 93 LNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.185493

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **44.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHERRI-ANN BURKE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Mailing Address 1212 Jefferson St. SE Suite 300	Transaction ID: SA11AI.183225
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) CAROL L. BURNETT	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 1921 N. Westmoreland	Transaction ID: SA11AI.183580
	City Arlington State VA Zip Code 22213	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation MANAGER, ART & GRAPHIC DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1083.58	

C.	Full Name (Last, First, Middle Initial) CAROL L. BURNETT	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 1921 N. Westmoreland	Transaction ID: SA11AI.183687
	City Arlington State VA Zip Code 22213	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation MANAGER, ART & GRAPHIC DESIGN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1134.55	

SUBTOTAL of Receipts This Page (optional)	▶	122.94
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CAROL L. BURNETT		Date of Receipt	
	Mailing Address 1921 N. Westmoreland		M M / D D / Y Y Y Y 11 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.185397
	Arlington	VA	22213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.97	
Name of Employer AFSCME INT'L		Occupation MANAGER, ART & GRAPHIC DESIGN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1185.52		

B.	Full Name (Last, First, Middle Initial) DOUGLAS R. BURNETT		Date of Receipt	
	Mailing Address 1625 L. Street NW		M M / D D / Y Y Y Y 10 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.183581
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		43.34	
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 823.50		

C.	Full Name (Last, First, Middle Initial) DOUGLAS R. BURNETT		Date of Receipt	
	Mailing Address 1625 L. Street NW		M M / D D / Y Y Y Y 10 / 29 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.183688
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		43.34	
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 866.84		

SUBTOTAL of Receipts This Page (optional)	▶	137.65
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
DOUGLAS R. BURNETT

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** Occupation **POLITICAL ACTION COORDINATOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.83**

Date of Receipt **11 / 15 / 2010**

Transaction ID: SA11AI.185398

Amount of Each Receipt this Period **43.99**

B.

Full Name (Last, First, Middle Initial)
MARY T. BURPEE

Mailing Address **609 W. Walworth Street**

City **Elkhorn** State **WI** Zip Code **53121**

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

Name of Employer **AFSCME WI CN 40** Occupation **ORGANIZER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 02 / 2010**

Transaction ID: SA11AI.185988

Amount of Each Receipt this Period **30.00**

C.

Full Name (Last, First, Middle Initial)
SUSAN BURT

Mailing Address **9000 Bloomington Avenue**

City **Bloomington** State **MN** Zip Code **55425-2306**

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

Name of Employer **AFSCME MN CN 5/STATE OF MN** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.186673

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional) ► **93.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 1078
(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

A.

Full Name (Last, First, Middle Initial) PAMELA L. BURTON		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 5929 Oakwood Street Apt. #2		Transaction ID: SA11AI.184480
City Cincinnati	State Zip Code OH 45224	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.46
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date ▼ 322.53
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) PEGGY S. BURTON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 6 Georg Road		Transaction ID: SA11AI.184354
City Petersburg	State Zip Code IL 62675	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.48
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation DATA PROCESSING TECH	Aggregate Year-to-Date ▼ 413.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) DARNELL N. BUSCH		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 6309 Desmond Street		Transaction ID: SA11AI.185587
City Cincinnati	State Zip Code OH 45227	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	Aggregate Year-to-Date ▼ 207.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	59.94
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 134 / 1078
(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>A. Full Name (Last, First, Middle Initial) DONALD E. BUSH</p> <p>Mailing Address 2721 8th Avenue</p> <p>City State Zip Code Rock Island IL 61201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IL CN 31/STATE OF IL 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 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184355</p> <p>Amount of Each Receipt this Period 24.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) JOEY M. BUTCHER</p> <p>Mailing Address 2600 Delamaine Drive</p> <p>City State Zip Code Grove City OH 43123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNTANT/EXAMINER</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 1 0 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.182861</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) JOEY M. BUTCHER</p> <p>Mailing Address 2600 Delamaine Drive</p> <p>City State Zip Code Grove City OH 43123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNTANT/EXAMINER</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 1 1 / 0 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184621</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

SUBTOTAL of Receipts This Page (optional)	44.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOEY M. BUTCHER	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 2600 Delamaine Drive	Transaction ID: SA11AI.185588
	City State Zip Code Grove City OH 43123	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) KATHY R. BUTCHER	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 4535 Valleydale Way	Transaction ID: SA11AI.182862
	City State Zip Code Columbus OH 43231	Amount of Each Receipt this Period 11.72
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.12	

C.	Full Name (Last, First, Middle Initial) KATHY R. BUTCHER	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 4535 Valleydale Way	Transaction ID: SA11AI.184622
	City State Zip Code Columbus OH 43231	Amount of Each Receipt this Period 11.72
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.84	

SUBTOTAL of Receipts This Page (optional)	33.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KATHY R. BUTCHER	Date of Receipt
	Mailing Address 4535 Valleydale Way	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City State Zip Code Columbus OH 43231	Transaction ID: SA11AI.185589
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 11.72
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 269.56	

B.	Full Name (Last, First, Middle Initial) KATHY A. BUTLER	Date of Receipt
	Mailing Address 308 W 5th Box 78	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City State Zip Code Woodward IA 50276	Transaction ID: SA11AI.187133
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 420.00	

C.	Full Name (Last, First, Middle Initial) KATHY A. BUTLER	Date of Receipt
	Mailing Address 308 W 5th Box 78	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City State Zip Code Woodward IA 50276	Transaction ID: SA11AI.187134
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 440.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 51.72
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 1078
(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

A. Full Name (Last, First, Middle Initial)
KATHY A. BUTLER

Mailing Address 308 W 5th
Box 78

City Woodward State IA Zip Code 50276

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

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 01 / 2010
Transaction ID: SA11AI.187135
Amount of Each Receipt this Period: 20.00

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

Mailing Address 308 W 5th
Box 78

City Woodward State IA Zip Code 50276

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

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 11 / 17 / 2010
Transaction ID: SA11AI.187136
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
MATT BUTLER

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

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

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: SA11AI.187062
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

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

FOR LINE NUMBER: PAGE 138 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
NICOLE BUTLER

Mailing Address 3011 29th Avenue NW

City Olympia State WA Zip Code 98502

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

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.50

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183287
Amount of Each Receipt this Period 15.00

B. Full Name (Last, First, Middle Initial)
NICOLE BUTLER

Mailing Address 3011 29th Avenue NW

City Olympia State WA Zip Code 98502

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

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.50

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.185007
Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
LORI L. BUTTERFIELD

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.185008
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BARBARA E. BUZA			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 313 Tommys Turnpike			Transaction ID: SA11AI.184121		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Stevens Point	WI	54481	17.90		
	FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 393.80				

B.	Full Name (Last, First, Middle Initial) BARBARA E. BUZA			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0		
	Mailing Address 313 Tommys Turnpike			Transaction ID: SA11AI.186045		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Stevens Point	WI	54481	17.90		
	FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 411.70				

C.	Full Name (Last, First, Middle Initial) BARBARA E. BUZA			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0		
	Mailing Address 313 Tommys Turnpike			Transaction ID: SA11AI.186046		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Stevens Point	WI	54481	17.90		
	FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 429.60				

SUBTOTAL of Receipts This Page (optional)	▶	53.70
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOY CAGE		Date of Receipt
	Mailing Address 9022 East E Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Parkland	WA	98445-2259
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183289
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 12.50

B.	Full Name (Last, First, Middle Initial) JOY CAGE		Date of Receipt
	Mailing Address 9022 East E Street		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Parkland	WA	98445-2259
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185009
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 262.50	<input type="text"/> 12.50

C.	Full Name (Last, First, Middle Initial) SUSAN CAHEN		Date of Receipt
	Mailing Address 5384 Meadow Wood Blvd.		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Lyndhurst	OH	44124
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183804
Name of Employer AFSCME OH LOC 4		Occupation FIELD REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 530.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SUSAN CAHEN	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 5384 Meadow Wood Blvd.	Transaction ID: SA11AI.186364
	City State Zip Code Lyndhurst OH 44124	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) NINA M. CALABRIA	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 6124 Crystal Valley Drive	Transaction ID: SA11AI.183805
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

C.	Full Name (Last, First, Middle Initial) NINA M. CALABRIA	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 6124 Crystal Valley Drive	Transaction ID: SA11AI.186365
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANGELA M. CALDWELL	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 3664 Stirling Court	Transaction ID: SA11AI.184481
	City Cleveland State OH Zip Code 44115-3091	Amount of Each Receipt this Period 63.24
	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 ▼ 693.75	

B.	Full Name (Last, First, Middle Initial) CHAD D. CALDWELL	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1468 Galway Bend Drive S.	Transaction ID: SA11AI.183806
	City Pataskala State OH Zip Code 43062	Amount of Each Receipt this Period 25.00
	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 ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) CHAD D. CALDWELL	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1468 Galway Bend Drive S.	Transaction ID: SA11AI.186366
	City Pataskala State OH Zip Code 43062	Amount of Each Receipt this Period 25.00
	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 ▼ 575.00	

SUBTOTAL of Receipts This Page (optional)	113.24
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PAMELA D. CALDWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 1861 Bairsford Drive	Transaction ID: SA11AI.182864
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) PAMELA D. CALDWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 1861 Bairsford Drive	Transaction ID: SA11AI.184624
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) PAMELA D. CALDWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	Mailing Address 1861 Bairsford Drive	Transaction ID: SA11AI.185591
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MICHAEL A. CALING		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185010
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) CALVIN A. CALKINS		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 45-480 Hiipoi Street		Transaction ID: SA11AI.183949
City Kaneohe	State HI	Zip Code 96744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) KATE Z. CALLAHAN		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 3809 Monroe Street		Transaction ID: SA11AI.182866
City Toledo	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRAVEL COUNSELOR II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	36.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 145 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) KATE Z. CALLAHAN		Date of Receipt
	Mailing Address 3809 Monroe Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Toledo	OH	43606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184626
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRAVEL COUNSELOR II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 276.00	<input type="text"/> 6.00

B.	Full Name (Last, First, Middle Initial) KATE Z. CALLAHAN		Date of Receipt
	Mailing Address 3809 Monroe Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Toledo	OH	43606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185593
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRAVEL COUNSELOR II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 282.00	<input type="text"/> 6.00

C.	Full Name (Last, First, Middle Initial) ROBERT CALVIN		Date of Receipt
	Mailing Address 45 Church Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Mercer	PA	16137-5911
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185237
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 793.61	<input type="text"/> 70.34

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 82.34
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 JOHN CAMERON
 Mailing Address 6555 N. Maplewood
 City Chicago State IL Zip Code 60645
 Date of Receipt 10 / 29 / 2010
 Transaction ID: SA11AI.184264
 Amount of Each Receipt this Period 74.62
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation DIRECTOR POL./COM. RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 746.20

B. Full Name (Last, First, Middle Initial)
 SUSAN CAMERON
 Mailing Address P.O. Box 32
 City Manistique State MI Zip Code 49854
 Date of Receipt 10 / 18 / 2010
 Transaction ID: SA11AI.184014
 Amount of Each Receipt this Period 21.00
 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 420.00

C. Full Name (Last, First, Middle Initial)
 SUSAN CAMERON
 Mailing Address P.O. Box 32
 City Manistique State MI Zip Code 49854
 Date of Receipt 11 / 02 / 2010
 Transaction ID: SA11AI.184065
 Amount of Each Receipt this Period 21.00
 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 441.00

SUBTOTAL of Receipts This Page (optional) ► **116.62**
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 147 / 1078
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial)
SUSAN CAMERON

Mailing Address **P.O. Box 32**

City **Manistique** State **MI** Zip Code **49854**

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

Name of Employer **AFSCME MI CN 25** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt **11 / 15 / 2010**

Transaction ID: SA11AI.185337

Amount of Each Receipt this Period **21.00**

B.

Full Name (Last, First, Middle Initial)
TERESA CAMPBELL

Mailing Address **3709 Morgan Road**

City **Lake Orion** State **MI** Zip Code **48359**

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

Name of Employer **AFSCME MI CN 25** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 18 / 2010**

Transaction ID: SA11AI.184015

Amount of Each Receipt this Period **21.00**

C.

Full Name (Last, First, Middle Initial)
TERESA CAMPBELL

Mailing Address **3709 Morgan Road**

City **Lake Orion** State **MI** Zip Code **48359**

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

Name of Employer **AFSCME MI CN 25** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **441.00**

Date of Receipt **11 / 02 / 2010**

Transaction ID: SA11AI.184066

Amount of Each Receipt this Period **21.00**

SUBTOTAL of Receipts This Page (optional) ► **63.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TERESA CAMPBELL	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 3709 Morgan Road	Transaction ID: SA11AI.185338
	City State Zip Code Lake Orion MI 48359	Amount of Each Receipt this Period 21.00
	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 ▼ 462.00	

B.	Full Name (Last, First, Middle Initial) ULIQUE A. CAMPBELL	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1633 Berkeley Road	Transaction ID: SA11AI.182867
	City State Zip Code Columbus OH 43207	Amount of Each Receipt this Period 11.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) ULIQUE A. CAMPBELL	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1633 Berkeley Road	Transaction ID: SA11AI.184627
	City State Zip Code Columbus OH 43207	Amount of Each Receipt this Period 11.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	43.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ULIQUE A. CAMPBELL		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 1633 Berkeley Road		Transaction ID: SA11AI.185594
City Columbus	State OH	Zip Code 43207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UNEMPLOYMENT CLAIMS TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.00	

B.

Full Name (Last, First, Middle Initial) CLAYTON L. CAMPO		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 527 Mary Street		Transaction ID: SA11AI.182868
City Marion	State OH	Zip Code 43302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) CLAYTON L. CAMPO		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 527 Mary Street		Transaction ID: SA11AI.184628
City Marion	State OH	Zip Code 43302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CLAYTON L. CAMPO		Date of Receipt
	Mailing Address 527 Mary Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Marion	OH	43302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185595
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) GUY C. CAMPO		Date of Receipt
	Mailing Address 9972 State Route 309		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City	State	Zip Code
	Galion	OH	44833
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.182869
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation MAINTENANCE REPAIR TECH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) GUY C. CAMPO		Date of Receipt
	Mailing Address 9972 State Route 309		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Galion	OH	44833
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184629
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation MAINTENANCE REPAIR TECH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.00	<input type="text"/> 11.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 31.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
GUY C. CAMPO

Mailing Address 9972 State Route 309

City State Zip Code
Galion OH 44833

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH MAINTENANCE REPAIR TECH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 232.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185596

Amount of Each Receipt this Period
11.00

B.

Full Name (Last, First, Middle Initial)
JEANA L. CAMPOLO

Mailing Address 504 E. Burgess Street

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.182870

Amount of Each Receipt this Period
11.00

C.

Full Name (Last, First, Middle Initial)
JEANA L. CAMPOLO

Mailing Address 504 E. Burgess Street

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.184630

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► **33.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JEANA L. CAMPOLO

Mailing Address 504 E. Burgess Street

City State Zip Code
Mount Vernon OH 43050

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185597

Amount of Each Receipt this Period
11.00

B.

Full Name (Last, First, Middle Initial)
ROBERTA CAMPOS

Mailing Address 1431 W Chateau Avenue

City State Zip Code
Anaheim CA 92802

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

Name of Employer Occupation
AFSCME CA LOC 3930 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187803

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
IDA C. CANADY

Mailing Address 1212 Jefferson St., SE Suite 300

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183291

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **41.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 153 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) IDA C. CANADY	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185011
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) DONNA S. CANGEMI	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 11235 Hemlock Drive	Transaction ID: SA11AI.187448
	City Sterling Hqts State MI Zip Code 48312	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MI CN 25/MACOMB CN-TY Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

C.	Full Name (Last, First, Middle Initial) KATHLEEN M. CANTLEY	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 386 Kenneth Drive	Transaction ID: SA11AI.187449
	City Plainwell State MI Zip Code 49080	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MI CN 25/LOCAL 1668 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.00	

SUBTOTAL of Receipts This Page (optional)	▶	41.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 1078
(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

A. Full Name (Last, First, Middle Initial)
KATHLEEN M. CANTLEY

Mailing Address 386 Kenneth Drive

City State Zip Code
Plainwell MI 49080

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

Name of Employer Occupation
AFSCME MI CN 25/LOCAL 1668 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187450

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN M. CANTLEY

Mailing Address 386 Kenneth Drive

City State Zip Code
Plainwell MI 49080

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

Name of Employer Occupation
AFSCME MI CN 25/LOCAL 1668 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187451

Amount of Each Receipt this Period
10.00

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

Mailing Address 4453 Stilley Road

City State Zip Code
Pittsburgh PA 15227

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

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1271.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185238

Amount of Each Receipt this Period
114.54

SUBTOTAL of Receipts This Page (optional) ► **134.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GINO A. CARBENIA		Date of Receipt	
	Mailing Address 9253 Barcroft Drive		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183583
	Indianapolis	IN	46240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.17	
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 ▼ 664.21		

B.	Full Name (Last, First, Middle Initial) GINO A. CARBENIA		Date of Receipt	
	Mailing Address 9253 Barcroft Drive		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183690
	Indianapolis	IN	46240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.17	
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 ▼ 701.38		

C.	Full Name (Last, First, Middle Initial) GINO A. CARBENIA		Date of Receipt	
	Mailing Address 9253 Barcroft Drive		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185400
	Indianapolis	IN	46240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.17	
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 ▼ 738.55		

SUBTOTAL of Receipts This Page (optional)	111.51
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 156 / 1078						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) DENISE L. CAREY		Date of Receipt																					
	Mailing Address 4069 Brookrun Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	1	0														
	City State Zip Code Columbus OH 43204		Transaction ID: SA11AI.182871																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation OFFICE ASSISTANT III																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00																						

B.	Full Name (Last, First, Middle Initial) DENISE L. CAREY		Date of Receipt																					
	Mailing Address 4069 Brookrun Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	5		2	0	1	0														
	City State Zip Code Columbus OH 43204		Transaction ID: SA11AI.184631																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation OFFICE ASSISTANT III																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.00																						

C.	Full Name (Last, First, Middle Initial) DENISE L. CAREY		Date of Receipt																					
	Mailing Address 4069 Brookrun Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	9		2	0	1	0														
	City State Zip Code Columbus OH 43204		Transaction ID: SA11AI.185598																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation OFFICE ASSISTANT III																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 368.00																						

SUBTOTAL of Receipts This Page (optional)	▶	48.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
PAMELA I CARL

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 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
10 / 27 / 2010

Transaction ID: SA11AI.183226

Amount of Each Receipt this Period 21.00

B.

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

Mailing Address 1365 137th Street NW

City Monticello State MN Zip Code 55362

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt M M / D D / Y Y Y Y
10 / 22 / 2010

Transaction ID: SA11AI.186729

Amount of Each Receipt this Period 10.00

C.

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

Mailing Address 1365 137th Street NW

City Monticello State MN Zip Code 55362

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y
11 / 09 / 2010

Transaction ID: SA11AI.186730

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 41.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 873.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186576

Amount of Each Receipt this Period
68.38

B. Full Name (Last, First, Middle Initial)
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 ▼ 942.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186622

Amount of Each Receipt this Period
68.38

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

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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186623

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **156.76**

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 159 / 1078
(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>A. Full Name (Last, First, Middle Initial) SYLVIA C. CARLSON</p> <p>Mailing Address 2936 38th Avenue NE</p> <p>City State Zip Code Tacoma WA 98422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.183294</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align:right;"> <tr><td>10.50</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1	0	10.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	5		2	0	1	0													
10.50																						

<p>B. Full Name (Last, First, Middle Initial) SYLVIA C. CARLSON</p> <p>Mailing Address 2936 38th Avenue NE</p> <p>City State Zip Code Tacoma WA 98422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.50</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.185013</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align:right;"> <tr><td>10.50</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0	10.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	0		2	0	1	0													
10.50																						

<p>C. Full Name (Last, First, Middle Initial) SHERI CARNAHAN</p> <p>Mailing Address 2007 Emerald Drive</p> <p>City State Zip Code Davenport IA 52804</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61 WORKFORCE ADVISOR II</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 627.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.187063</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align:right;"> <tr><td>57.00</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0	57.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		0	9		2	0	1	0													
57.00																						

SUBTOTAL of Receipts This Page (optional)	78.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) THOMAS W. CARNAHAN	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 2007 Emerald Drive	Transaction ID: SA11AI.187137
	City State Zip Code Davenport IA 52804	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99	

B.	Full Name (Last, First, Middle Initial) ADD0 CARPENTER, JR.	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 9212A S. Halsted Avenue	Transaction ID: SA11AI.184358
	City State Zip Code Chicago IL 60620	Amount of Each Receipt this Period 20.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL CHILD SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 379.20	

C.	Full Name (Last, First, Middle Initial) ELAINE CARR	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 1132 W. 111th Street	Transaction ID: SA11AI.184359
	City State Zip Code Chicago IL 60643	Amount of Each Receipt this Period 19.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL ADMIN ASSISTANT I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.42	

SUBTOTAL of Receipts This Page (optional)	59.27
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) WILLIAM J. CARRIER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 731 Mohican Drive	Transaction ID: SA11AI.183865
	City Loveland State OH Zip Code 45140	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	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 ▼ 456.80	

B.	Full Name (Last, First, Middle Initial) WILLIAM J. CARRIER	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 731 Mohican Drive	Transaction ID: SA11AI.186426
	City Loveland State OH Zip Code 45140	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	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 ▼ 477.64	

C.	Full Name (Last, First, Middle Initial) SONIA CARRILLO	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 221 W 15th Place	Transaction ID: SA11AI.187804
	City Delano State CA Zip Code 93215	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	61.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 162 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

CAROLYN CARROLL

Mailing Address 4301 E 162nd Street

City State Zip Code
Cleveland OH 44128

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME OH CN 8/CLEVELAND

Occupation
STAFF REPRESENTATIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

208.32

Date of Receipt

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

Transaction ID: SA11AI.187890

Amount of Each Receipt this Period

9.92

B.

Full Name (Last, First, Middle Initial)

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 ▼

606.90

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.184016

Amount of Each Receipt this Period

30.66

C.

Full Name (Last, First, Middle Initial)

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 ▼

637.56

Date of Receipt

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

Transaction ID: SA11AI.184067

Amount of Each Receipt this Period

30.66

SUBTOTAL of Receipts This Page (optional)

71.24

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 163 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
LEROY CARTER
 Mailing Address **2648 Towner Road**
 City **Ann Arbor** State **MI** Zip Code **48105**
 Date of Receipt: **11 / 15 / 2010**
Transaction ID: SA11AI.185339
 Amount of Each Receipt this Period: **30.66**
 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: **668.22**

B. Full Name (Last, First, Middle Initial)
ANTHONY CASO
 Mailing Address **9 Garden Court**
 City **Boston** State **MA** Zip Code **02113-0000**
 Date of Receipt: **10 / 29 / 2010**
Transaction ID: SA11AI.184217
 Amount of Each Receipt this Period: **41.67**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AFSCME MA CN 93** Occupation: **EXECUTIVE DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **1417.70**

C. Full Name (Last, First, Middle Initial)
ANTHONY CASO
 Mailing Address **9 Garden Court**
 City **Boston** State **MA** Zip Code **02113-0000**
 Date of Receipt: **11 / 09 / 2010**
Transaction ID: SA11AI.185494
 Amount of Each Receipt this Period: **100.10**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AFSCME MA CN 93** Occupation: **EXECUTIVE DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: **1517.80**

SUBTOTAL of Receipts This Page (optional) ► **172.43**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 164 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ROBERT CASON		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 4301 Executive Park Drive		Transaction ID: SA11AI.185239
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.48
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 ▼ 437.18	

B.

Full Name (Last, First, Middle Initial) TARA CAUGHEY		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 114 Thompson Street		Transaction ID: SA11AI.185240
City Dalton	State PA	Zip Code 18414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.20
Name of Employer AFSCME PA CN 13	Occupation CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.02	

C.

Full Name (Last, First, Middle Initial) EDDIE A. CAUMIANT		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 120 S. Virginia Avenue		Transaction ID: SA11AI.184265
City Belleville	State IL	Zip Code 62220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.86
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 ▼ 788.61	

SUBTOTAL of Receipts This Page (optional)	179.54
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 / 1078
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial) ANNE-MARIE CAVANAUGH		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1212 Jefferson St. SE Suite 300		Transaction ID: SA11AI.183227
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) WILLIAM CHAI		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 888 Mililani Street Suite 601		Transaction ID: SA11AI.183950
City Honolulu	State HI	Zip Code 96813-2991
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) STACY CHAMBERLAIN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 5235 NE 23rd Avenue		Transaction ID: SA11AI.186276
City Portland	State OR	Zip Code 97211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME OR CN 75	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	71.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MARY LOUISE CHAPMAN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 5914 Shope Place	Transaction ID: SA11AI.186212
	City State Zip Code Harrisburg PA 17109	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) KIP M. CHATMAN	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 5600 Naiche Road	Transaction ID: SA11AI.182875
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) KIP M. CHATMAN	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 5600 Naiche Road	Transaction ID: SA11AI.184635
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 167 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
KIP M. CHATMAN

Mailing Address 5600 Naiche Road

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 JUVENILE CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 19 / 2010

Transaction ID: SA11AI.185602

Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
JEANETTE CHAVEZ

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 Occupation EXECUTIVE OFFICE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 719.10

Date of Receipt 10 / 15 / 2010

Transaction ID: SA11AI.183584

Amount of Each Receipt this Period 31.81

C. Full Name (Last, First, Middle Initial)
JEANETTE CHAVEZ

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 Occupation EXECUTIVE OFFICE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.91

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.183691

Amount of Each Receipt this Period 31.81

SUBTOTAL of Receipts This Page (optional) ► 73.62

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEANETTE CHAVEZ	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1625 L. Street NW	Transaction ID: SA11AI.185401
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 31.81
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 782.72	

B.	Full Name (Last, First, Middle Initial) KAY CHEREK-HALDER	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 7914 Black River Road	Transaction ID: SA11AI.186024
	City State Zip Code Verona WI 53593	Amount of Each Receipt this Period 63.46
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24	Occupation FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 732.64	

C.	Full Name (Last, First, Middle Initial) R DOUGLAS CHIAPPETTA	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 180 Grand Avenue Suite 1380	Transaction ID: SA11AI.187629
	City State Zip Code Oakland CA 94612	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME CA LOC 206	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00	

SUBTOTAL of Receipts This Page (optional)	115.27
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) R DOUGLAS CHIAPPETTA	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 180 Grand Avenue Suite 1380	Transaction ID: SA11AI.187630
	City State Zip Code Oakland CA 94612	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 206 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.00	

B.	Full Name (Last, First, Middle Initial) KARL E. CHILDRESS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 1605 E Street SE	Transaction ID: SA11AI.183585
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 45.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L MANAGER, APPLICATIONS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 892.47	

C.	Full Name (Last, First, Middle Initial) KARL E. CHILDRESS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 1605 E Street SE	Transaction ID: SA11AI.183692
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 45.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L MANAGER, APPLICATIONS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 938.22	

SUBTOTAL of Receipts This Page (optional)	111.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) KARL E. CHILDRESS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 1605 E Street SE	Transaction ID: SA11AI.185402
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 45.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L MANAGER, APPLICATIONS DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 983.97	

B.	Full Name (Last, First, Middle Initial) MONA K O CHOCK	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	Mailing Address 2392 Kaola Way	Transaction ID: SA11AI.183952
	City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) JUDY K CHOW	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	Mailing Address 888 Mililani Street Suite 601	Transaction ID: SA11AI.183953
	City State Zip Code Honolulu HI 96813-2991	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.75
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 171 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) NICHOLAS L. CHRISTEN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 520 South Second #1500	Transaction ID: SA11AI.184266
	City State Zip Code Springfield IL 62701	Amount of Each Receipt this Period 50.72
	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 ▼ 573.28	

B.	Full Name (Last, First, Middle Initial) SUSAN A. CHRISTENSEN	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 4269 S Shore Drive	Transaction ID: SA11AI.187454
	City State Zip Code Florence MI 54121	Amount of Each Receipt this Period 21.00
	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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) SUSAN A. CHRISTENSEN	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 4269 S Shore Drive	Transaction ID: SA11AI.187455
	City State Zip Code Florence MI 54121	Amount of Each Receipt this Period 21.00
	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	

SUBTOTAL of Receipts This Page (optional)	92.72
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 172 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A.

Full Name (Last, First, Middle Initial)
LIN CHRIVIA

Mailing Address 2760 5th Avenue
Suite 300

City San Diego State CA Zip Code 92103

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 ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187793

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
SANFORD CHUN

Mailing Address 98-1664 Hapaki Street

City Aiea State HI Zip Code 96701

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

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.183955

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 5277 Graham Drive

City Lyndhurst State OH Zip Code 44124

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 ▼ 660.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184482

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER T. CLARIZIO	Date of Receipt
	Mailing Address 5725 Renner Road	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City State Zip Code Columbus OH 43228	Transaction ID: SA11AI.186429
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.84
	Name of Employer Occupation AFSCME OH LOC 4/HILLIARD CSD CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 229.24	

B.	Full Name (Last, First, Middle Initial) CARLA S. CLARK	Date of Receipt
	Mailing Address 4320 NW Second Avenue	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
	City State Zip Code Des Moines IA 50313	Transaction ID: SA11AI.187141
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) CARMEN E. CLARK	Date of Receipt
	Mailing Address 413 N. Midvale Blvd. Apt. 2	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 25 / 2010
	City State Zip Code Madison WI 53705	Transaction ID: SA11AI.184123
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 40.84
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CARMEN E. CLARK	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 413 N. Midvale Blvd. Apt. 2	Transaction ID: SA11AI.186048
	City Madison State WI Zip Code 53705	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) CARMEN E. CLARK	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 413 N. Midvale Blvd. Apt. 2	Transaction ID: SA11AI.186049
	City Madison State WI Zip Code 53705	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) CAROLYN CLARK	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 4415 Rolling Pine	Transaction ID: SA11AI.184017
	City West Bloomfield State MI Zip Code 48324	Amount of Each Receipt this Period 25.00
	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 175 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

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 ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.184068

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

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 ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.185340

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

337.05

Date of Receipt

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

Transaction ID: SA11AI.187657

Amount of Each Receipt this Period

16.05

SUBTOTAL of Receipts This Page (optional)

66.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 176 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DOROTHEA CLARK		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 360 Brotzman Road		Transaction ID: SA11AI.187658
City Binghamton	State NY	Zip Code 13901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.05
Name of Employer AFSCME NY LOC 1000	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.10	

B.

Full Name (Last, First, Middle Initial) DOROTHEA CLARK		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 360 Brotzman Road		Transaction ID: SA11AI.187659
City Binghamton	State NY	Zip Code 13901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.05
Name of Employer AFSCME NY LOC 1000	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.15	

C.

Full Name (Last, First, Middle Initial) FLOYD D. CLARK		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 7219 E 900th Avenue		Transaction ID: SA11AI.184361
City Robinson	State IL	Zip Code 62454
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.40
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

SUBTOTAL of Receipts This Page (optional)	61.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 177 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JACKIE E. CLARK

Mailing Address 12135 Middlefork Road

City State Zip Code
Amanda OH 43102

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

Name of Employer: AFSCME OH LOC 11/STATE OF OH
Occupation: WAGE/HOUR ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.182878
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
JACKIE E. CLARK

Mailing Address 12135 Middlefork Road

City State Zip Code
Amanda OH 43102

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

Name of Employer: AFSCME OH LOC 11/STATE OF OH
Occupation: WAGE/HOUR ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 05 / 2010
Transaction ID: SA11AI.184638
 Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
JACKIE E. CLARK

Mailing Address 12135 Middlefork Road

City State Zip Code
Amanda OH 43102

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

Name of Employer: AFSCME OH LOC 11/STATE OF OH
Occupation: WAGE/HOUR ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.185605
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 178 / 1078
(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

A.

Full Name (Last, First, Middle Initial) SHANE CLARK		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 5296 Autumnwood Drive		Transaction ID: SA11AI.185242
City Cochranton	State PA	Zip Code 16314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.58
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 ▼ 295.80	

B.

Full Name (Last, First, Middle Initial) JAMES E. CLARKSON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 2008 Pleasant Valley Road		Transaction ID: SA11AI.183866
City Vinton	State OH	Zip Code 45686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH LOC 4/GALLIPOLIS CS	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

C.

Full Name (Last, First, Middle Initial) JAMES E. CLARKSON		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2008 Pleasant Valley Road		Transaction ID: SA11AI.186430
City Vinton	State OH	Zip Code 45686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH LOC 4/GALLIPOLIS CS	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

SUBTOTAL of Receipts This Page (optional)	48.82
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 179 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
BRADLEE T. CLAYCAMP

Mailing Address 2201 NE 86th Ave.

City State Zip Code
Vancouver WA 98664

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185018

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
PAULINE CLAYTON-ROSE

Mailing Address 2340 Ashurst Road

City State Zip Code
University Heights OH 44118

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

Name of Employer Occupation
AFSCME OH LOC 4 FIELD SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183807

Amount of Each Receipt this Period
9.62

C. Full Name (Last, First, Middle Initial)
PAULINE CLAYTON-ROSE

Mailing Address 2340 Ashurst Road

City State Zip Code
University Heights OH 44118

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

Name of Employer Occupation
AFSCME OH LOC 4 FIELD SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186367

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional) ► 29.24

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CHRISTINE CLEARY		Date of Receipt
	Mailing Address 255 Trail East		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183808
Name of Employer AFSCME OH LOC 4		Occupation FIELD SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) CHRISTINE CLEARY		Date of Receipt
	Mailing Address 255 Trail East		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pataskala	OH	43062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186368
Name of Employer AFSCME OH LOC 4		Occupation FIELD SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) RUSSELL J. CLEMENS		Date of Receipt
	Mailing Address 116 Cranburne Lane		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Willamsville	NY	14221
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183586
Name of Employer AFSCME INT'L		Occupation INTERNATIONAL UNION REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="269.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RUSSELL J. CLEMENS		Date of Receipt
	Mailing Address 116 Cranburne Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Willamsville	NY	14221
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183693
Name of Employer AFSCME INT'L		Occupation INTERNATIONAL UNION REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 279.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) RUSSELL J. CLEMENS		Date of Receipt
	Mailing Address 116 Cranburne Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Willamsville	NY	14221
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185403
Name of Employer AFSCME INT'L		Occupation INTERNATIONAL UNION REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 289.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) EVELYN Y. CLEVELAND		Date of Receipt
	Mailing Address 480 Graham Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.182880
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation DEVELOPMENTAL SPECIALIST II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	<input type="text"/> 15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 35.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 182 / 1078
(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

A.

Full Name (Last, First, Middle Initial) EVELYN Y. CLEVELAND		Date of Receipt
Mailing Address 480 Graham Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
City State Zip Code Columbus OH 43203		Transaction ID: SA11AI.184640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation DEVELOPMENTAL SPECIALIST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B.

Full Name (Last, First, Middle Initial) EVELYN Y. CLEVELAND		Date of Receipt
Mailing Address 480 Graham Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
City State Zip Code Columbus OH 43203		Transaction ID: SA11AI.185607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation DEVELOPMENTAL SPECIALIST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

C.

Full Name (Last, First, Middle Initial) DONALD L. CLINE		Date of Receipt
Mailing Address 21 E Hope Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
City State Zip Code Shelton WA 98584		Transaction ID: SA11AI.183299
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) DONALD L. CLINE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 21 E Hope Place		Transaction ID: SA11AI.185019
City Shelton	State WA	Zip Code 98584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

B.

Full Name (Last, First, Middle Initial) ADAM W. CLOUGH		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address N7841 11th Avenue		Transaction ID: SA11AI.184124
City New Lisbon	State WI	Zip Code 53950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.

Full Name (Last, First, Middle Initial) ADAM W. CLOUGH		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address N7841 11th Avenue		Transaction ID: SA11AI.186050
City New Lisbon	State WI	Zip Code 53950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ADAM W. CLOUGH		Date of Receipt																					
	Mailing Address N7841 11th Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	2	/	2	0	1	0														
	City State Zip Code New Lisbon WI 53950		Transaction ID: SA11AI.186051																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00																						
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00																						

B.	Full Name (Last, First, Middle Initial) JOY L. CLYMER		Date of Receipt																					
	Mailing Address 361 Renick Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	1	9	/	2	0	1	0														
	City State Zip Code Chillicothe OH 45601		Transaction ID: SA11AI.187891																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																						
Name of Employer AFSCME OH CN 8/CHILLICOTHE		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02																						

C.	Full Name (Last, First, Middle Initial) JOY L. CLYMER		Date of Receipt																					
	Mailing Address 361 Renick Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	3	/	2	0	1	0														
	City State Zip Code Chillicothe OH 45601		Transaction ID: SA11AI.187892																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																						
Name of Employer AFSCME OH CN 8/CHILLICOTHE		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64																						

SUBTOTAL of Receipts This Page (optional)	▶	34.24
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 185 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JOY L. CLYMER

Mailing Address 361 Renick Avenue

City Chillicothe State OH Zip Code 45601

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

Name of Employer AFSCME OH CN 8/CHILLICOTHE Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187893

Amount of Each Receipt this Period 9.62

B.

Full Name (Last, First, Middle Initial)
RUSSELL COAKLEY

Mailing Address 5 Meadows Drive Apt. B

City Thornville State OH Zip Code 43076

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183867

Amount of Each Receipt this Period 9.62

C.

Full Name (Last, First, Middle Initial)
RUSSELL COAKLEY

Mailing Address 5 Meadows Drive Apt. B

City Thornville State OH Zip Code 43076

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186431

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional) ► 28.86

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 186 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
LINCOLN COHEN

Mailing Address 4500 E. 6th Street

City State Zip Code
Gary IN 46403

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

Name of Employer Occupation
AFSCME IL CN 31 EDITOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 722.00

Date of Receipt

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

Transaction ID: SA11AI.184267

Amount of Each Receipt this Period

72.20

B.

Full Name (Last, First, Middle Initial)
FRED W. COKER

Mailing Address 134 Literal Road

City State Zip Code
Chehalis WA 98532

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: SA11AI.183300

Amount of Each Receipt this Period

10.50

C.

Full Name (Last, First, Middle Initial)
FRED W. COKER

Mailing Address 134 Literal Road

City State Zip Code
Chehalis WA 98532

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.50

Date of Receipt

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

Transaction ID: SA11AI.185020

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional) ▶

93.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JUSTIN C COLE	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.187145
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

B.	Full Name (Last, First, Middle Initial) KENTON C. COLE	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address P.O. Box 882	Transaction ID: SA11AI.187146
	City State Zip Code Lomax IA 61454	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

C.	Full Name (Last, First, Middle Initial) KENTON C. COLE	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address P.O. Box 882	Transaction ID: SA11AI.187147
	City State Zip Code Lomax IA 61454	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

SUBTOTAL of Receipts This Page (optional)	69.62
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 188 / 1078
(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

A. Full Name (Last, First, Middle Initial)
KENTON C. COLE

Mailing Address P.O. Box 882

City State Zip Code
Lomax IA 61454

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

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.187148

Amount of Each Receipt this Period
35.00

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

Mailing Address P.O. Box 882

City State Zip Code
Lomax IA 61454

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

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.187064

Amount of Each Receipt this Period
60.00

C. Full Name (Last, First, Middle Initial)
ESTHER Z. COLEY

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA 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
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183301

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) ESTHER Z. COLEY	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185021
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 280.00	

B.	Full Name (Last, First, Middle Initial) RENE COLLAZO	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183302
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

C.	Full Name (Last, First, Middle Initial) RENE COLLAZO	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185022
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 220.50	

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JACQUE COLLINS		Date of Receipt
	Mailing Address P.O. Box 353		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clontarf	MN	56226-0353
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186677
		Amount of Each Receipt this Period	<input type="text"/>
			24.00
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			264.00

B.	Full Name (Last, First, Middle Initial) CONSTANCE COMBS		Date of Receipt
	Mailing Address 5785 Lake Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Morrow	OH	45152
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186432
		Amount of Each Receipt this Period	<input type="text"/>
			20.83
Name of Employer AFSCME OH LOC 4/LITTLE MIAMI		Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			269.13

C.	Full Name (Last, First, Middle Initial) TRACEY CONATY		Date of Receipt
	Mailing Address 1789 Lanier Place NW #42		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Washington	DC	20009
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183587
		Amount of Each Receipt this Period	<input type="text"/>
			50.97
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			946.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	95.80
TOTAL This Period (last page this line number only)	<input type="text"/>	

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

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

FOR LINE NUMBER: PAGE 191 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1789 Lanier Place NW #42

City Washington State DC Zip Code 20009

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 997.59

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183694
Amount of Each Receipt this Period: 50.97

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

Mailing Address 1789 Lanier Place NW #42

City Washington State DC Zip Code 20009

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1048.56

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.185404
Amount of Each Receipt this Period: 50.97

C. Full Name (Last, First, Middle Initial)
KELLY CONGROVE

Mailing Address 4650 Beard Road

City Sunbury State OH Zip Code 43074

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

Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183809
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 111.94

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 192 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
KELLY CONGROVE

Mailing Address 4650 Beard Road

City State Zip Code
Sunbury OH 43074

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

Name of Employer Occupation
AFSCME OH LOC 4 ACCOUNT CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186369

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
DONALD W. CONLEY

Mailing Address 2695 Schaff Drive

City State Zip Code
Columbus OH 43209

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

Name of Employer Occupation
AFSCME OH LOC 11 OPERATIONS DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186541

Amount of Each Receipt this Period
44.00

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184484

Amount of Each Receipt this Period
33.84

SUBTOTAL of Receipts This Page (optional) ► 87.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A. Full Name (Last, First, Middle Initial)
ALBERTA K. CONRAD
 Mailing Address **4320 NW Second Avenue**
 City **Des Moines** State **IA** Zip Code **50313**
 Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.187152
 Amount of Each Receipt this Period **9.82**
 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 206.22**

B. Full Name (Last, First, Middle Initial)
BELINDA D. CONRAD
 Mailing Address **3062 Pebble Court**
 City **Maumee** State **OH** Zip Code **43537**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183868
 Amount of Each Receipt this Period **38.48**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/SYLVANIA** Occupation **TEACHER AIDE**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date 572.28**

C. Full Name (Last, First, Middle Initial)
MELODY K. CONRAD
 Mailing Address **4020 Basil Western Road**
 City **Baltimore** State **OH** Zip Code **43015**
 Date of Receipt **10 / 22 / 2010**
Transaction ID: SA11AI.182886
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **TRANSPORTATION TECHN**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date 210.00**

SUBTOTAL of Receipts This Page (optional) **58.30**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 194 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MELODY K. CONRAD		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 4020 Basil Western Road		Transaction ID: SA11AI.184647
City Baltimore	State OH	Zip Code 43015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) MELODY K. CONRAD		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 4020 Basil Western Road		Transaction ID: SA11AI.185614
City Baltimore	State OH	Zip Code 43015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) WENDY R. CONWAY		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183304
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	30.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 195 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) WENDY R. CONWAY	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185024
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) TERRY G. COOKSEY	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 38234 Kingston Drive	Transaction ID: SA11AI.183869
	City North Ridgeville State OH Zip Code 44039	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/AVON LOCAL Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.64	

C.	Full Name (Last, First, Middle Initial) TERRY G. COOKSEY	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 38234 Kingston Drive	Transaction ID: SA11AI.186433
	City North Ridgeville State OH Zip Code 44039	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/AVON LOCAL Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.26	

SUBTOTAL of Receipts This Page (optional)	▶	29.74
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ALI S. COOPER		Date of Receipt	
	Mailing Address 55 Majestic Terrace		M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187762
	Lackawanna	CA	14218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
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 ▼		
		220.00		

B.	Full Name (Last, First, Middle Initial) PATRICIA L. COOPER		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187156
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
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 ▼		
		202.02		

C.	Full Name (Last, First, Middle Initial) MAL J. COREY		Date of Receipt	
	Mailing Address 3416 Frankfort Clarksburg Pike		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.182889
	Frankfort	OH	45628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		12.00	
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 ▼		
		252.00		

SUBTOTAL of Receipts This Page (optional)	▶	41.62
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 197 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) MAL J. COREY		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 3416 Frankfort Clarksburg Pike		Transaction ID: SA11AI.184650
City Frankfort	State OH	Zip Code 45628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
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 ▼ 264.00	

B.

Full Name (Last, First, Middle Initial) MAL J. COREY		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 3416 Frankfort Clarksburg Pike		Transaction ID: SA11AI.185617
City Frankfort	State OH	Zip Code 45628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
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 ▼ 276.00	

C.

Full Name (Last, First, Middle Initial) SHARON M. CORKIN		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 4106 Terrace Street #5		Transaction ID: SA11AI.187567
City Oakland	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME CA CN 57/EAST BAY PARKS	Occupation MAINTENANCE WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	64.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) STEVE B. COTTER		Date of Receipt	
	Mailing Address 11298 County Line Road		M M / D D / Y Y Y Y 11 / 17 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.187160
	Des Moines	IA	50320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
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 ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) SHARITA D. COUCH		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y 10 / 27 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.187161
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
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 ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) BARBARA COUFAL		Date of Receipt	
	Mailing Address 10112 Parkwood Drive		M M / D D / Y Y Y Y 10 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.183588
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		49.61	
Name of Employer AFSCME INT'L		Occupation LEGISLATIVE AFFAIRS SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.69		

SUBTOTAL of Receipts This Page (optional)	▶	79.61
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 199 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BARBARA COUFAL		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 10112 Parkwood Drive		Transaction ID: SA11AI.183695
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.61
Name of Employer AFSCME INT'L	Occupation LEGISLATIVE AFFAIRS SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.30	

B.

Full Name (Last, First, Middle Initial) BARBARA COUFAL		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 10112 Parkwood Drive		Transaction ID: SA11AI.185405
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.61
Name of Employer AFSCME INT'L	Occupation LEGISLATIVE AFFAIRS SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1049.91	

C.

Full Name (Last, First, Middle Initial) CHRISTOPHER COWEN		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 47 Douglas Street		Transaction ID: SA11AI.186578
City Saint Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.14
Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 709.16	

SUBTOTAL of Receipts This Page (optional)	▶	170.36
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 200 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER COWEN		Date of Receipt
	Mailing Address 47 Douglas Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Saint Paul	MN	55102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186624
Name of Employer AFSCME MN CN 5/CN14		Occupation BUSINESS REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 71.14
		<input type="text"/> 780.30	

B.	Full Name (Last, First, Middle Initial) MILDRED COWLES		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187163
Name of Employer AFSCME IA CN 61/STATE WRNT		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 220.00	

C.	Full Name (Last, First, Middle Initial) JOSEPH COX		Date of Receipt
	Mailing Address 190 W. Ostend Street Suite 101		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Baltimore	MD	21230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185512
Name of Employer AFSCME MD CN 982		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 36.66
		<input type="text"/> 384.93	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 127.80
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KATHERINE M. COX		Date of Receipt
	Mailing Address 2542B S. Walter Reed Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Arlington	VA	22206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183589
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, RESEARCH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 906.27	<input type="text"/> 48.29

B.	Full Name (Last, First, Middle Initial) KATHERINE M. COX		Date of Receipt
	Mailing Address 2542B S. Walter Reed Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Arlington	VA	22206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183696
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, RESEARCH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 954.56	<input type="text"/> 48.29

C.	Full Name (Last, First, Middle Initial) KATHERINE M. COX		Date of Receipt
	Mailing Address 2542B S. Walter Reed Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Arlington	VA	22206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185406
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, RESEARCH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1002.85	<input type="text"/> 48.29

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 144.87
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 202 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ROBERT COYLE	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 707 Sears Street	Transaction ID: SA11AI.186197
	City Philadelphia State PA Zip Code 19147	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 47/LOC 2187 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) ALICIA M. CRAIG	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 181 Sunnyside Avenue	Transaction ID: SA11AI.186261
	City New Castle State PA Zip Code 16102	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 13/NSP Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) DANNY CRAIG	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 18945 Littlefield	Transaction ID: SA11AI.184018
	City Detroit State MI Zip Code 48235	Amount of Each Receipt this Period 30.66
	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 ▼ 606.90	

SUBTOTAL of Receipts This Page (optional)	90.66
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 203 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DANNY CRAIG		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 18945 Littlefield		Transaction ID: SA11AI.184069
City Detroit	State MI	Zip Code 48235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.66
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 ▼ 637.56	

B.

Full Name (Last, First, Middle Initial) DANNY CRAIG		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 18945 Littlefield		Transaction ID: SA11AI.185341
City Detroit	State MI	Zip Code 48235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.66
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 ▼ 668.22	

C.

Full Name (Last, First, Middle Initial) AMY M CRANE		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 1680 East Long Street Apt. 2		Transaction ID: SA11AI.186988
City Carson City	State NV	Zip Code 89706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME NV LOC 4041	Occupation MEMBER BENEFITS COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	81.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) STEVEN W. CRISS	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 888 Mililani Street Suite 601	Transaction ID: SA11AI.183956
	City Honolulu State HI Zip Code 96813-2991	Amount of Each Receipt this Period 40.00
	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 ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) DICK CROFTER	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 238 S. Oak Park Avenue #1F	Transaction ID: SA11AI.184268
	City Oak Park State IL Zip Code 60302	Amount of Each Receipt this Period 63.84
	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 ▼ 638.40	

C.	Full Name (Last, First, Middle Initial) CARLOS CROSS	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1034 N. Washington Avenue	Transaction ID: SA11AI.184019
	City Lansing State MI Zip Code 48906	Amount of Each Receipt this Period 30.66
	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 ▼ 634.16	

SUBTOTAL of Receipts This Page (optional)	134.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 205 / 1078
(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

A.

Full Name (Last, First, Middle Initial) CARLOS CROSS		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1034 N. Washington Avenue		Transaction ID: SA11AI.184070
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.66
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 ▼ 664.82	

B.

Full Name (Last, First, Middle Initial) CARLOS CROSS		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1034 N. Washington Avenue		Transaction ID: SA11AI.185342
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.66
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 ▼ 695.48	

C.

Full Name (Last, First, Middle Initial) JENNY F. CROUCHER		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 6625 Buckley Circle #201		Transaction ID: SA11AI.186731
City Inver Grove Hgts.	State MN	Zip Code 55076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	81.32
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JENNY F. CROUCHER	Date of Receipt
	Mailing Address 6625 Buckley Circle #201	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
	City State Zip Code Inver Grove Hgts. MN 55076	Transaction ID: SA11AI.186732
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
	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 ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) JENNY F. CROUCHER	Date of Receipt
	Mailing Address 6625 Buckley Circle #201	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
	City State Zip Code Inver Grove Hgts. MN 55076	Transaction ID: SA11AI.186733
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
	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 ▼ 440.00	

C.	Full Name (Last, First, Middle Initial) NANCY E. CROUSE	Date of Receipt
	Mailing Address 311 Union Terrace Lane No.	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City State Zip Code Minneapolis MN 55441	Transaction ID: SA11AI.186734
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 8.00
	Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional)	48.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 207 / 1078
(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

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

Mailing Address 311 Union Terrace Lane No.

City State Zip Code
Minneapolis MN 55441

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 212.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186735

Amount of Each Receipt this Period
8.00

B. Full Name (Last, First, Middle Initial)
STEPHEN M. CULEN

Mailing Address 5709 S. Kilbourn Avenue

City State Zip Code
Chicago IL 60629-4811

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 348.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186820

Amount of Each Receipt this Period
31.68

C. Full Name (Last, First, Middle Initial)
GLENDA CUMMINS

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183305

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **50.18**

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 208 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GLENDA CUMMINS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185025
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.

Full Name (Last, First, Middle Initial) DEBORAH CURRIE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 4031 Executive Park Drive		Transaction ID: SA11AI.185243
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.22
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 ▼ 524.92	

C.

Full Name (Last, First, Middle Initial) MICHAEL S. CURRY		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 2979 Tracer Road		Transaction ID: SA11AI.182894
City Columbus	State OH	Zip Code 43232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PROGRAMMER/ANALYST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	71.72
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL S. CURRY	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 2979 Tracer Road	Transaction ID: SA11AI.184655
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PROGRAMMER/ANALYST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL S. CURRY	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 2979 Tracer Road	Transaction ID: SA11AI.185622
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PROGRAMMER/ANALYST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) TRACY L. CUTRIGHT	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 3009 Denwood Drive	Transaction ID: SA11AI.182896
	City State Zip Code Moundsville WV 26041	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TRACY L. CUTRIGHT	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 3009 Denwood Drive	Transaction ID: SA11AI.184657
	City State Zip Code Moundsville WV 26041	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) TRACY L. CUTRIGHT	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 3009 Denwood Drive	Transaction ID: SA11AI.185624
	City State Zip Code Moundsville WV 26041	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 460.00	

C.	Full Name (Last, First, Middle Initial) JIM A. DAHLING	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 66983 403rd Avenue	Transaction ID: SA11AI.186877
	City State Zip Code Goodhue MN 55027	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 65	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	85.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEFFREY DAINS		Date of Receipt	
	Mailing Address 1743 Carl Street		M M / D D / Y Y Y Y 10 / 19 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.186579
	Roseville	MN	55113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		54.00	
Name of Employer AFSCME MN CN 5/CN14		Occupation BUSINESS REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		540.00		

B.	Full Name (Last, First, Middle Initial) JEFFREY DAINS		Date of Receipt	
	Mailing Address 1743 Carl Street		M M / D D / Y Y Y Y 11 / 09 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.186626
	Roseville	MN	55113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		54.00	
Name of Employer AFSCME MN CN 5/CN14		Occupation BUSINESS REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		594.00		

C.	Full Name (Last, First, Middle Initial) NICOLE DALEY		Date of Receipt	
	Mailing Address 1971 Nortonia Avenue		M M / D D / Y Y Y Y 10 / 20 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.186736
	St. Paul	MN	55119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME MN CN 5/MRA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		255.00		

SUBTOTAL of Receipts This Page (optional)	▶	123.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 212 / 1078						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) NICOLE DALEY		Date of Receipt																					
	Mailing Address 1971 Nortonia Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	9		2	0	1	0														
	City State Zip Code St. Paul MN 55119		Transaction ID: SA11AI.186737																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00																						
Name of Employer AFSCME MN CN 5/MRA		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00																						

B.	Full Name (Last, First, Middle Initial) NICOLE DALEY		Date of Receipt																					
	Mailing Address 1971 Nortonia Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	7		2	0	1	0														
	City State Zip Code St. Paul MN 55119		Transaction ID: SA11AI.186738																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00																						
Name of Employer AFSCME MN CN 5/MRA		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00																						

C.	Full Name (Last, First, Middle Initial) WILLIAM DANDO		Date of Receipt																					
	Mailing Address 6630 Huntingdon Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	1	0														
	City State Zip Code Harrisburg PA 17111		Transaction ID: SA11AI.185244																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.68																						
Name of Employer AFSCME PA CN 13		Occupation ASSOCIATE LEGISLATIVE DIRECTOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 906.35																						

SUBTOTAL of Receipts This Page (optional)	▶	111.68
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 213 / 1078
(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

A. Full Name (Last, First, Middle Initial)
SAMANTHA DANIELSON

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 ▼ 225.00

Date of Receipt 11 / 10 / 2010

Transaction ID: SA11AI.185245

Amount of Each Receipt this Period 20.00

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

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 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 27 / 2010

Transaction ID: SA11AI.183228

Amount of Each Receipt this Period 42.00

C. Full Name (Last, First, Middle Initial)
SEAN DANNEN

Mailing Address P.O. Box 2052

City Tacoma State WA Zip Code 98401

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

Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 27 / 2010

Transaction ID: SA11AI.183229

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 104.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MARZINE A. DARDEN	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1414 APJones Street	Transaction ID: SA11AI.187894
	City State Zip Code Cincinnati OH 45223	Amount of Each Receipt this Period 23.82
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH CN 8/CINCINNATI CSD	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.47	

B.	Full Name (Last, First, Middle Initial) MARZINE A. DARDEN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1414 APJones Street	Transaction ID: SA11AI.187895
	City State Zip Code Cincinnati OH 45223	Amount of Each Receipt this Period 23.82
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH CN 8/CINCINNATI CSD	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.29	

C.	Full Name (Last, First, Middle Initial) ELMER D. DARST	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 266 Penick Avenue	Transaction ID: SA11AI.182897
	City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	57.64
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 215 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ELMER D. DARST		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 266 Penick Avenue		Transaction ID: SA11AI.184658
City Delaware	State OH	Zip Code 43015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) ELMER D. DARST		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 266 Penick Avenue		Transaction ID: SA11AI.185625
City Delaware	State OH	Zip Code 43015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) DEBORAH M. DAUNHAUER		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 3504 2nd Street		Transaction ID: SA11AI.183307
City Union Gap	State WA	Zip Code 98903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	30.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 216 / 1078
(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>A. Full Name (Last, First, Middle Initial) DEBORAH M. DAUNHAUER</p> <p>Mailing Address 3504 2nd Street</p> <p>City State Zip Code Union Gap WA 98903</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0</p> <p>Transaction ID: SA11AI.185027</p> <p>Amount of Each Receipt this Period 10.50</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) MATTHEW P. DAVENHALL</p> <p>Mailing Address 7305 213th Place SW Apt. 104</p> <p>City State Zip Code Edmonds WA 98026</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187987</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) JOE C. DAVENPORT</p> <p>Mailing Address 3825 NE 125th Street</p> <p>City State Zip Code Seattle WA 98125</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 231.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183783</p> <p>Amount of Each Receipt this Period 21.00</p>
--	---

SUBTOTAL of Receipts This Page (optional)	41.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 217 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 525.08

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184269
Amount of Each Receipt this Period: 53.42

B.

Full Name (Last, First, Middle Initial)
DIANE DAVIS

Mailing Address 1208 Gertrude Drive

City Champaign State IL Zip Code 61821

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.60

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184443
Amount of Each Receipt this Period: 70.95

C.

Full Name (Last, First, Middle Initial)
GREGORY N. DAVIS

Mailing Address 53737 Heineman Road E.

City Edwall State WA Zip Code 99008

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

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 579.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: SA11AI.186168
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► **144.37**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 218 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GREGORY N. DAVIS		Date of Receipt
	Mailing Address 53737 Heineman Road E.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Edwall	WA	99008
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186166
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 599.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) GREGORY N. DAVIS		Date of Receipt
	Mailing Address 53737 Heineman Road E.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Edwall	WA	99008
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183308
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 620.00	<input type="text"/> 21.00

C.	Full Name (Last, First, Middle Initial) GREGORY N. DAVIS		Date of Receipt
	Mailing Address 53737 Heineman Road E.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Edwall	WA	99008
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185028
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 641.00	<input type="text"/> 21.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 62.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 219 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
GREGORY N. DAVIS

Mailing Address 53737 Heineman Road E.

City Edwall State WA Zip Code 99008

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

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 661.00

Date of Receipt 11 / 22 / 2010

Transaction ID: SA11AI.186167

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
JUDITH B. DAVIS

Mailing Address 2536 Cherry Road

City Springfield State IL Zip Code 62704

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.184363

Amount of Each Receipt this Period 52.50

C. Full Name (Last, First, Middle Initial)
MARK R. DAVIS

Mailing Address 14724 Armin Avenue

City Lakewood State OH Zip Code 44107

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

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 601.15

Date of Receipt 11 / 08 / 2010

Transaction ID: SA11AI.184487

Amount of Each Receipt this Period 55.02

SUBTOTAL of Receipts This Page (optional) ► 127.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MICHAEL A. DAVIS	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 8364 Papillon Avenue	Transaction ID: SA11AI.182902
	City State Zip Code Reynoldsburg OH 43068	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH INSURANCE COMPLAINT ANALYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL A. DAVIS	Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 8364 Papillon Avenue	Transaction ID: SA11AI.184663
	City State Zip Code Reynoldsburg OH 43068	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH INSURANCE COMPLAINT ANALYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL A. DAVIS	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	Mailing Address 8364 Papillon Avenue	Transaction ID: SA11AI.185630
	City State Zip Code Reynoldsburg OH 43068	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH INSURANCE COMPLAINT ANALYST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 221 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ROBERT DAVIS		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1034 N. Washington Avenue		Transaction ID: SA11AI.184020
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.66
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 ▼ 587.08	

B.

Full Name (Last, First, Middle Initial) ROBERT DAVIS		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1034 N. Washington Avenue		Transaction ID: SA11AI.184071
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.66
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 ▼ 617.74	

C.

Full Name (Last, First, Middle Initial) ROBERT A. DAVIS		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 822 Bovee Lane		Transaction ID: SA11AI.184488
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 86.02
Name of Employer AFSCME OH CN 8	Occupation ASSOCIATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 943.73	

SUBTOTAL of Receipts This Page (optional)	▶	147.34
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 222 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ROBERT DAVIS	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1034 N. Washington Avenue	Transaction ID: SA11AI.185343
	City State Zip Code Lansing MI 48906	Amount of Each Receipt this Period 30.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 648.40	

B.	Full Name (Last, First, Middle Initial) TANYA DAVIS-PRYSOCK	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 3451 Penfield Road	Transaction ID: SA11AI.182904
	City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) TANYA DAVIS-PRYSOCK	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 3451 Penfield Road	Transaction ID: SA11AI.184665
	City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	50.66
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 223 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) TANYA DAVIS-PRYSOCK		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 3451 Penfield Road		Transaction ID: SA11AI.185632	
City Columbus	State OH	Zip Code 43227	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

B.

Full Name (Last, First, Middle Initial) DANIEL DAWSON		Date of Receipt MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183309	
City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.

Full Name (Last, First, Middle Initial) DANIEL DAWSON		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185029	
City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50		

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) JIMMIE L. DAWSON		Date of Receipt	
	Mailing Address 35263 S. Turtle Trail #38B		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186434
	Willoughby	OH	44094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer AFSCME OH LOC 4/WILLOUGHBY		Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 477.64		

B.	Full Name (Last, First, Middle Initial) JIMMIE L. DAWSON		Date of Receipt	
	Mailing Address 35263 S. Turtle Trail #38B		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186435
	Willoughby	OH	44094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer AFSCME OH LOC 4/WILLOUGHBY		Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.48		

C.	Full Name (Last, First, Middle Initial) MYRA DEAN		Date of Receipt	
	Mailing Address 3003 Ripley Road		M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187898
	Cleveland	OH	44120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH CN 8/CLEVELAND		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02		

SUBTOTAL of Receipts This Page (optional)	▶	51.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 225 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) WAYNE DEAN		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183310
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) WAYNE DEAN		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185030
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50	<input type="text"/> 10.50

C.	Full Name (Last, First, Middle Initial) PRESTON DEBOER		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187065
Name of Employer AFSCME IA CN 61		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.24	<input type="text"/> 20.84

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 41.84
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 226 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
KENNETH DEITZ

Mailing Address 9505 Date Street

City State Zip Code
Fontana CA 92335

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

Name of Employer Occupation
AFSCME CA LOC 1199 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.187597

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
THOMAS J. DELEON

Mailing Address P.O. Box 412

City State Zip Code
Suring WI 54174

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

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI 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
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.184125

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
THOMAS J. DELEON

Mailing Address P.O. Box 412

City State Zip Code
Suring WI 54174

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.186052

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 227 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) THOMAS J. DELEON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address P.O. Box 412	Transaction ID: SA11AI.186053
	City State Zip Code Suring WI 54174	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) CHERYL DELL'AGLIO	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 125 State Street	Transaction ID: SA11AI.185246
	City State Zip Code Nicholson PA 18446	Amount of Each Receipt this Period 48.18
	FEC ID number of contributing federal political committee. C	
	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 ▼ 511.58	

C.	Full Name (Last, First, Middle Initial) ARTHUR DELO, Jr.	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 340 Montrose Avenue	Transaction ID: SA11AI.186953
	City State Zip Code South Orange NJ 07079-0000	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NJ CN 52 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	98.18
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 228 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MARCINIAK TAMMY DELP
 Mailing Address **1212 Jefferson St., SE**
Suite 300
 City **Olympia** State **WA** Zip Code **98501**
 Date of Receipt **10 / 25 / 2010**
Transaction ID: SA11AI.183311
 Amount of Each Receipt this Period **11.50**
 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 **221.00**

B. Full Name (Last, First, Middle Initial)
MARCINIAK TAMMY DELP
 Mailing Address **1212 Jefferson St., SE**
Suite 300
 City **Olympia** State **WA** Zip Code **98501**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185031
 Amount of Each Receipt this Period **11.50**
 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 **232.50**

C. Full Name (Last, First, Middle Initial)
MICHAEL A. DELUKE
 Mailing Address **844 Manchester Avenue**
 City **Kent** State **OH** Zip Code **44240**
 Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.184489
 Amount of Each Receipt this Period **57.34**
 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 **810.81**

SUBTOTAL of Receipts This Page (optional) ► **80.34**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 229 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JAYSON C. DEMAGALL	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 15628 Lakewood Hts Blvd.	Transaction ID: SA11AI.183812
	City State Zip Code Lakewood OH 44107	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) JAYSON C. DEMAGALL	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 15628 Lakewood Hts Blvd.	Transaction ID: SA11AI.186371
	City State Zip Code Lakewood OH 44107	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

C.	Full Name (Last, First, Middle Initial) CONSTANCE DERR	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address P.O. Box 116	Transaction ID: SA11AI.183590
	City State Zip Code Maspeth NY 11378	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 968.49	

SUBTOTAL of Receipts This Page (optional)	90.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 230 / 1078
(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

A. Full Name (Last, First, Middle Initial)
CONSTANCE DERR

Mailing Address P.O. Box 116

City Maspeth State NY Zip Code 11378

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 ▼ 1019.46

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183697
Amount of Each Receipt this Period: 50.97

B. Full Name (Last, First, Middle Initial)
CONSTANCE DERR

Mailing Address P.O. Box 116

City Maspeth State NY Zip Code 11378

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 ▼ 1070.43

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.185407
Amount of Each Receipt this Period: 50.97

C. Full Name (Last, First, Middle Initial)
LEIOMALAMA DESHA

Mailing Address 1717 Mott Smith Drive #1602

City Honolulu State HI Zip Code 96822

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

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 03 / 2010
Transaction ID: SA11AI.183957
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 126.94

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 231 / 1078
(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

A. Full Name (Last, First, Middle Initial)
JAMES WILLIAM DESMIDT

Mailing Address **4320 NW Second Avenue**

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

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

Name of Employer **AFSCME IA CN 61/STATE OF IA** Occupation **STAFF REPRESENTATIVE**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt **11 / 17 / 2010**

Transaction ID: SA11AI.187168

Amount of Each Receipt this Period **9.62**

B. Full Name (Last, First, Middle Initial)
YOLANDA K. DEUTCHMAN

Mailing Address **P.O. Box 144**

City **Auburn** State **IL** Zip Code **62615**

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

Name of Employer **AFSCME IL CN 31/STATE OF IL** Occupation **SHILD SUPPORT SPECIA**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.184365

Amount of Each Receipt this Period **10.40**

C. Full Name (Last, First, Middle Initial)
GREG DEVEREUX

Mailing Address **3561 S.E. Kamilehe Point Road**

City **Shelton** State **WA** Zip Code **98584**

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

Name of Employer **AFSCME WA CN 28** Occupation **EXECUTIVE DIRECTOR**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.00**

Date of Receipt **10 / 27 / 2010**

Transaction ID: SA11AI.183230

Amount of Each Receipt this Period **120.00**

SUBTOTAL of Receipts This Page (optional) ► **140.02**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 232 / 1078
(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>A. Full Name (Last, First, Middle Initial) GREG DEVEREUX</p> <p>Mailing Address 3561 S.E. Kamilehe Point Road</p> <p>City State Zip Code Shelton WA 98584</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28 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 ▼ 1360.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.184218</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>14.00</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0	14.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	1	0													
14.00																						

<p>B. Full Name (Last, First, Middle Initial) ROBERT L. DEVLIN</p> <p>Mailing Address 216 E. 46th Street</p> <p>City State Zip Code Tacoma WA 98404</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA 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 <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.183312</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>10.50</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	5	/	2	0	1	0	10.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	5	/	2	0	1	0													
10.50																						

<p>C. Full Name (Last, First, Middle Initial) ROBERT L. DEVLIN</p> <p>Mailing Address 216 E. 46th Street</p> <p>City State Zip Code Tacoma WA 98404</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA 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 ▼ 220.50</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.185032</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>10.50</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0	10.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	1	0													
10.50																						

SUBTOTAL of Receipts This Page (optional)	35.00
TOTAL This Period (last page this line number 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 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JUDY DEVOE	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 3256 Ocean Beach Hwy	Transaction ID: SA11AI.183231
	City State Zip Code Longview WA 98632	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) WILLIAM A. DEVORE	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 4499 Stover Road	Transaction ID: SA11AI.184490
	City State Zip Code Ostrander OH 43061	Amount of Each Receipt this Period 61.20
	FEC ID number of contributing federal political committee. C	
	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 ▼ 657.66	

C.	Full Name (Last, First, Middle Initial) DANIEL D HAEM	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 6811 Woodlawn Avenue NE Apt. 41	Transaction ID: SA11AI.183306
	City State Zip Code Seattle WA 98115	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	113.70
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 234 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DANIEL D HAEM
 Mailing Address **6811 Woodlawn Avenue NE**
Apt. 41
 City **Seattle** State **WA** Zip Code **98115**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185026
 Amount of Each Receipt this Period **10.50**
 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 ▼ **220.50**

B. Full Name (Last, First, Middle Initial)
SANDRA A. DHONDT
 Mailing Address **225 Mallard Road**
 City **Perrysburg** State **OH** Zip Code **43551**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183813
 Amount of Each Receipt this Period **9.62**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4** Occupation **FIELD SECRETARY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **211.64**

C. Full Name (Last, First, Middle Initial)
SANDRA A. DHONDT
 Mailing Address **225 Mallard Road**
 City **Perrysburg** State **OH** Zip Code **43551**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.186372
 Amount of Each Receipt this Period **9.62**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4** Occupation **FIELD SECRETARY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **221.26**

SUBTOTAL of Receipts This Page (optional) ► **29.74**
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 235 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
ROSETTA DIAL

Mailing Address **4475 Springvale Drive**

City **Warrensvl Hts** State **OH** Zip Code **44128**

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

Name of Employer **AFSCME OH LOC 4/EAST CLEV-ELAND** Occupation **SECRETARY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.88**

Date of Receipt **11 / 15 / 2010**

Transaction ID: SA11AI.186437

Amount of Each Receipt this Period **28.86**

B.

Full Name (Last, First, Middle Initial)
VICTOR M. DIAZ

Mailing Address **1358 W. 112th Street**

City **Cleveland** State **OH** Zip Code **44102**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **10 / 22 / 2010**

Transaction ID: SA11AI.182907

Amount of Each Receipt this Period **12.00**

C.

Full Name (Last, First, Middle Initial)
VICTOR M. DIAZ

Mailing Address **1358 W. 112th Street**

City **Cleveland** State **OH** Zip Code **44102**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **264.00**

Date of Receipt **11 / 05 / 2010**

Transaction ID: SA11AI.184668

Amount of Each Receipt this Period **12.00**

SUBTOTAL of Receipts This Page (optional) ► **52.86**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 236 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) VICTOR M. DIAZ		Date of Receipt
	Mailing Address 1358 W. 112th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Cleveland	OH	44102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185635
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation HEALTH INFORMATION TECHNICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.00	<input type="text"/> 12.00

B.	Full Name (Last, First, Middle Initial) JASON DIBBLE		Date of Receipt
	Mailing Address 303 12th Street SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Austin	MN	55912-4229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186678
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1670.00	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) JEAN M. DIEDERICH		Date of Receipt
	Mailing Address 4741 Grand Ave. So. No. 3		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Minneapolis	MN	55419-5443
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186739
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY		Occupation CHILD SUPPORT OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1282.00	<input type="text"/> 56.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 218.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 237 / 1078
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial) JEAN M. DIEDERICH		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 4741 Grand Ave. So. No. 3		Transaction ID: SA11AI.186740
City Minneapolis	State MN	Zip Code 55419-5443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.00
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation CHILD SUPPORT OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1338.00	

B.

Full Name (Last, First, Middle Initial) RACHEL DIETZ		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1332 Fulton St.		Transaction ID: SA11AI.185247
City Harrisburg	State PA	Zip Code 17102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.18
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 ▼ 534.75	

C.

Full Name (Last, First, Middle Initial) JEANETTE DIFLORIO		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1015 Washington Street		Transaction ID: SA11AI.184021
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.88
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 ▼ 610.56	

SUBTOTAL of Receipts This Page (optional)	▶	136.06
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 238 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JEANETTE DIFLORIO		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1015 Washington Street		Transaction ID: SA11AI.184072
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.88
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 ▼ 642.44	

B.

Full Name (Last, First, Middle Initial) JEANETTE DIFLORIO		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1015 Washington Street		Transaction ID: SA11AI.185344
City Brighton	State MI	Zip Code 48116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.88
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 ▼ 674.32	

C.

Full Name (Last, First, Middle Initial) JOHN DILLON, II		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 11560 State Route 329		Transaction ID: SA11AI.184491
City Glouster	State OH	Zip Code 45732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.02
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 ▼ 251.11	

SUBTOTAL of Receipts This Page (optional)	76.78
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 239 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) LANE DILLON		Date of Receipt
	Mailing Address 14537 London Lane		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bowie	MD	20720
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187514
Name of Employer AFSCME MD CN 67/PG.HED		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) LANE DILLON		Date of Receipt
	Mailing Address 14537 London Lane		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bowie	MD	20720
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187515
Name of Employer AFSCME MD CN 67/PG.HED		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) LANE DILLON		Date of Receipt
	Mailing Address 14537 London Lane		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bowie	MD	20720
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187516
Name of Employer AFSCME MD CN 67/PG.HED		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="40.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHERI A. DIMMERMAN		Date of Receipt
	Mailing Address 1237 E. Glenwood Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Amelia	OH	45102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.182908
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRAINING OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) SHERI A. DIMMERMAN		Date of Receipt
	Mailing Address 1237 E. Glenwood Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Amelia	OH	45102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184669
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRAINING OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) SHERI A. DIMMERMAN		Date of Receipt
	Mailing Address 1237 E. Glenwood Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Amelia	OH	45102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185636
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRAINING OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 230.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 241 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 STACIE DINEEN
 Mailing Address 80490 28th Street
 City Lawton State MI Zip Code 49065
 Date of Receipt: 10 / 18 / 2010
 Transaction ID: SA11AI.184022
 Amount of Each Receipt this Period: 10.50
 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: 210.00

B. Full Name (Last, First, Middle Initial)
 STACIE DINEEN
 Mailing Address 80490 28th Street
 City Lawton State MI Zip Code 49065
 Date of Receipt: 11 / 02 / 2010
 Transaction ID: SA11AI.184073
 Amount of Each Receipt this Period: 10.50
 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: 220.50

C. Full Name (Last, First, Middle Initial)
 STACIE DINEEN
 Mailing Address 80490 28th Street
 City Lawton State MI Zip Code 49065
 Date of Receipt: 11 / 15 / 2010
 Transaction ID: SA11AI.185345
 Amount of Each Receipt this Period: 10.50
 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

SUBTOTAL of Receipts This Page (optional) ► **31.50**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 242 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JOHN A. DINICOLA		Date of Receipt
	Mailing Address 320 2nd Street		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bergenline	NJ	07087-0000
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.184272
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="638.40"/>	<input type="text" value="63.84"/>

B.	Full Name (Last, First, Middle Initial) ERIKA S. DINKEL-SMITH		Date of Receipt
	Mailing Address P.O. Box 715		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Menomonie	WI	54751
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186580
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="389.15"/>	<input type="text" value="40.18"/>

C.	Full Name (Last, First, Middle Initial) ERIKA S. DINKEL-SMITH		Date of Receipt
	Mailing Address P.O. Box 715		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Menomonie	WI	54751
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186627
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="429.33"/>	<input type="text" value="40.18"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="144.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 243 / 1078
(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>A. Full Name (Last, First, Middle Initial) NORMAND P. DIONNE</p> <p>Mailing Address 15-2692 Aweoweo Street</p> <p>City State Zip Code Pahoia HI 96778</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 275.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183959</p> <p>Amount of Each Receipt this Period 25.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) LINDA DITTES</p> <p>Mailing Address 1409 Saltair Avenue Apt #103</p> <p>City State Zip Code Los Angeles CA 90025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CA CN 57 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187568</p> <p>Amount of Each Receipt this Period 40.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) LISA DIVITTORE</p> <p>Mailing Address 4031 Executive Park Drive</p> <p>City State Zip Code Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 617.14</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0</p> <p>Transaction ID: SA11AI.185248</p> <p>Amount of Each Receipt this Period 58.14</p>
--	---

SUBTOTAL of Receipts This Page (optional)	123.14
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KEVIN DOEING	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 316 Quittie Park Dr.	Transaction ID: SA11AI.185249
	City State Zip Code Annville PA 17003	Amount of Each Receipt this Period 81.68
	FEC ID number of contributing federal political committee. C	
	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 ▼ 900.77	

B.	Full Name (Last, First, Middle Initial) KRISTEN A. DOHMAN	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2609 Yoder Drive	Transaction ID: SA11AI.187169
	City State Zip Code Burlington IA 52601	Amount of Each Receipt this Period 24.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE WRNT STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

C.	Full Name (Last, First, Middle Initial) KRISTEN A. DOHMAN	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 2609 Yoder Drive	Transaction ID: SA11AI.187170
	City State Zip Code Burlington IA 52601	Amount of Each Receipt this Period 24.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE WRNT STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.60	

SUBTOTAL of Receipts This Page (optional)	▶	130.88
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RANDY J. DOMINIC	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 821 Painter Street	Transaction ID: SA11AI.184273
	City State Zip Code Streator IL 61364	Amount of Each Receipt this Period 50.72
	FEC ID number of contributing federal political committee. C	
	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 ▼ 507.20	

B.	Full Name (Last, First, Middle Initial) PETER DOMPIERE	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 710 Chippewa Street	Transaction ID: SA11AI.184023
	City State Zip Code Marquette MI 49855	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

C.	Full Name (Last, First, Middle Initial) PETER DOMPIERE	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 710 Chippewa Street	Transaction ID: SA11AI.184074
	City State Zip Code Marquette MI 49855	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional)	92.72
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 246 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) PETER DOMPIERE	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 710 Chippewa Street	Transaction ID: SA11AI.185346
	City State Zip Code Marquette MI 49855	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) LORI DONALDSON	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 419 1/2 Grant Street	Transaction ID: SA11AI.185250
	City State Zip Code Franklin PA 16323	Amount of Each Receipt this Period 48.18
	FEC ID number of contributing federal political committee. C	
	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 ▼ 511.58	

C.	Full Name (Last, First, Middle Initial) MARY DONNELLY	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 3617 Autumnwood Court, SE	Transaction ID: SA11AI.183232
	City State Zip Code Boston Harbor WA 98501	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28 ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	99.18
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 247 / 1078
(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

A. Full Name (Last, First, Middle Initial)
DANNY DONOHUE

Mailing Address 10 Longview Dr

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
AFSCME NY LOC 1000 PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 530.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.187662

Amount of Each Receipt this Period
19.24

B. Full Name (Last, First, Middle Initial)
DANNY DONOHUE

Mailing Address 10 Longview Dr

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
AFSCME NY LOC 1000 PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 544.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184219

Amount of Each Receipt this Period
14.00

C. Full Name (Last, First, Middle Initial)
DANNY DONOHUE

Mailing Address 10 Longview Dr

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
AFSCME NY LOC 1000 PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 563.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.187663

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► 52.48

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 248 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DANNY DONOHUE	Date of Receipt
	Mailing Address 10 Longview Dr	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 1 0
	City State Zip Code Clifton Park NY 12065	Transaction ID: SA11AI.187664
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 19.24
	Name of Employer Occupation AFSCME NY LOC 1000 PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 582.52	

B.	Full Name (Last, First, Middle Initial) LAWRENCE DORMAN	Date of Receipt
	Mailing Address 444 East Main Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City State Zip Code New Britain CT 06051-0000	Transaction ID: SA11AI.187027
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME CT CN 4 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

C.	Full Name (Last, First, Middle Initial) BETTY DOROW	Date of Receipt
	Mailing Address 101 Knutson Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	City State Zip Code Madison WI 53704	Transaction ID: SA11AI.186025
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME WI CN 24 COMMUNICATIONS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 59.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 249 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BRYAN DOSH		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1711 Norwood		Transaction ID: SA11AI.186679	
City Brainerd	State MN	Zip Code 56401-3846	Amount of Each Receipt this Period 24.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00		

B.

Full Name (Last, First, Middle Initial) KIM C. DOSS-PATTERSON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 10734 S. Langley Avenue		Transaction ID: SA11AI.184370	
City Chicago	State IL	Zip Code 60628	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CASEWORKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

C.

Full Name (Last, First, Middle Initial) CAROL A. DOTLICH		Date of Receipt MM / DD / YYYY 10 / 25 / 2010	
Mailing Address P.O. Box 731424		Transaction ID: SA11AI.183315	
City Puyallup	State WA	Zip Code 98373	Amount of Each Receipt this Period 6.50
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/SOWA	Occupation CONVENTION FUNDRAISER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 689.75		

SUBTOTAL of Receipts This Page (optional)	70.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) CAROL A. DOTLICH		Date of Receipt	
	Mailing Address P.O. Box 731424		M M / D D / Y Y Y Y Y 10 / 27 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.183233
	Puyallup	WA	98373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		42.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation CONVENTION FUNDRAISER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 731.75		

B.	Full Name (Last, First, Middle Initial) CAROL A. DOTLICH		Date of Receipt	
	Mailing Address P.O. Box 731424		M M / D D / Y Y Y Y Y 10 / 29 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.184220
	Puyallup	WA	98373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		14.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation CONVENTION FUNDRAISER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 745.75		

C.	Full Name (Last, First, Middle Initial) CAROL A. DOTLICH		Date of Receipt	
	Mailing Address P.O. Box 731424		M M / D D / Y Y Y Y Y 11 / 10 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.185034
	Puyallup	WA	98373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		6.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation CONVENTION FUNDRAISER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 752.25		

SUBTOTAL of Receipts This Page (optional)	▶	62.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) DANNY DOUGLAS		Date of Receipt	
	Mailing Address 1723 Linn Hipsher Road		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.182911
	Marion	OH	43302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		210.00		

B.	Full Name (Last, First, Middle Initial) DANNY DOUGLAS		Date of Receipt	
	Mailing Address 1723 Linn Hipsher Road		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184672
	Marion	OH	43302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		11.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		221.00		

C.	Full Name (Last, First, Middle Initial) DANNY DOUGLAS		Date of Receipt	
	Mailing Address 1723 Linn Hipsher Road		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185639
	Marion	OH	43302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		11.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		232.00		

SUBTOTAL of Receipts This Page (optional)	▶	32.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) KAY DOUGLAS	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 913 23rd Avenue E	Transaction ID: SA11AI.183785
	City State Zip Code Seattle WA 98112	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/UNIV OF WA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) MARCIA M. DOUGLAS-BUMGARNER	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address P.O. Box 232	Transaction ID: SA11AI.183316
	City State Zip Code Lyman WA 98263	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) MARCIA M. DOUGLAS-BUMGARNER	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address P.O. Box 232	Transaction ID: SA11AI.185035
	City State Zip Code Lyman WA 98263	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	44.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) DENISE J. DOWELL	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 1319 Locust Street	Transaction ID: SA11AI.187665
	City State Zip Code Pennsylvania PA 19125	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NY LOC 1000 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

B.	Full Name (Last, First, Middle Initial) DENISE J. DOWELL	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1319 Locust Street	Transaction ID: SA11AI.187666
	City State Zip Code Pennsylvania PA 19125	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NY LOC 1000 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

C.	Full Name (Last, First, Middle Initial) TAMMY L. DOWNING	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 3105 Worthington Avenue	Transaction ID: SA11AI.184126
	City State Zip Code Madison WI 53714	Amount of Each Receipt this Period 18.19
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.18	

SUBTOTAL of Receipts This Page (optional)	▶	37.43
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 254 / 1078
(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

A. Full Name (Last, First, Middle Initial)
TAMMY L. DOWNING

Mailing Address 3105 Worthington Avenue

City Madison State WI Zip Code 53714

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 ▼ 425.37

Date of Receipt 11 / 10 / 2010

Transaction ID: SA11AI.186054

Amount of Each Receipt this Period 18.19

B. Full Name (Last, First, Middle Initial)
THOMAS C. DRABICK, JR.

Mailing Address 982 Fortkort Drive

City Reynoldsburg State OH Zip Code 43068

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

Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.183814

Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
THOMAS C. DRABICK, JR.

Mailing Address 982 Fortkort Drive

City Reynoldsburg State OH Zip Code 43068

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

Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.186373

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 98.19

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 255 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) LAURA E. DRAKE	Date of Receipt
	Mailing Address 238 S. Oak Park Avenue	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City State Zip Code Oak Park IL 60302	Transaction ID: SA11AI.184276
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 63.84
	Name of Employer Occupation AFSCME IL CN 31 SENIOR ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 638.40	

B.	Full Name (Last, First, Middle Initial) MARGARET DRAKE	Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City State Zip Code Olympia WA 98501	Transaction ID: SA11AI.183317
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.50
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) MARGARET DRAKE	Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City State Zip Code Olympia WA 98501	Transaction ID: SA11AI.185036
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.50
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.50	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 84.84
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PETER DRUMMOND	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 144 N Jefferson Street #552	Transaction ID: SA11AI.186147
	City State Zip Code Milwaukee WI 53202	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 11 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) FRANK R. DUFAY	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2232 SE Stephens	Transaction ID: SA11AI.186306
	City State Zip Code Portland OR 97214	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OR CN 75/STATE OF OR STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) BRYAN DULAS	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 202 E 10th Street	Transaction ID: SA11AI.186680
	City State Zip Code Winona MN 55987	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PAMELA F. DUNCAN		Date of Receipt																					
	Mailing Address 7282 Aplin Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Reynoldsburg OH 43068		Transaction ID: SA11AI.183815																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.50																						
Name of Employer Occupation AFSCME OH LOC 4 EXECUTIVE ASSISTANT		Aggregate Year-to-Date ▼ 887.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

B.	Full Name (Last, First, Middle Initial) PAMELA F. DUNCAN		Date of Receipt																					
	Mailing Address 7282 Aplin Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	5		2	0	1	0														
	City State Zip Code Reynoldsburg OH 43068		Transaction ID: SA11AI.186374																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.50																						
Name of Employer Occupation AFSCME OH LOC 4 EXECUTIVE ASSISTANT		Aggregate Year-to-Date ▼ 925.50																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

C.	Full Name (Last, First, Middle Initial) RICHARD J. DUNCAN		Date of Receipt																					
	Mailing Address 4100 SW Edmunds Street Apt. 105		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	5		2	0	1	0														
	City State Zip Code Seattle WA 98116		Transaction ID: SA11AI.183319																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50																						
Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE		Aggregate Year-to-Date ▼ 210.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	87.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RICHARD J. DUNCAN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 4100 SW Edmunds Street Apt. 105		Transaction ID: SA11AI.185038		
	City Seattle	State WA	Zip Code 98116	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

B.	Full Name (Last, First, Middle Initial) SHARI L. DUNCAN		Date of Receipt MM / DD / YYYY 11 / 17 / 2010		
	Mailing Address 2650 Fillmore Lane		Transaction ID: SA11AI.187174		
	City Davenport	State IA	Zip Code 52804	Amount of Each Receipt this Period 10.00	
	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 ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) JAMES W DURKIN		Date of Receipt MM / DD / YYYY 11 / 09 / 2010		
	Mailing Address 8 Beacon Street		Transaction ID: SA11AI.185495		
	City Boston	State MA	Zip Code 02108-0000	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MA CN 93	Occupation COMMUNICATIONS SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

SUBTOTAL of Receipts This Page (optional)	▶	70.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 259 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JEFFERY A. DUVENDACK		Date of Receipt
Mailing Address 2716 Randall Drive		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
Oregon	OH	43616
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.182914
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MOTOR FLEET COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="210.00"/>	

B.

Full Name (Last, First, Middle Initial) JEFFERY A. DUVENDACK		Date of Receipt
Mailing Address 2716 Randall Drive		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
City	State	Zip Code
Oregon	OH	43616
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184675
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MOTOR FLEET COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

C.

Full Name (Last, First, Middle Initial) JEFFERY A. DUVENDACK		Date of Receipt
Mailing Address 2716 Randall Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
City	State	Zip Code
Oregon	OH	43616
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185642
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MOTOR FLEET COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 260 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DENNIS EAGLE		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 5007 26th Ave., SE		Transaction ID: SA11AI.183234
City Lacey	State WA	Zip Code 98503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer AFSCME WA CN 28	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.

Full Name (Last, First, Middle Initial) ANN N. EBESUNO		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 285 Kuhilani Street		Transaction ID: SA11AI.183960
City Hilo	State HI	Zip Code 96720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
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 ▼ 231.00	

C.

Full Name (Last, First, Middle Initial) LAURIE ECKELS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 42 Profio Road		Transaction ID: SA11AI.185251
City McDonald	State PA	Zip Code 15057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.34
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 ▼ 641.90	

SUBTOTAL of Receipts This Page (optional)	▶	178.34
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 261 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
THOMAS EDSTROM

Mailing Address 4106 N. Sacramento

City State Zip Code
Chicago IL 60618

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

Name of Employer Occupation
AFSCME IL CN 31 LEGAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 747.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2010

Transaction ID: SA11AI.184277

Amount of Each Receipt this Period
74.70

B. Full Name (Last, First, Middle Initial)
CHRISTINE LYNN EDWARDS

Mailing Address 22002 E28 Ridge Road

City State Zip Code
Anamosa IA 52205

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

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 17 / 2010

Transaction ID: SA11AI.187182

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MICHELLE EDWARDS

Mailing Address 1410 Bush Street Suite A

City State Zip Code
Baltimore MD 21230

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

Name of Employer Occupation
AFSCME MD CN 67 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 397.54

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2010

Transaction ID: SA11AI.186832

Amount of Each Receipt this Period
36.14

SUBTOTAL of Receipts This Page (optional) ► **120.84**

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 262 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MICHELLE EDWARDS	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1410 Bush Street Suite A	Transaction ID: SA11AI.186858
	City Baltimore State MD Zip Code 21230	Amount of Each Receipt this Period 18.07
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.61	

B.	Full Name (Last, First, Middle Initial) PATRICIA EDWARDS	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183320
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA EDWARDS	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185039
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 441.00	

SUBTOTAL of Receipts This Page (optional)	60.07
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 263 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JAMES C. EGGERS		Date of Receipt
	Mailing Address 563 Harland Drive		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	OH	43207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation EMPLOYMENT SERVICES REP	Transaction ID: SA11AI.182917
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) JAMES C. EGGERS		Date of Receipt
	Mailing Address 563 Harland Drive		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	OH	43207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation EMPLOYMENT SERVICES REP	Transaction ID: SA11AI.184678
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) JAMES C. EGGERS		Date of Receipt
	Mailing Address 563 Harland Drive		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Columbus	OH	43207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation EMPLOYMENT SERVICES REP	Transaction ID: SA11AI.185645
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="230.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 264 / 1078
(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

A.

Full Name (Last, First, Middle Initial) RICKIE EILANDER		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187066
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B.

Full Name (Last, First, Middle Initial) GORDON K. ELLEY		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 31517 36th Avenue S.		Transaction ID: SA11AI.183321
City Auburn	State WA	Zip Code 98001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) GORDON K. ELLEY		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 31517 36th Avenue S.		Transaction ID: SA11AI.185040
City Auburn	State WA	Zip Code 98001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	61.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 265 / 1078
(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

A.

Full Name (Last, First, Middle Initial) HELEN H. ELLIOTT		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1408 Wyeth Street		Transaction ID: SA11AI.186216
City Harrisburg	State PA	Zip Code 17102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) DEVON F. ELLIS		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1379 Hudson Street		Transaction ID: SA11AI.183322
City Dupont	State WA	Zip Code 98327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) DEVON F. ELLIS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1379 Hudson Street		Transaction ID: SA11AI.185041
City Dupont	State WA	Zip Code 98327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.00	

SUBTOTAL of Receipts This Page (optional)	62.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 266 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
LEONORA ELLIS

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183323
Amount of Each Receipt this Period: 10.50

B. Full Name (Last, First, Middle Initial)
LEONORA ELLIS

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.185042
Amount of Each Receipt this Period: 10.50

C. Full Name (Last, First, Middle Initial)
MARGERY ELLSWORTH

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183324
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 41.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 267 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MARGERIE ELLSWORTH		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson Street SE		Transaction ID: SA11AI.185043
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.

Full Name (Last, First, Middle Initial) LORI R. ELMORE		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1763 North Cassady Avenue		Transaction ID: SA11AI.186542
City Columbus	State OH	Zip Code 43219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 474.00	

C.

Full Name (Last, First, Middle Initial) MARTHA EMMERTON		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183325
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	80.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 268 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MARTHA EMMERTON		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185044
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) SUSAN K. EMSWILER		Date of Receipt
	Mailing Address 606 LaFayette Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Lancaster	PA	17603
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186262
Name of Employer AFSCME PA CN 13/NSP/L2540		Occupation HIGHER EDUCATION COORDINATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00	<input type="text"/> 24.00

C.	Full Name (Last, First, Middle Initial) JOHN ENGLISH		Date of Receipt
	Mailing Address 3427 West St. Paul Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Milwaukee	WI	53208
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185951
Name of Employer AFSCME WI CN 48		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 54.50
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 269 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 JOHN ENGLISH
 Mailing Address 3427 West St. Paul Avenue
 City State Zip Code
 Milwaukee WI 53208
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.185952
 Amount of Each Receipt this Period
 20.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WI CN 48 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 440.00

B. Full Name (Last, First, Middle Initial)
 DARYL ERICKSON
 Mailing Address 4320 NW Second Avenue
 City State Zip Code
 Des Moines IA 50313
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.187183
 Amount of Each Receipt this Period
 20.84
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61/STATE WRNT STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.40

C. Full Name (Last, First, Middle Initial)
 DARYL ERICKSON
 Mailing Address 4320 NW Second Avenue
 City State Zip Code
 Des Moines IA 50313
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 1 0
Transaction ID: SA11AI.187184
 Amount of Each Receipt this Period
 20.84
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61/STATE WRNT STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 229.24

SUBTOTAL of Receipts This Page (optional) ► 61.68
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 270 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) NORMAN ERICKSON</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/SOWA 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 ▼ 210.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 25 / 2010</p> <p>Transaction ID: SA11AI.183328</p> <p>Amount of Each Receipt this Period 10.50</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) NORMAN ERICKSON</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/SOWA 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 ▼ 220.50</p>	<p>Date of Receipt MM / DD / YYYY 11 / 10 / 2010</p> <p>Transaction ID: SA11AI.185046</p> <p>Amount of Each Receipt this Period 10.50</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) KURT ERRICKSON</p> <p>Mailing Address 224 No. Smith Avenue Apt. #12</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS MANAGER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 328.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 19 / 2010</p> <p>Transaction ID: SA11AI.186581</p> <p>Amount of Each Receipt this Period 31.30</p>
--	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>52.30</p>
<p>TOTAL 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 271 / 1078
(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

A.

Full Name (Last, First, Middle Initial) KURT ERRICKSON		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 224 No. Smith Avenue Apt. #12		Transaction ID: SA11AI.186628
City Saint Paul	State MN	Zip Code 55102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.30
Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 359.30	

B.

Full Name (Last, First, Middle Initial) FLORENCE S. ESTES		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 4328 N. Hermitage Avenue #1-W		Transaction ID: SA11AI.184278
City Chicago	State IL	Zip Code 60613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 64.84
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 ▼ 648.40	

C.

Full Name (Last, First, Middle Initial) GEORGE ESTRIGHT		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 4031 Executive Park Drive		Transaction ID: SA11AI.185253
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.22
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 ▼ 524.92	

SUBTOTAL of Receipts This Page (optional)	147.36
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 272 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
SUSAN ESTY

Mailing Address 2257 Park Hill Avenue

City State Zip Code
Baltimore MD 21211

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

Name of Employer Occupation
AFSCME MD CN 982 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.185513

Amount of Each Receipt this Period
72.24

B. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH CN 8 STAFF ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 724.47

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184492

Amount of Each Receipt this Period
66.04

C. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH LOC 4 ACCOUNT CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183816

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **148.28**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SUSAN E. EVERETTS		Date of Receipt
	Mailing Address 2704 Bella Via Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Columbus	OH	43231
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186375
Name of Employer AFSCME OH LOC 4		Occupation ACCOUNT CLERK	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) JOYCE EVOY		Date of Receipt
	Mailing Address 444 East Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	New Britain	CT	06051-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187028
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) JOHN B. EWALDT		Date of Receipt
	Mailing Address 6927 10th Street N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	Oakdale	MN	55128
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186629
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.25	<input type="text"/> 6.50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 36.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 274 / 1078
(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

A.

Full Name (Last, First, Middle Initial) YOUSEF FAHOUM		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183330
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) YOUSEF FAHOUM		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185048
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

C.

Full Name (Last, First, Middle Initial) MARY FALK		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 11236 Georgia Avenue N.		Transaction ID: SA11AI.186681
City North Champlin	State MN	Zip Code 55316-3800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	81.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 275 / 1078
(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

A. Full Name (Last, First, Middle Initial) JASMINE FALLS	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 3412 Knipp Drive Suite 102	Transaction ID: SA11AI.186886
City State Zip Code Jefferson City MO 65109	Amount of Each Receipt this Period 17.29
FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.51

B. Full Name (Last, First, Middle Initial) JASMINE FALLS	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 3412 Knipp Drive Suite 102	Transaction ID: SA11AI.186898
City State Zip Code Jefferson City MO 65109	Amount of Each Receipt this Period 17.29
FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.80

C. Full Name (Last, First, Middle Initial) JASMINE FALLS	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 3412 Knipp Drive Suite 102	Transaction ID: SA11AI.186910
City State Zip Code Jefferson City MO 65109	Amount of Each Receipt this Period 17.29
FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.09

SUBTOTAL of Receipts This Page (optional)	51.87
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 276 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 SHEILA FAMBRO
 Mailing Address 1591 Sunny Acres Road
 City State Zip Code
 Copley OH 44321
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.187899
 Amount of Each Receipt this Period
 11.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN8/AKRON METRO MAINTENANCE WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.34

B. Full Name (Last, First, Middle Initial)
 SHEILA FAMBRO
 Mailing Address 1591 Sunny Acres Road
 City State Zip Code
 Copley OH 44321
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 1 0
Transaction ID: SA11AI.187900
 Amount of Each Receipt this Period
 11.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN8/AKRON METRO MAINTENANCE WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 253.88

C. Full Name (Last, First, Middle Initial)
 SHEILA FAMBRO
 Mailing Address 1591 Sunny Acres Road
 City State Zip Code
 Copley OH 44321
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 7 / 2 0 1 0
Transaction ID: SA11AI.187901
 Amount of Each Receipt this Period
 11.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN8/AKRON METRO MAINTENANCE WORKER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 265.42

SUBTOTAL of Receipts This Page (optional) ► 34.62
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 277 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
STEPHAN FANTAUZZO
 Mailing Address **3840 N. Delaware Street**
 City **Indianapolis** State **IN** Zip Code **46205**
 Date of Receipt **10 / 15 / 2010**
Transaction ID: SA11AI.183591
 Amount of Each Receipt this Period **70.83**
 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 **1184.81**

B. Full Name (Last, First, Middle Initial)
STEPHAN FANTAUZZO
 Mailing Address **3840 N. Delaware Street**
 City **Indianapolis** State **IN** Zip Code **46205**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183698
 Amount of Each Receipt this Period **70.83**
 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 **1255.64**

C. Full Name (Last, First, Middle Initial)
STEPHAN FANTAUZZO
 Mailing Address **3840 N. Delaware Street**
 City **Indianapolis** State **IN** Zip Code **46205**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.185408
 Amount of Each Receipt this Period **70.83**
 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 **1326.47**

SUBTOTAL of Receipts This Page (optional) ► **212.49**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 278 / 1078
(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

A. Full Name (Last, First, Middle Initial)
KATHLEEN A. FARBER

Mailing Address 10920 Territorial Drive

City State Zip Code
Burnsville MN 55337

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.186743
Amount of Each Receipt this Period: 12.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN A. FARBER

Mailing Address 10920 Territorial Drive

City State Zip Code
Burnsville MN 55337

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: SA11AI.186744
Amount of Each Receipt this Period: 12.00

C. Full Name (Last, First, Middle Initial)
PAULETTE A. FELD

Mailing Address 416 W 5th Avenue

City State Zip Code
Oshkosh WI 54902

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

Name of Employer: AFSCME WI CN 24/STATE OF WI
Occupation: IS NETWORK SUP TECH I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: SA11AI.184130
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 44.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 279 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) PAULETTE A. FELD		Date of Receipt	
	Mailing Address 416 W 5th Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184131
	Oshkosh	WI	54902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation IS NETWORK SUP TECH I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

B.	Full Name (Last, First, Middle Initial) RICHARD M. FELLER		Date of Receipt	
	Mailing Address 4705 Butterworth Place, NW		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183592
	Washington	DC	20016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.28	
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 ▼ 1050.32		

C.	Full Name (Last, First, Middle Initial) RICHARD M. FELLER		Date of Receipt	
	Mailing Address 4705 Butterworth Place, NW		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183699
	Washington	DC	20016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.28	
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 ▼ 1105.60		

SUBTOTAL of Receipts This Page (optional)	▶	130.56
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 280 / 1078						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD M. FELLER		Date of Receipt
	Mailing Address 4705 Butterworth Place, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Washington	DC	20016
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION	Transaction ID: SA11AI.185409
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1160.88	<input type="text"/> 55.28

B.	Full Name (Last, First, Middle Initial) CATHRYN FELLINGER		Date of Receipt
	Mailing Address 2271 Edmonton Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Columbus	OH	43229-4705
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OH LOC 11		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186543
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 600.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) ELBERT W. FERGUSON		Date of Receipt
	Mailing Address 1295 Clydesdale Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Columbus	OH	43229
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation PROGRAMMER/ANALYST IV	Transaction ID: SA11AI.182923
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 210.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.28
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 281 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
ELBERT W. FERGUSON

Mailing Address 1295 Clydesdale Court

City State Zip Code
Columbus OH 43229

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH PROGRAMMER/ANALYST IV

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt

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

Transaction ID: SA11AI.184684

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
ELBERT W. FERGUSON

Mailing Address 1295 Clydesdale Court

City State Zip Code
Columbus OH 43229

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH PROGRAMMER/ANALYST IV

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

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

Transaction ID: SA11AI.185651

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
JASPER FERRARO

Mailing Address 710 John Street

City State Zip Code
Rockford IL 61103

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

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 731.60

Date of Receipt

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

Transaction ID: SA11AI.184279

Amount of Each Receipt this Period

65.76

SUBTOTAL of Receipts This Page (optional)

85.76

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 282 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ANGELA FERRITTO
 Mailing Address **1053 Newton Avenue**
 City **Erie** State **PA** Zip Code **16511**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185254
 Amount of Each Receipt this Period **29.58**
 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 **295.80**

B. Full Name (Last, First, Middle Initial)
MICHELLE S. FICKEN
 Mailing Address **1827 218th Street**
 City **Independence** State **IA** Zip Code **50644**
 Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.187191
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IA CN 61/STATE OF IA** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **210.00**

C. Full Name (Last, First, Middle Initial)
JAMES FIELDS
 Mailing Address **3427 W. St. Paul Avenue**
 City **Milwaukee** State **ID** Zip Code **53208**
 Date of Receipt **10 / 25 / 2010**
Transaction ID: SA11AI.185959
 Amount of Each Receipt this Period **20.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **250.00**

SUBTOTAL of Receipts This Page (optional) ► **59.58**
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 283 / 1078
(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

A.	Full Name (Last, First, Middle Initial) JOHN J. FILAK, Jr.		Date of Receipt MM / DD / YYYY 11 / 08 / 2010		
	Mailing Address 6160 Clingan Road		Transaction ID: SA11AI.184493		
	City Poland	State OH	Zip Code 44514	Amount of Each Receipt this Period 86.02	
	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 ▼ 943.73			

B.	Full Name (Last, First, Middle Initial) DAVID FILLMAN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 2520 Helen Street		Transaction ID: SA11AI.184221		
	City Hatboro	State PA	Zip Code 19040	Amount of Each Receipt this Period 14.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME PA CN 13	Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1609.53			

C.	Full Name (Last, First, Middle Initial) DAVID FILLMAN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 2520 Helen Street		Transaction ID: SA11AI.185255		
	City Hatboro	State PA	Zip Code 19040	Amount of Each Receipt this Period 142.18	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME PA CN 13	Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1751.71			

SUBTOTAL of Receipts This Page (optional) ▶

242.20

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 284 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
STEPHANIE FINDLEY

Mailing Address 3427 W St. Paul Avenue

City State Zip Code
Milwaukee WI 53208

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

Name of Employer Occupation
AFSCME WI CN 48 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.185953

Amount of Each Receipt this Period
11.00

B.

Full Name (Last, First, Middle Initial)
STEPHANIE FINDLEY

Mailing Address 3427 W St. Paul Avenue

City State Zip Code
Milwaukee WI 53208

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

Name of Employer Occupation
AFSCME WI CN 48 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 242.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185954

Amount of Each Receipt this Period
11.00

C.

Full Name (Last, First, Middle Initial)
NANCY J. FINNERTY

Mailing Address 441 Windet Ridge Road

City State Zip Code
Yorkville IL 60560

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184373

Amount of Each Receipt this Period
20.90

SUBTOTAL of Receipts This Page (optional) ► **42.90**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DIANE FIRKUS		Date of Receipt
	Mailing Address 44935 Deerfield Road		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sturgeon Lake	MN	55783
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186583
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="580.00"/>	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) DIANE FIRKUS		Date of Receipt
	Mailing Address 44935 Deerfield Road		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sturgeon Lake	MN	55783
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186630
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="631.00"/>	<input type="text" value="51.00"/>

C.	Full Name (Last, First, Middle Initial) GERALD FIRKUS		Date of Receipt
	Mailing Address 44935 Deerfield Road		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sturgeon Lake	MN	55783-3616
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186584
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="364.77"/>	<input type="text" value="34.74"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="135.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 286 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GERALD FIRKUS		Date of Receipt
	Mailing Address 44935 Deerfield Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Sturgeon Lake	MN	55783-3616
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186631
		Amount of Each Receipt this Period	
		<input type="text"/> 34.74	
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 ▼ <input type="text"/> 399.51	

B.	Full Name (Last, First, Middle Initial) TODD R. FISHER		Date of Receipt
	Mailing Address 219 N. Willow Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Kent	OH	44240
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.182925
		Amount of Each Receipt this Period	
		<input type="text"/> 10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) TODD R. FISHER		Date of Receipt
	Mailing Address 219 N. Willow Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Kent	OH	44240
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184685
		Amount of Each Receipt this Period	
		<input type="text"/> 10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 54.74
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TODD R. FISHER	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 219 N. Willow Street	Transaction ID: SA11AI.185652
	City State Zip Code Kent OH 44240	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) WYNN L. FISHER	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address P.O. Box 525	Transaction ID: SA11AI.186263
	City State Zip Code New Bradford PA 16140	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME PA CN 13/LOCAL 2902	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) RICHARD A. FLEMING	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address P.O. Box 359	Transaction ID: SA11AI.183331
	City State Zip Code Kapowsin WA 98344	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	50.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 288 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) RICHARD A. FLEMING</p> <p>Mailing Address P.O. Box 359</p> <hr/> <p>City State Zip Code Kapowsin WA 98344</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer AFSCME WA CN 28/SOWA</td> <td>Occupation STAFF REPRESENTATIVE</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 220.50</td> </tr> </table>	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	<p>Date of Receipt MM / DD / YYYY 11 / 10 / 2010</p> <hr/> <p>Transaction ID: SA11AI.185049</p> <hr/> <p>Amount of Each Receipt this Period 10.50</p>
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50				

<p>B. Full Name (Last, First, Middle Initial) VERDEL L FLORES</p> <p>Mailing Address 3847 Westside Avenue</p> <hr/> <p>City State Zip Code Los Angeles CA 90008</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer AFSCME CA CN 36/CITY OF LA</td> <td>Occupation STAFF REPRESENTATIVE</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 250.00</td> </tr> </table>	Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	<p>Date of Receipt MM / DD / YYYY 10 / 18 / 2010</p> <hr/> <p>Transaction ID: SA11AI.187545</p> <hr/> <p>Amount of Each Receipt this Period 10.00</p>
Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				

<p>C. Full Name (Last, First, Middle Initial) VERDEL L FLORES</p> <p>Mailing Address 3847 Westside Avenue</p> <hr/> <p>City State Zip Code Los Angeles CA 90008</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Name of Employer AFSCME CA CN 36/CITY OF LA</td> <td>Occupation STAFF REPRESENTATIVE</td> </tr> <tr> <td>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 260.00</td> </tr> </table>	Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	<p>Date of Receipt MM / DD / YYYY 11 / 09 / 2010</p> <hr/> <p>Transaction ID: SA11AI.187546</p> <hr/> <p>Amount of Each Receipt this Period 10.00</p>
Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00				

SUBTOTAL of Receipts This Page (optional)	30.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 289 / 1078
(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

A.	Full Name (Last, First, Middle Initial) VERDEL L FLORES		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 3847 Westside Avenue		Transaction ID: SA11AI.187547		
	City Los Angeles	State CA	Zip Code 90008	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

B.	Full Name (Last, First, Middle Initial) LARRY FLUE		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183332		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) LARRY FLUE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185050		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

SUBTOTAL of Receipts This Page (optional)

31.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 290 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ANGELA FOLDEN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 10259 Wintergreen Street NW		Transaction ID: SA11AI.186683
City Coon Rapids	State MN	Zip Code 55433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00	

B.

Full Name (Last, First, Middle Initial) NANETTE M. FOLSOM		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 5631 Swan Avenue ne		Transaction ID: SA11AI.183817
City North Canton	State OH	Zip Code 44721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) NANETTE M. FOLSOM		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 5631 Swan Avenue ne		Transaction ID: SA11AI.186376
City North Canton	State OH	Zip Code 44721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 575.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 291 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) LARISSA R. FOOKS		Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2010
Mailing Address 2622 Orchard Avenue		Transaction ID: SA11AI.187550
City Los Angeles	State CA	Zip Code 90002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA CN 36/WEST HOLL-YWOOD	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) BENJAMIN FORSTENZER		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2010
Mailing Address 190 W. Ostend Street Suite 101		Transaction ID: SA11AI.185514
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.37	

C.

Full Name (Last, First, Middle Initial) SHERRI B. FORTIN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185051
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CANDACE R. FOSTER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 280 E. 200th Street	Transaction ID: SA11AI.182929
	City State Zip Code Euclid OH 44119	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRAINING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

B.	Full Name (Last, First, Middle Initial) CANDACE R. FOSTER	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 280 E. 200th Street	Transaction ID: SA11AI.184689
	City State Zip Code Euclid OH 44119	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRAINING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) CANDACE R. FOSTER	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	Mailing Address 280 E. 200th Street	Transaction ID: SA11AI.185656
	City State Zip Code Euclid OH 44119	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRAINING OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

SUBTOTAL of Receipts This Page (optional)	▶	37.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 293 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 JEFFREY S. FOWLER
 Mailing Address 7664 Hinton Avenue South
 Apt. #9
 City State Zip Code
 Cottage Grove MN 55016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.18
 Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Transaction ID: SA11AI.186585
 Amount of Each Receipt this Period 51.68

B. Full Name (Last, First, Middle Initial)
 JEFFREY S. FOWLER
 Mailing Address 7664 Hinton Avenue South
 Apt. #9
 City State Zip Code
 Cottage Grove MN 55016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 566.86
 Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Transaction ID: SA11AI.186632
 Amount of Each Receipt this Period 51.68

C. Full Name (Last, First, Middle Initial)
 MICHAEL E. FOX
 Mailing Address 3818 Sheffield Lane
 City State Zip Code
 Harrisburg PA 17110-3044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2010.47
 Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Transaction ID: SA11AI.184222
 Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► **173.36**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 294 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2125.01

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185256

Amount of Each Receipt this Period
114.54

B.

Full Name (Last, First, Middle Initial)
SUZANNE M. FOX

Mailing Address 4200 Chestnut Hills Road

City Newark State OH Zip Code 43055

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

Name of Employer AFSCME OH LOC 4/NEWARK CI-TY Occupation EDUCATIONAL/TEACHER AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.183872

Amount of Each Receipt this Period
9.62

C.

Full Name (Last, First, Middle Initial)
SUZANNE M. FOX

Mailing Address 4200 Chestnut Hills Road

City Newark State OH Zip Code 43055

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

Name of Employer AFSCME OH LOC 4/NEWARK CI-TY Occupation EDUCATIONAL/TEACHER AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.186440

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional) ► **133.78**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 295 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) SUZANNE M. FOX		Date of Receipt	
	Mailing Address 4200 Chestnut Hills Road		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186441
	Newark	OH	43055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH LOC 4/NEWARK CI-TY		Occupation EDUCATIONAL/TEACHER AIDE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.88		

B.	Full Name (Last, First, Middle Initial) MICHAEL G. FRAISE		Date of Receipt	
	Mailing Address 3363 190th Street		M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187196
	Fort Madison	IA	52627	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
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 ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) WALTER FRANCIS		Date of Receipt	
	Mailing Address 1002 Cypress Rd.		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185257
	Wilmington	DE	19810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.72	
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 ▼ 572.18		

SUBTOTAL of Receipts This Page (optional)	▶	75.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 296 / 1078
(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

A.

Full Name (Last, First, Middle Initial) RODOLFO FRANCO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0
Mailing Address 4526 Delridge Way SW		Transaction ID: SA11AI.187989
City Seattle	State WA	Zip Code 98106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) RODOLFO FRANCO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 1 0
Mailing Address 4526 Delridge Way SW		Transaction ID: SA11AI.187991
City Seattle	State WA	Zip Code 98106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

C.

Full Name (Last, First, Middle Initial) RODOLFO FRANCO		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 1 0
Mailing Address 4526 Delridge Way SW		Transaction ID: SA11AI.187992
City Seattle	State WA	Zip Code 98106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.50	

SUBTOTAL of Receipts This Page (optional)	▶	33.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 297 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A.

Full Name (Last, First, Middle Initial) STEVEN M. FRANCY		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 12 Belmont Court		Transaction ID: SA11AI.183593
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.20
Name of Employer AFSCME INT'L	Occupation COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.60	

B.

Full Name (Last, First, Middle Initial) STEVEN M. FRANCY		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 12 Belmont Court		Transaction ID: SA11AI.183700
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.20
Name of Employer AFSCME INT'L	Occupation COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 445.80	

C.

Full Name (Last, First, Middle Initial) STEVEN M. FRANCY		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 12 Belmont Court		Transaction ID: SA11AI.185410
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.20
Name of Employer AFSCME INT'L	Occupation COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.00	

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 Page	FOR LINE NUMBER: (check only one)	PAGE 298 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BARBARA G. FRANKENBURG		Date of Receipt
	Mailing Address 26 George Junior Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Grove City	PA	16127
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186264
Name of Employer AFSCME PA CN 13/PASSHE/L8-19		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) DENNIS D. FRAZIER		Date of Receipt
	Mailing Address 2677 Greenfield Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Zim	MN	55738
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186745
Name of Employer AFSCME MN CN 5/ST. LOUIS CNTY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	<input type="text"/> 15.00

C.	Full Name (Last, First, Middle Initial) DENNIS D. FRAZIER		Date of Receipt
	Mailing Address 2677 Greenfield Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Zim	MN	55738
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186746
Name of Employer AFSCME MN CN 5/ST. LOUIS CNTY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 299 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DENNIS D. FRAZIER		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 2677 Greenfield Drive		Transaction ID: SA11AI.186747
City Zim	State MN	
Zip Code 55738		Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MN CN 5/ST. LOUIS CNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) ELLEN E. FRITZ		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 116 McKenzie Circle		Transaction ID: SA11AI.187197
City Council Bluff	State IA	
Zip Code 51503		Amount of Each Receipt this Period 13.85
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 ▼ 249.30	

C.

Full Name (Last, First, Middle Initial) ELLEN E. FRITZ		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 116 McKenzie Circle		Transaction ID: SA11AI.187198
City Council Bluff	State IA	
Zip Code 51503		Amount of Each Receipt this Period 13.85
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 ▼ 263.15	

SUBTOTAL of Receipts This Page (optional)	42.70
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 300 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ELLEN E. FRITZ		Date of Receipt MM / DD / YYYY 11 / 01 / 2010
Mailing Address 116 McKenzie Circle		Transaction ID: SA11AI.187199
City State Zip Code Council Bluff IA 51503	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 13.85
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 ▼ 277.00	

B.

Full Name (Last, First, Middle Initial) ELLEN E. FRITZ		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 116 McKenzie Circle		Transaction ID: SA11AI.187200
City State Zip Code Council Bluff IA 51503	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 13.85
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 ▼ 290.85	

C.

Full Name (Last, First, Middle Initial) JEFFRIE J. FRONTERA		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 5263 Dyke Street		Transaction ID: SA11AI.186265
City State Zip Code Pittsburgh PA 15207	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	47.70
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) VIRGINIA L. FRYE		Date of Receipt
	Mailing Address 318 Avenue 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Lake Elsinore	CA	92530
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187805
Name of Employer AFSCME CA LOC 3930		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 220.00

B.	Full Name (Last, First, Middle Initial) MARK J. FRYMOYER		Date of Receipt
	Mailing Address 518 Reuel Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Kellogg	IA	50134
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187067
Name of Employer AFSCME IA CN 61		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 550.00

C.	Full Name (Last, First, Middle Initial) MARIO FUENTES		Date of Receipt
	Mailing Address 2201 Broadway Sutie 315		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Oakland	CA	94612
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187763
Name of Employer AFSCME CA LOC 3299.HED		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 440.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 110.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BRIAN FUITEN		Date of Receipt
	Mailing Address 445 Mayfair Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Lincoln	IL	62656
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184280
Name of Employer AFSCME IL CN 31		Occupation DATA PROCESSING SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 721.00	<input type="text"/> 72.10

B.	Full Name (Last, First, Middle Initial) GAIL FUJIMOTO		Date of Receipt
	Mailing Address 888 Mililani Street Suite 601		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Honolulu	HI	96813-2991
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183961
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 30.00

C.	Full Name (Last, First, Middle Initial) SEAN FULKERSON		Date of Receipt
	Mailing Address 29 N. Wacker Drive Suite 800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184281
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 633.78	<input type="text"/> 63.84

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 165.94
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 303 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) AMY H. GALATIAN		Date of Receipt
	Mailing Address 10925 Southern Highlands Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Las Vegas	NV	89141
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183595
Name of Employer AFSCME INT'L		Occupation REGIONAL FIELD ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 666.93	<input type="text"/> 35.10

B.	Full Name (Last, First, Middle Initial) AMY H. GALATIAN		Date of Receipt
	Mailing Address 10925 Southern Highlands Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Las Vegas	NV	89141
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183702
Name of Employer AFSCME INT'L		Occupation REGIONAL FIELD ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 702.03	<input type="text"/> 35.10

C.	Full Name (Last, First, Middle Initial) AMY H. GALATIAN		Date of Receipt
	Mailing Address 10925 Southern Highlands Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Las Vegas	NV	89141
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185412
Name of Employer AFSCME INT'L		Occupation REGIONAL FIELD ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 737.13	<input type="text"/> 35.10

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 105.30
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KERRI GALLAGHER		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 8 South Main Street		Transaction ID: SA11AI.185258		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Mountain Top	PA	18707	55.72	
	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 ▼ 572.18			

B.	Full Name (Last, First, Middle Initial) JOHN GALUSKA		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 205 Green Vista Drive		Transaction ID: SA11AI.185259		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Pittsburgh	PA	15237	55.72	
	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 ▼ 572.18			

C.	Full Name (Last, First, Middle Initial) DEBRA L. GARCIA		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 449 College Avenue		Transaction ID: SA11AI.183596		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Richmond	IN	47374	35.21	
	FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.38			

SUBTOTAL of Receipts This Page (optional)	▶	146.65
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DEBRA L. GARCIA		Date of Receipt
	Mailing Address 449 College Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Richmond	IN	47374
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183703
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 695.59	<input type="text"/> 35.21

B.	Full Name (Last, First, Middle Initial) DEBRA L. GARCIA		Date of Receipt
	Mailing Address 449 College Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Richmond	IN	47374
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185413
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 730.80	<input type="text"/> 35.21

C.	Full Name (Last, First, Middle Initial) DONALD GARDNER		Date of Receipt
	Mailing Address 513 E. Main		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Flushing	MI	48433
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184076
Name of Employer AFSCME MI CN 25		Occupation STAFF SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.42
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DONALD GARDNER		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 513 E. Main		Transaction ID: SA11AI.185348		
	City Flushing	State MI	Zip Code 48433	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MI CN 25	Occupation STAFF SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

B.	Full Name (Last, First, Middle Initial) JAMES M. GARITY		Date of Receipt MM / DD / YYYY 11 / 02 / 2010		
	Mailing Address 8033 Excelsior Drive #B		Transaction ID: SA11AI.185990		
	City Madison	State WI	Zip Code 53717-1903	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 514.00			

C.	Full Name (Last, First, Middle Initial) ALBERT GARRETT		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address 18491 Lauder		Transaction ID: SA11AI.184026		
	City Detroit	State MI	Zip Code 48235-2738	Amount of Each Receipt this Period 124.04	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 2581.46			

SUBTOTAL of Receipts This Page (optional)	▶	159.04
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 307 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
ALBERT GARRETT

Mailing Address 18491 Lauder

City State Zip Code
Detroit MI 48235-2738

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

Name of Employer AFSCME MI CN 25 Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2595.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184223

Amount of Each Receipt this Period
14.00

B.

Full Name (Last, First, Middle Initial)
ALBERT GARRETT

Mailing Address 18491 Lauder

City State Zip Code
Detroit MI 48235-2738

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

Name of Employer AFSCME MI CN 25 Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2719.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.184077

Amount of Each Receipt this Period
124.04

C.

Full Name (Last, First, Middle Initial)
ALBERT GARRETT

Mailing Address 18491 Lauder

City State Zip Code
Detroit MI 48235-2738

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

Name of Employer AFSCME MI CN 25 Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2843.54

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185349

Amount of Each Receipt this Period
124.04

SUBTOTAL of Receipts This Page (optional) ► **262.08**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 308 / 1078
(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

A. Full Name (Last, First, Middle Initial)
KATHLEEN P. GARRISON

Mailing Address 9 Kings Road

City State Zip Code
Ganesvoort NY 12831

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

Name of Employer Occupation
AFSCME NY LOC 1000 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.187667

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN P. GARRISON

Mailing Address 9 Kings Road

City State Zip Code
Ganesvoort NY 12831

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

Name of Employer Occupation
AFSCME NY LOC 1000 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.187668

Amount of Each Receipt this Period
20.00

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

Mailing Address 226 Hartley Road

City State Zip Code
Hershey PA 17033

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

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 759.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185260

Amount of Each Receipt this Period
70.34

SUBTOTAL of Receipts This Page (optional) ► **110.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 309 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JON A. GASPER

Mailing Address P.O. Box 4251

City State Zip Code
Honolulu HI 96812-4251

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

Name of Employer Occupation
AFSCME HI LOC 152 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.183962

Amount of Each Receipt this Period
21.00

B.

Full Name (Last, First, Middle Initial)
DANIEL R. GATES

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

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

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187205

Amount of Each Receipt this Period
9.62

C.

Full Name (Last, First, Middle Initial)
JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City State Zip Code
Eau Claire WI 54703

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

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI ACADEMIC DEPT ASSOC. B

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.184134

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **40.62**

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 310 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City State Zip Code
Eau Claire WI 54703

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

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI ACADEMIC DEPT ASSOC. B

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.184135

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City State Zip Code
Eau Claire WI 54703

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

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI ACADEMIC DEPT ASSOC. B

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.186061

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MONA L. GAYDEN

Mailing Address 4400 Telfair Blvd.
Unit 5051

City State Zip Code
Camp Springs MD 20746

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

Name of Employer Occupation
AFSCME INT'L RECORDS OFFICE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 449.33

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183597

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional) ► 44.00

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

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

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

FOR LINE NUMBER: PAGE 311 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 MONA L. GAYDEN
 Mailing Address 4400 Telfair Blvd.
 Unit 5051
 City State Zip Code
 Camp Springs MD 20746
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.183704
 Amount of Each Receipt this Period
 24.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L RECORDS OFFICE ASSISTANT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 473.33

B. Full Name (Last, First, Middle Initial)
 MONA L. GAYDEN
 Mailing Address 4400 Telfair Blvd.
 Unit 5051
 City State Zip Code
 Camp Springs MD 20746
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.185414
 Amount of Each Receipt this Period
 24.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L RECORDS OFFICE ASSISTANT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 497.33

C. Full Name (Last, First, Middle Initial)
 ALANNA L. GEHR
 Mailing Address 901 Frederick Street SE
 City State Zip Code
 Olympia WA 98501
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 1 0
Transaction ID: SA11AI.187995
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

SUBTOTAL of Receipts This Page (optional) ► 58.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 312 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GEORGETTE M. GEHRING		Date of Receipt
	Mailing Address 806 Marion Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	South Milwaukee	WI	53172
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184136
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) GEORGETTE M. GEHRING		Date of Receipt
	Mailing Address 806 Marion Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	South Milwaukee	WI	53172
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186062
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) GEORGETTE M. GEHRING		Date of Receipt
	Mailing Address 806 Marion Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	South Milwaukee	WI	53172
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186063
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RYAN GENOVESE		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.186834		
	City Baltimore	State MD	Zip Code 21230	Amount of Each Receipt this Period 41.52	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.12			

B.	Full Name (Last, First, Middle Initial) RYAN GENOVESE		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.186860		
	City Baltimore	State MD	Zip Code 21230	Amount of Each Receipt this Period 41.52	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.64			

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER GEORGE		Date of Receipt MM / DD / YYYY 10 / 22 / 2010		
	Mailing Address 516 4th Street		Transaction ID: SA11AI.182934		
	City Struthers	State OH	Zip Code 44471	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)	▶	93.04
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 314 / 1078

(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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER GEORGE		Date of Receipt																					
	Mailing Address 516 4th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	5	/	2	0	1	0														
City State Zip Code Struthers OH 44471		Transaction ID: SA11AI.184694																						
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
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 ▼ 220.00																						

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER GEORGE		Date of Receipt																					
	Mailing Address 516 4th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	1	0														
City State Zip Code Struthers OH 44471		Transaction ID: SA11AI.185661																						
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
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 ▼ 230.00																						

C.	Full Name (Last, First, Middle Initial) RAGLAN GEORGE, Jr.		Date of Receipt																					
	Mailing Address 75 Varick Street Suite #1404		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	7	/	2	0	1	0														
City State Zip Code New York NY 10013-9902		Transaction ID: SA11AI.186979																						
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.76																						
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 ▼ 1275.12																						

SUBTOTAL of Receipts This Page (optional)

115.76

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 315 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RAGLAN GEORGE, Jr.	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 75 Varick Street Suite #1404	Transaction ID: SA11AI.184224
	City State Zip Code New York NY 10013-9902	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NY CN 1707 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1289.12	

B.	Full Name (Last, First, Middle Initial) MICHAEL GERAGHTY	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 143 Washington Avenue	Transaction ID: SA11AI.187669
	City State Zip Code Albany NY 12210	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NY LOC 1000/NYS AD-MIN. STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

C.	Full Name (Last, First, Middle Initial) MICHAEL GERAGHTY	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 143 Washington Avenue	Transaction ID: SA11AI.187670
	City State Zip Code Albany NY 12210	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NY LOC 1000/NYS AD-MIN. STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

SUBTOTAL of Receipts This Page (optional)	33.24
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 316 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DIANA L. GERVELER		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187209
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 202.02	<input type="text"/> 9.62

B.	Full Name (Last, First, Middle Initial) THOMAS GIBBS		Date of Receipt
	Mailing Address 152 Upper Claar Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Claysburg	PA	16625
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185261
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 759.46	<input type="text"/> 70.34

C.	Full Name (Last, First, Middle Initial) CRAIG W. GIBELYOU		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183335
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 530.00	<input type="text"/> 21.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.96
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 317 / 1078
(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
							17

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

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

A.

Full Name (Last, First, Middle Initial) CRAIG W. GIBELYOU		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185055
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 551.00	

B.

Full Name (Last, First, Middle Initial) CHERYL A. GIBSON		Date of Receipt
Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
City	State	Zip Code
Des Moines	IA	50313
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187213
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 9.62
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 202.02	

C.

Full Name (Last, First, Middle Initial) LEE W. GIERKE		Date of Receipt
Mailing Address 8033 Excelsior Drive #B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
City	State	Zip Code
Madison	WI	53717-1903
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185991
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 50.00
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 550.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.62
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 318 / 1078
(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

A. Full Name (Last, First, Middle Initial)
SAMUEL J. GIERYN

Mailing Address 222 Crocker Street

City Mazomanie State WI Zip Code 53560

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 ▼ 330.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.185992
 Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
DELLA L. GILES

Mailing Address 1265 Manchester Avenue

City Columbus State OH Zip Code 43211

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DATA ENTRY OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.182938
 Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
DELLA L. GILES

Mailing Address 1265 Manchester Avenue

City Columbus State OH Zip Code 43211

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DATA ENTRY OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 05 / 2010
Transaction ID: SA11AI.184698
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 319 / 1078
(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

A.	Full Name (Last, First, Middle Initial) DELLA L. GILES		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 1265 Manchester Avenue		Transaction ID: SA11AI.185665		
	City Columbus	State OH	Zip Code 43211	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation DATA ENTRY OPERATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

B.	Full Name (Last, First, Middle Initial) LENORA R. GILES		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 40778 Boyd Road		Transaction ID: SA11AI.183818		
	City Wellsville	State OH	Zip Code 43968	Amount of Each Receipt this Period 20.00	
	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 ▼ 440.00			

C.	Full Name (Last, First, Middle Initial) LENORA R. GILES		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 40778 Boyd Road		Transaction ID: SA11AI.186377		
	City Wellsville	State OH	Zip Code 43968	Amount of Each Receipt this Period 20.00	
	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 ▼ 460.00			

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 320 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
CARLA GILLESPIE

Mailing Address 608 Blair Street

City State Zip Code
Alton IL 62002

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

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 487.60

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184282

Amount of Each Receipt this Period
48.76

B. Full Name (Last, First, Middle Initial)
GARY L. GILLESPIE

Mailing Address P.O. Box 1

City State Zip Code
Eugene OR 97440

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

Name of Employer Occupation
AFSCME OR CN 75/STATE OF OR CUST ACCTS SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.06

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186345

Amount of Each Receipt this Period
18.46

C. Full Name (Last, First, Middle Initial)
DOROTHY L. GILLIAM

Mailing Address 1216 Waterford Drive

City State Zip Code
District Heights MD 20747

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

Name of Employer Occupation
AFSCME INT'L ADMINISTRATIVE ASSISTANT II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 743.16

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183598

Amount of Each Receipt this Period
36.48

SUBTOTAL of Receipts This Page (optional) ► 103.70

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DOROTHY L. GILLIAM	Date of Receipt
	Mailing Address 1216 Waterford Drive	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code District Heights MD 20747	<input type="text"/> 1 0 / <input type="text"/> 2 9 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.183705
	Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 779.64	<input type="text"/> 36.48

B.	Full Name (Last, First, Middle Initial) DOROTHY L. GILLIAM	Date of Receipt
	Mailing Address 1216 Waterford Drive	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code District Heights MD 20747	<input type="text"/> 1 1 / <input type="text"/> 1 5 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.185415
	Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 816.12	<input type="text"/> 36.48

C.	Full Name (Last, First, Middle Initial) CHERYL A. GILMORE	Date of Receipt
	Mailing Address 3320 6th Street, SE # 302	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Washington DC 20032	<input type="text"/> 1 0 / <input type="text"/> 1 5 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.183599
	Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 564.26	<input type="text"/> 30.01

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 102.97
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 322 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
CHERYL A. GILMORE

Mailing Address 3320 6th Street, SE
302

City State Zip Code
Washington DC 20032

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

Name of Employer Occupation
AFSCME INT'L ADMINISTRATIVE ASSISTANT II

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 594.27

Date of Receipt

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

Transaction ID: SA11AI.183706

Amount of Each Receipt this Period

30.01

B.

Full Name (Last, First, Middle Initial)
CHERYL A. GILMORE

Mailing Address 3320 6th Street, SE
302

City State Zip Code
Washington DC 20032

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

Name of Employer Occupation
AFSCME INT'L ADMINISTRATIVE ASSISTANT II

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 624.28

Date of Receipt

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

Transaction ID: SA11AI.185416

Amount of Each Receipt this Period

30.01

C.

Full Name (Last, First, Middle Initial)
DENISE GILMORE

Mailing Address 190 W. Ostend Street
Suite 101

City State Zip Code
Baltimore MD 21230

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

Name of Employer Occupation
AFSCME MD CN 982 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 289.12

Date of Receipt

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

Transaction ID: SA11AI.185516

Amount of Each Receipt this Period

35.84

SUBTOTAL of Receipts This Page (optional)

95.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 323 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 CARL A. GINTER
 Mailing Address 371 S. Market Street
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.182941
 Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
 CARL A. GINTER
 Mailing Address 371 S. Market Street
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
 Date of Receipt 11 / 05 / 2010
Transaction ID: SA11AI.184701
 Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
 CARL A. GINTER
 Mailing Address 371 S. Market Street
 City Galion State OH Zip Code 44833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00
 Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185668
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 324 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
STEVE GIORGI

Mailing Address 8386 Gardenia Street

City State Zip Code
Virginia MN 55792

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

Name of Employer Occupation
AFSCME MN CN 65 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 826.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.186878

Amount of Each Receipt this Period
79.68

B.

Full Name (Last, First, Middle Initial)
PORTIA ANN GIVEN

Mailing Address 2 Ashgrove Place
Unit 3

City State Zip Code
Albany NY 12202

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

Name of Employer Occupation
AFSCME NY LOC 1000 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 Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.187671

Amount of Each Receipt this Period
9.62

C.

Full Name (Last, First, Middle Initial)
PORTIA ANN GIVEN

Mailing Address 2 Ashgrove Place
Unit 3

City State Zip Code
Albany NY 12202

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

Name of Employer Occupation
AFSCME NY LOC 1000 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.187672

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional) ► **98.92**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 325 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JUSTIN M. GIVENS		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 625 Harding Street		Transaction ID: SA11AI.184137
City Chippewa Falls	State WI	Zip Code 54729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B.

Full Name (Last, First, Middle Initial) JUSTIN M. GIVENS		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 625 Harding Street		Transaction ID: SA11AI.186064
City Chippewa Falls	State WI	Zip Code 54729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

C.

Full Name (Last, First, Middle Initial) JUSTIN M. GIVENS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 625 Harding Street		Transaction ID: SA11AI.186065
City Chippewa Falls	State WI	Zip Code 54729
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 326 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A.

Full Name (Last, First, Middle Initial) TODD O. GIVENS		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187218
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
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 ▼ 202.02	

B.

Full Name (Last, First, Middle Initial) ROGER GLADDEN		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186887
City Jefferson City	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.75
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.25	

C.

Full Name (Last, First, Middle Initial) ROGER GLADDEN		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186899
City Jefferson City	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.75
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	47.12
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 327 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ROGER GLADDEN		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186911
City Jefferson City	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.75
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.75	

B.

Full Name (Last, First, Middle Initial) STEPHEN J. GLADWELL		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 1009 Jordan Road		Transaction ID: SA11AI.184138
City De Pere	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation CORRECTIONS OFFICER III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) STEPHEN J. GLADWELL		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1009 Jordan Road		Transaction ID: SA11AI.186066
City De Pere	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation CORRECTIONS OFFICER III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	38.75
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 328 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A.	Full Name (Last, First, Middle Initial) STEPHEN J. GLADWELL		Date of Receipt	
	Mailing Address 1009 Jordan Road		M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186067
	De Pere	WI	54115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation CORRECTIONS OFFICER III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

B.	Full Name (Last, First, Middle Initial) JANICE K. GLENN		Date of Receipt	
	Mailing Address 1786 Larkwood Place		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184703
	Columbus	OH	43229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		7.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CLAIMS EXAMINER IV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00		

C.	Full Name (Last, First, Middle Initial) JANICE K. GLENN		Date of Receipt	
	Mailing Address 1786 Larkwood Place		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185670
	Columbus	OH	43229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		7.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CLAIMS EXAMINER IV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00		

SUBTOTAL of Receipts This Page (optional)	▶	24.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 329 / 1078
(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>A. Full Name (Last, First, Middle Initial) SUSAN GLOVER</p> <p>Mailing Address 2555 Wedgewood #13</p> <p>City State Zip Code Des Moines IA 50317</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IA CN 61 SUPPORT STAFF</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 229.24</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187068</p> <p>Amount of Each Receipt this Period 20.84</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) ANTHONY T. GLUMM</p> <p>Mailing Address 403 W Jenny Street</p> <p>City State Zip Code Bay City MI 48706</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MI CN 25/GENESEE COUNTY STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187456</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) ANTHONY T. GLUMM</p> <p>Mailing Address 403 W Jenny Street</p> <p>City State Zip Code Bay City MI 48706</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MI CN 25/GENESEE COUNTY STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187457</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

SUBTOTAL of Receipts This Page (optional)	40.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANTHONY T. GLUMM	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 403 W Jenny Street	Transaction ID: SA11AI.187458
	City State Zip Code Bay City MI 48706	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MI CN 25/GENESEE COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) SHERYL L. GOBLE	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 3411 CR 165	Transaction ID: SA11AI.186445
	City State Zip Code Cardington OH 43315	Amount of Each Receipt this Period 28.86
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 4/BUCKEYE VLSD	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.88	

C.	Full Name (Last, First, Middle Initial) DAVID A. GOLDBERG	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 390 Worthington Road	Transaction ID: SA11AI.186546
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	58.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 331 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MARK GOLDEN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 74 Ice Pond Road		Transaction ID: SA11AI.185262
City Levittown	State PA	Zip Code 19057
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.34
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 ▼ 759.46	

B.

Full Name (Last, First, Middle Initial) MICHAEL P. GOLDING		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 762 Hallworth Place		Transaction ID: SA11AI.182946
City Trotwood	State OH	Zip Code 45426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

C.

Full Name (Last, First, Middle Initial) MICHAEL P. GOLDING		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 762 Hallworth Place		Transaction ID: SA11AI.184706
City Trotwood	State OH	Zip Code 45426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.00	

SUBTOTAL of Receipts This Page (optional)	92.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 332 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MICHAEL P. GOLDING		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 762 Hallworth Place		Transaction ID: SA11AI.185673
City Trotwood	State OH	Zip Code 45426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

B.

Full Name (Last, First, Middle Initial) RICHARD GOLLIN		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 900 Randolph Place		Transaction ID: SA11AI.186954
City Union	State NJ	Zip Code 07083-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.92
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 ▼ 1290.53	

C.

Full Name (Last, First, Middle Initial) RICHARD GOLLIN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 900 Randolph Place		Transaction ID: SA11AI.184225
City Union	State NJ	Zip Code 07083-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
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 ▼ 1304.53	

SUBTOTAL of Receipts This Page (optional)	▶	130.92
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 333 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JAMES R. GOLLINGS, Jr.		Date of Receipt																					
	Mailing Address 40 Rathbone		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Columbus OH 43214		Transaction ID: SA11AI.183819																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47																						
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 ▼ 886.34																						

B.	Full Name (Last, First, Middle Initial) JAMES R. GOLLINGS, Jr.		Date of Receipt																					
	Mailing Address 40 Rathbone		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	5		2	0	1	0														
	City State Zip Code Columbus OH 43214		Transaction ID: SA11AI.186378																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.47																						
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 ▼ 924.81																						

C.	Full Name (Last, First, Middle Initial) ANGELICA U. GONZALES		Date of Receipt																					
	Mailing Address 166 Aloe Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	5		2	0	1	0														
	City State Zip Code Richland WA 99352		Transaction ID: SA11AI.183336																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50																						
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00																						

SUBTOTAL of Receipts This Page (optional)	87.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANGELICA U. GONZALES		Date of Receipt
	Mailing Address 166 Aloe Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Richland	WA	99352
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185056
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) GARY E. GONZALES		Date of Receipt
	Mailing Address 2631 Polvo De Oro Place NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 19 / 2010
	City	State	Zip Code
	Albuquerque	NM	87120
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186965
Name of Employer AFSCME NM CN 18/ALBUQUERQ-UE		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 271.95	<input type="text"/> 12.95

C.	Full Name (Last, First, Middle Initial) GARY E. GONZALES		Date of Receipt
	Mailing Address 2631 Polvo De Oro Place NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 01 / 2010
	City	State	Zip Code
	Albuquerque	NM	87120
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186966
Name of Employer AFSCME NM CN 18/ALBUQUERQ-UE		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 284.90	<input type="text"/> 12.95

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 36.40
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 335 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GARY E. GONZALES		Date of Receipt
	Mailing Address 2631 Polvo De Oro Place NW		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albuquerque	NM	87120
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME NM CN 18/ALBUQUERQUE		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186967
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="297.85"/>	<input type="text" value="12.95"/>

B.	Full Name (Last, First, Middle Initial) JESSE GONZALEZ		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.183337
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.50"/>

C.	Full Name (Last, First, Middle Initial) JESSE GONZALEZ		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.185057
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.50"/>	<input type="text" value="10.50"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="33.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 336 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183338
Amount of Each Receipt this Period: 10.50

B. Full Name (Last, First, Middle Initial)
PHILLIP C. GOODMAN

Mailing Address 10 Lakeview Road

City Taylorville State IL Zip Code 62568

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 445.76

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184283
Amount of Each Receipt this Period: 55.72

C. Full Name (Last, First, Middle Initial)
ANISSIA GOODWIN

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

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

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.186547
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 126.22

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 337 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
JEFFREY GOOTEE

Mailing Address 25861 Eton

City State Zip Code
Dearborn Heights MI 48125

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

Name of Employer Occupation
AFSCME MI CN 25/LOCAL 290 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
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187461

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
GARY GORA

Mailing Address W22203 Wagner Road

City State Zip Code
Trempealeau WI 54661

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

Name of Employer Occupation
AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186684

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
PERRY GORDON

Mailing Address 1212 Jefferson St. SE
Suite 300

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
AFSCME WA CN 28 STAFF 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
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.183235

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 338 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
SHERRYL GORDON

Mailing Address 3 Longwood Lane

City State Zip Code
Columbus NJ 08022-0000

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

Name of Employer Occupation
AFSCME NJ CN 1 EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 703.80

Date of Receipt

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

Transaction ID: SA11AI.184226

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM H. GORDON, JR.

Mailing Address 7203 Van Kirk Avenue

City State Zip Code
Cincinnati OH 45216

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

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

Transaction ID: SA11AI.182950

Amount of Each Receipt this Period

7.00

C.

Full Name (Last, First, Middle Initial)
WILLIAM H. GORDON, JR.

Mailing Address 7203 Van Kirk Avenue

City State Zip Code
Cincinnati OH 45216

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

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.00

Date of Receipt

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

Transaction ID: SA11AI.184710

Amount of Each Receipt this Period

7.00

SUBTOTAL of Receipts This Page (optional)

28.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 339 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) WILLIAM H. GORDON, JR.		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 7203 Van Kirk Avenue		Transaction ID: SA11AI.185677	
City Cincinnati	State OH	Zip Code 45216	Amount of Each Receipt this Period 7.00
FEC ID number of contributing federal political committee. C			
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 ▼ 218.00		

B.

Full Name (Last, First, Middle Initial) ERIN GORMAN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 1212 Christopher Lane		Transaction ID: SA11AI.184284	
City Springfield	State IL	Zip Code 62712	Amount of Each Receipt this Period 66.08
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 ▼ 640.64		

C.

Full Name (Last, First, Middle Initial) DANA M. GOUIN		Date of Receipt MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 9121 Knox Court		Transaction ID: SA11AI.183600	
City Laurel	State MD	Zip Code 20723	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation SUPPORT STAFF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.00		

SUBTOTAL of Receipts This Page (optional)	83.08
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DANA M. GOUIN		Date of Receipt
	Mailing Address 9121 Knox Court		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Laurel	MD	20723
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183707
Name of Employer AFSCME INT'L		Occupation SUPPORT STAFF	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="348.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) DANA M. GOUIN		Date of Receipt
	Mailing Address 9121 Knox Court		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Laurel	MD	20723
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185417
Name of Employer AFSCME INT'L		Occupation SUPPORT STAFF	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="358.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) MARY M. GOULDING		Date of Receipt
	Mailing Address 2183 King James Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Green Bay	WI	54311
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185981
Name of Employer AFSCME WI CN 40		Occupation SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1052.00"/>	<input type="text" value="39.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="59.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 341 / 1078
(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

A. Full Name (Last, First, Middle Initial)
SUSAN S. GOYA

Mailing Address 94-1092 Kaaholo Street

City State Zip Code
Waipahu HI 96797

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

Name of Employer Occupation
AFSCME HI LOC 152 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.183964

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
KERRY GRABER

Mailing Address 1212 Jefferson St., SE Suite 300

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183339

Amount of Each Receipt this Period
10.50

C. Full Name (Last, First, Middle Initial)
KERRY GRABER

Mailing Address 1212 Jefferson St., SE Suite 300

City State Zip Code
Olympia WA 98501

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185058

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **46.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 342 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ELIZABETH GRACE	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address G-4101 Clio Road	Transaction ID: SA11AI.184027
	City State Zip Code Flint MI 48504	Amount of Each Receipt this Period 22.15
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.48	

B.	Full Name (Last, First, Middle Initial) ELIZABETH GRACE	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address G-4101 Clio Road	Transaction ID: SA11AI.184078
	City State Zip Code Flint MI 48504	Amount of Each Receipt this Period 22.15
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.63	

C.	Full Name (Last, First, Middle Initial) ELIZABETH GRACE	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address G-4101 Clio Road	Transaction ID: SA11AI.185350
	City State Zip Code Flint MI 48504	Amount of Each Receipt this Period 22.15
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.78	

SUBTOTAL of Receipts This Page (optional)	▶	66.45
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) STEPHEN M. GRAHAM	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 10105 Baltimore Avenue Apt. 3407	Transaction ID: SA11AI.183601
	City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 44.53
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 846.03	

B.	Full Name (Last, First, Middle Initial) STEPHEN M. GRAHAM	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 10105 Baltimore Avenue Apt. 3407	Transaction ID: SA11AI.183708
	City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 45.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 891.78	

C.	Full Name (Last, First, Middle Initial) STEPHEN M. GRAHAM	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 10105 Baltimore Avenue Apt. 3407	Transaction ID: SA11AI.185418
	City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 45.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 937.53	

SUBTOTAL of Receipts This Page (optional)	136.03
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 Page	FOR LINE NUMBER: (check only one)	PAGE 344 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BONNIE L. GRANTZ		Date of Receipt	
	Mailing Address 3898 Ascott Court		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183876
	Youngstown	OH	44511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		38.47	
Name of Employer AFSCME OH LOC 4/AUSTINTOWN LSD		Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 634.81		

B.	Full Name (Last, First, Middle Initial) BONNIE L. GRANTZ		Date of Receipt	
	Mailing Address 3898 Ascott Court		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186446
	Youngstown	OH	44511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		38.47	
Name of Employer AFSCME OH LOC 4/AUSTINTOWN LSD		Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 673.28		

C.	Full Name (Last, First, Middle Initial) BEVERLY Y. GRAWIN		Date of Receipt	
	Mailing Address 1868 Jamison Road		M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187903
	West Harrison	IN	47060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH CN 8/HEALTH ALL-JANCE		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02		

SUBTOTAL of Receipts This Page (optional)	▶	86.56
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 345 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CHRISTINA M. GRAY		Date of Receipt																					
	Mailing Address 5494 S Main Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Akron OH 44319		Transaction ID: SA11AI.183877																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME OH LOC 4/SPRINGFIELD SD Occupation: BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64		9.62																						

B.	Full Name (Last, First, Middle Initial) CHRISTINA M. GRAY		Date of Receipt																					
	Mailing Address 5494 S Main Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	5		2	0	1	0														
	City State Zip Code Akron OH 44319		Transaction ID: SA11AI.186447																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME OH LOC 4/SPRINGFIELD SD Occupation: BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26		9.62																						

C.	Full Name (Last, First, Middle Initial) ELIZABETH D. GRAY-LINDSLEY		Date of Receipt																					
	Mailing Address 1302 4th Street SW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City State Zip Code Washington DC 20024		Transaction ID: SA11AI.183602																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 718.26		50.97																						

SUBTOTAL of Receipts This Page (optional)	▶	70.21
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 346 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 ELIZABETH D. GRAY-LINDSLEY
 Mailing Address 1302 4th Street SW
 City Washington State DC Zip Code 20024
 Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.183709
 Amount of Each Receipt this Period 50.97
 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 769.23

B. Full Name (Last, First, Middle Initial)
 ELIZABETH D. GRAY-LINDSLEY
 Mailing Address 1302 4th Street SW
 City Washington State DC Zip Code 20024
 Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.185419
 Amount of Each Receipt this Period 50.97
 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 820.20

C. Full Name (Last, First, Middle Initial)
 R. SEAN GRAYSON
 Mailing Address 10201 Galena Pointe Drive
 City Galena State OH Zip Code 43021
 Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.184494
 Amount of Each Receipt this Period 104.72
 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 1148.86

SUBTOTAL of Receipts This Page (optional) ► **206.66**
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 347 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

JONATHAN GREBNER

Mailing Address 840 Randolph Avenue

City State Zip Code
Saint Paul MN 55126

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

Name of Employer Occupation
AFSCME MN CN 5/CN14 POLITICAL DIRECTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.39

Date of Receipt

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

Transaction ID: SA11AI.186586

Amount of Each Receipt this Period

63.24

B.

Full Name (Last, First, Middle Initial)

JONATHAN GREBNER

Mailing Address 840 Randolph Avenue

City State Zip Code
Saint Paul MN 55126

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

Name of Employer Occupation
AFSCME MN CN 5/CN14 POLITICAL DIRECTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 713.62

Date of Receipt

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

Transaction ID: SA11AI.186633

Amount of Each Receipt this Period

63.23

C.

Full Name (Last, First, Middle Initial)

LINDA J. GREEN

Mailing Address P.O. Box 142

City State Zip Code
Sherrard IL 61281

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

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL REVENUE AUDITOR III

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.184376

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

151.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 348 / 1078
(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

A.

Full Name (Last, First, Middle Initial) PATRICIA GREEN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 4031 Executive Park Drive		Transaction ID: SA11AI.185263
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.18
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 ▼ 523.16	

B.

Full Name (Last, First, Middle Initial) FRANKLIN GREENE		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 3709 Darcey Lane		Transaction ID: SA11AI.184028
City Flint	State MI	Zip Code 48506-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.15
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 ▼ 438.52	

C.

Full Name (Last, First, Middle Initial) FRANKLIN GREENE		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 3709 Darcey Lane		Transaction ID: SA11AI.184079
City Flint	State MI	Zip Code 48506-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.15
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 ▼ 460.67	

SUBTOTAL of Receipts This Page (optional)	92.48
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 349 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City State Zip Code
Flint MI 48506-5001

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

Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 482.82

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185351

Amount of Each Receipt this Period
22.15

B.

Full Name (Last, First, Middle Initial)
JEFFREY GRELL

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.187219

Amount of Each Receipt this Period
17.50

C.

Full Name (Last, First, Middle Initial)
JEFFREY GRELL

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.187220

Amount of Each Receipt this Period
17.50

SUBTOTAL of Receipts This Page (optional) ► **57.15**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEFFREY GRELL	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.187221
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 17.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/DOCS STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.50	

B.	Full Name (Last, First, Middle Initial) KIMBERLY GRIFFIN	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 4109 Silver Park Terrace	Transaction ID: SA11AI.183604
	City State Zip Code Suitland MD 20746	Amount of Each Receipt this Period 30.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.25	

C.	Full Name (Last, First, Middle Initial) KIMBERLY GRIFFIN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 4109 Silver Park Terrace	Transaction ID: SA11AI.183711
	City State Zip Code Suitland MD 20746	Amount of Each Receipt this Period 30.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ADMINISTRATIVE ASSISTANT II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.26	

SUBTOTAL of Receipts This Page (optional)	77.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 351 / 1078
(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

A. Full Name (Last, First, Middle Initial)
KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City Suitland State MD Zip Code 20746

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 ▼ 630.27

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.185421
Amount of Each Receipt this Period: 30.01

B. Full Name (Last, First, Middle Initial)
YVONNE GRIFFIN

Mailing Address 1075 E 145th Street

City Cleveland State OH Zip Code 44110

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

Name of Employer AFSCME OH CN 8/CLEVELAND Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt: 11 / 22 / 2010
Transaction ID: SA11AI.187906
Amount of Each Receipt this Period: 9.62

C. Full Name (Last, First, Middle Initial)
ALLA GRIFFING

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 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: SA11AI.183236
Amount of Each Receipt this Period: 42.00

SUBTOTAL of Receipts This Page (optional) ► **81.63**

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)	PAGE 352 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LYLE B GRIMES		Date of Receipt																					
	Mailing Address P.O. Box 9432		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City State Zip Code Bridge City LA 70096		Transaction ID: SA11AI.183605																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 530.36		<table border="1"> <tr> <td colspan="10">27.98</td> </tr> </table>		27.98																				
27.98																								

B.	Full Name (Last, First, Middle Initial) LYLE B GRIMES		Date of Receipt																					
	Mailing Address P.O. Box 9432		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Bridge City LA 70096		Transaction ID: SA11AI.183712																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 558.34		<table border="1"> <tr> <td colspan="10">27.98</td> </tr> </table>		27.98																				
27.98																								

C.	Full Name (Last, First, Middle Initial) LYLE B GRIMES		Date of Receipt																					
	Mailing Address P.O. Box 9432		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	5		2	0	1	0														
	City State Zip Code Bridge City LA 70096		Transaction ID: SA11AI.185422																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 586.32		<table border="1"> <tr> <td colspan="10">27.98</td> </tr> </table>		27.98																				
27.98																								

SUBTOTAL of Receipts This Page (optional)	▶	83.94
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 353 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
THEODORE RALPH GROENER

Mailing Address 18709 Madrona Drive

City State Zip Code
Oregon City OR 97045

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

Name of Employer Occupation
AFSCME OR CN 75 POLITICAL COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186278

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
OTTO GROENEWALD

Mailing Address Route 9 Box 154

City State Zip Code
Bloomfield IA 52537

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

Name of Employer Occupation
AFSCME IA CN 61 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.187069

Amount of Each Receipt this Period
40.00

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

Mailing Address 180 Grand Avenue
Suite 1380

City State Zip Code
Oakland CA 94612

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

Name of Employer Occupation
AFSCME CA LOC 206 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
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.187631

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 354 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ALBERT GROH		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 180 Grand Avenue Suite 1380		Transaction ID: SA11AI.187632
City Oakland	State CA	Zip Code 94612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA LOC 206	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) DANIEL GROVE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 131 Scanlon Dirve		Transaction ID: SA11AI.185264
City Franklin	State PA	Zip Code 16323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.34
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 ▼ 759.46	

C.

Full Name (Last, First, Middle Initial) SHAWN M. GRUBER		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1218 Adams Street		Transaction ID: SA11AI.182954
City Lima	State OH	Zip Code 45801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	100.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHAWN M. GRUBER	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1218 Adams Street	Transaction ID: SA11AI.184714
	City State Zip Code Lima OH 45801	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) SHAWN M. GRUBER	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1218 Adams Street	Transaction ID: SA11AI.185681
	City State Zip Code Lima OH 45801	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) PATRICK J. GUERNSEY	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 961 Tuscarora Avenue	Transaction ID: SA11AI.186748
	City State Zip Code St. Paul MN 55102	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation CORRECITONS OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.00	

SUBTOTAL of Receipts This Page (optional)	32.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 356 / 1078
(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

A. Full Name (Last, First, Middle Initial)
PATRICK J. GUERNSEY

Mailing Address 961 Tuscarora Avenue

City State Zip Code
St. Paul MN 55102

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

Name of Employer
AFSCME MN CN 5/HENNEPIN COUNTY

Occupation
CORRECITONS OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186749

Amount of Each Receipt this Period
12.00

B. Full Name (Last, First, Middle Initial)
JENNIFER GUERTIN

Mailing Address 1053 Hatch Avenue

City State Zip Code
St. Paul MN 55103

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

Name of Employer
AFSCME MN CN 5/ST. PAUL CITY

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.186750

Amount of Each Receipt this Period
11.00

C. Full Name (Last, First, Middle Initial)
JENNIFER GUERTIN

Mailing Address 1053 Hatch Avenue

City State Zip Code
St. Paul MN 55103

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

Name of Employer
AFSCME MN CN 5/ST. PAUL CITY

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
329.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.186751

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► **34.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 357 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JENNIFER GUERTIN	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1053 Hatch Avenue	Transaction ID: SA11AI.186752
	City State Zip Code St. Paul MN 55103	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 5/ST. PAUL CITY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.00	

B.	Full Name (Last, First, Middle Initial) CHARLES J. GUIDARELLI	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 77 Wild Birch Farms	Transaction ID: SA11AI.187678
	City State Zip Code Cortlandt Manor NY 10567	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME NY LOC 1000/WESTCH-ESTER	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

C.	Full Name (Last, First, Middle Initial) CHARLES J. GUIDARELLI	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 77 Wild Birch Farms	Transaction ID: SA11AI.187679
	City State Zip Code Cortlandt Manor NY 10567	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME NY LOC 1000/WESTCH-ESTER	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.36	

SUBTOTAL of Receipts This Page (optional)	50.48
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 358 / 1078
(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

A.

Full Name (Last, First, Middle Initial) CAROL GUTHRIE		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 241 S San Gabriel Loop		Transaction ID: SA11AI.186185
City Liberty Hill	State TX	Zip Code 78642-5747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME TX LOC 1624	Occupation UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

B.

Full Name (Last, First, Middle Initial) CAROL GUTHRIE		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 241 S San Gabriel Loop		Transaction ID: SA11AI.187443
City Liberty Hill	State TX	Zip Code 78642-5747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME TX LOC 1624	Occupation UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) CAROL GUTHRIE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 241 S San Gabriel Loop		Transaction ID: SA11AI.186186
City Liberty Hill	State TX	Zip Code 78642-5747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME TX LOC 1624	Occupation UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 359 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) LORETTA GUTIERREZ	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183342
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	

B.	Full Name (Last, First, Middle Initial) JOSEPH GUZYNSKI	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 888 Excelsior Drive #B	Transaction ID: SA11AI.185993
	City Madison State WI Zip Code 53717	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 220.00	

C.	Full Name (Last, First, Middle Initial) JON A. GWYNNE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2052 Sherwood Lake Drive	Transaction ID: SA11AI.184285
	City Schererville State IN Zip Code 46375	Amount of Each Receipt this Period 47.94
	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) <input type="checkbox"/> Aggregate Year-to-Date 479.40	

SUBTOTAL of Receipts This Page (optional)	78.44
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHARON HABERKORN	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 215 N High Street	Transaction ID: SA11AI.184139
	City State Zip Code Randolph WI 53956	Amount of Each Receipt this Period 15.21
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 334.62	

B.	Full Name (Last, First, Middle Initial) SHARON HABERKORN	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 215 N High Street	Transaction ID: SA11AI.186068
	City State Zip Code Randolph WI 53956	Amount of Each Receipt this Period 15.21
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.83	

C.	Full Name (Last, First, Middle Initial) SHARON HABERKORN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 215 N High Street	Transaction ID: SA11AI.186069
	City State Zip Code Randolph WI 53956	Amount of Each Receipt this Period 15.21
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	

SUBTOTAL of Receipts This Page (optional)	45.63
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 361 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ANDREW HAGGARD
 Mailing Address **1024 86th Avenue W.**
 City **Duluth** State **MN** Zip Code **55808-1413**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.186686
 Amount of Each Receipt this Period **30.00**
 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 **255.00**

B. Full Name (Last, First, Middle Initial)
MICHAEL A. HAGGARD
 Mailing Address **296 Churchmans Road**
 City **New Castle** State **DE** Zip Code **19720**
 Date of Receipt **11 / 19 / 2010**
Transaction ID: SA11AI.186947
 Amount of Each Receipt this Period **84.04**
 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 **467.60**

C. Full Name (Last, First, Middle Initial)
MARIJO HAIN
 Mailing Address **716 Bob Ehlen Drive**
 City **Anoka** State **MN** Zip Code **55303-1701**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.186687
 Amount of Each Receipt this Period **20.00**
 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 **303.00**

SUBTOTAL of Receipts This Page (optional) ► **134.04**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 362 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DAVID M. HAINES		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 403 2nd Street SE		Transaction ID: SA11AI.187225
City State Zip Code Bondurant IA 50035	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
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 ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) JEFFREY W. HALBERT		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 2616 E. 221st Place		Transaction ID: SA11AI.187551
City State Zip Code Long Beach CA 90810	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA CN 36/CITY OF CARSON	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) DERRYL HALL		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 80 Cambridge Drive		Transaction ID: SA11AI.183820
City State Zip Code Springboro OH 45066	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 19.24
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 ▼ 423.28	

SUBTOTAL of Receipts This Page (optional)	49.24
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 363 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DERRYL HALL		Date of Receipt
	Mailing Address 80 Cambridge Drive		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Springboro	OH	45066
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 4		Occupation FIELD REPRESENTATIVE	Transaction ID: SA11AI.186379
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="442.52"/>	<input type="text" value="19.24"/>

B.	Full Name (Last, First, Middle Initial) DONALD HALL		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.183344
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.50"/>

C.	Full Name (Last, First, Middle Initial) DONALD HALL		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.185061
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.50"/>	<input type="text" value="10.50"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="40.24"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 364 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.185063
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
JAMES H. HALLER

Mailing Address 2037 Burch Avenue

City Lima State OH Zip Code 45801

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

Name of Employer AFSCME OH LOC 4/LIMA CSD Occupation CUSTODIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.88

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.186448
Amount of Each Receipt this Period 28.86

C. Full Name (Last, First, Middle Initial)
CINDY HALLSTROM

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 25 / 2010
Transaction ID: SA11AI.183347
Amount of Each Receipt this Period 10.50

SUBTOTAL of Receipts This Page (optional) ► 49.36

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 365 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) CINDY HALLSTROM		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185064	
City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50		

B.

Full Name (Last, First, Middle Initial) ROGER B. HALLUM		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 5136 Edgeview Road		Transaction ID: SA11AI.186449	
City Columbus	State OH	Zip Code 43207	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4/HAMILTON - COL	Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70		

C.

Full Name (Last, First, Middle Initial) TOMIKA C. HALSEY		Date of Receipt MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 1731 E 87th Court		Transaction ID: SA11AI.183606	
City Merrillville	State IN	Zip Code 46410	Amount of Each Receipt this Period 29.86
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 561.02		

SUBTOTAL of Receipts This Page (optional)	82.03
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 Page

FOR LINE NUMBER: PAGE 366 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 TOMIKA C, HALSEY
 Mailing Address 1731 E 87th Court
 City State Zip Code
 Merrillville IN 46410
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 1 0
Transaction ID: SA11AI.183713
 Amount of Each Receipt this Period
 29.86
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L LEAD ORGANIZER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 590.88

B. Full Name (Last, First, Middle Initial)
 TOMIKA C, HALSEY
 Mailing Address 1731 E 87th Court
 City State Zip Code
 Merrillville IN 46410
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.185423
 Amount of Each Receipt this Period
 29.86
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L LEAD ORGANIZER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.74

C. Full Name (Last, First, Middle Initial)
 HELEN H. HAMADA
 Mailing Address 1113 Davenport Street
 Unit A3
 City State Zip Code
 Honolulu HI 96822
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 1 0
Transaction ID: SA11AI.183965
 Amount of Each Receipt this Period
 21.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME HI LOC 152 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

SUBTOTAL of Receipts This Page (optional) ► **80.72**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 367 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JERAMIE D. HAMEL		Date of Receipt
	Mailing Address N10835 16th Avenue		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Necedah	WI	54646
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186071
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) DANIE HAMILTON		Date of Receipt
	Mailing Address 1417 Basswood Court		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	East Lansing	MI	48823
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.184029
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="12.50"/>

C.	Full Name (Last, First, Middle Initial) DANIE HAMILTON		Date of Receipt
	Mailing Address 1417 Basswood Court		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	East Lansing	MI	48823
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.184080
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="262.50"/>	<input type="text" value="12.50"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="35.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 368 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
DANIE HAMILTON
 Mailing Address **1417 Basswood Court**
 City **East Lansing** State **MI** Zip Code **48823**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.185352
 Amount of Each Receipt this Period **12.50**
 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**

B. Full Name (Last, First, Middle Initial)
DAVID B. HAMILTON
 Mailing Address **1797 Spring Drive**
 City **Zanesville** State **OH** Zip Code **43701**
 Date of Receipt **10 / 27 / 2010**
Transaction ID: SA11AI.183878
 Amount of Each Receipt this Period **9.61**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/ZANESVILLE CITY** Occupation **CUSTODIAN**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **251.42**

C. Full Name (Last, First, Middle Initial)
DAVID B. HAMILTON
 Mailing Address **1797 Spring Drive**
 City **Zanesville** State **OH** Zip Code **43701**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.186450
 Amount of Each Receipt this Period **9.61**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/ZANESVILLE CITY** Occupation **CUSTODIAN**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **261.03**

SUBTOTAL of Receipts This Page (optional) ► **31.72**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 369 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1797 Spring Drive

City State Zip Code
Zanesville OH 43701

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

Name of Employer Occupation
AFSCME OH LOC 4/ZANESVILLE CITY CUSTODIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.186451

Amount of Each Receipt this Period
9.61

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

Mailing Address 390 Worthington Road

City State Zip Code
Westerville OH 43082

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

Name of Employer Occupation
AFSCME OH LOC 11 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186548

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
BRENDA J. HAND

Mailing Address 750 Cashmere Street

City State Zip Code
Wenatchee WA 98801

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

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183349

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► 40.11

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 370 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
BRENDA J. HAND

Mailing Address **750 Cashmere Street**

City **Wenatchee** State **WA** Zip Code **98801**

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 ▼ **220.50**

Date of Receipt **11 / 10 / 2010**

Transaction ID: SA11AI.185066

Amount of Each Receipt this Period **10.50**

B.

Full Name (Last, First, Middle Initial)
MARIE HANDT

Mailing Address **1101 Norton**

City **St. Paul** State **MN** Zip Code **55117**

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

Name of Employer **AFSCME MN CN 5/RAMSEY COUNTY** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 19 / 2010**

Transaction ID: SA11AI.186753

Amount of Each Receipt this Period **10.00**

C.

Full Name (Last, First, Middle Initial)
MARIE HANDT

Mailing Address **1101 Norton**

City **St. Paul** State **MN** Zip Code **55117**

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

Name of Employer **AFSCME MN CN 5/RAMSEY COUNTY** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 17 / 2010**

Transaction ID: SA11AI.186754

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional) ► **30.50**

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DAWN HANDY

Mailing Address 2560 Edmondson Avenue

City State Zip Code
Baltimore MD 21223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MD CN 67 ADMIN ASST./TECH SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.186835

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
DAWN HANDY

Mailing Address 2560 Edmondson Avenue

City State Zip Code
Baltimore MD 21223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MD CN 67 ADMIN ASST./TECH SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.186861

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
BARBARA HANGARTNER

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA 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 Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183350

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► 90.50

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 372 / 1078 (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

<p>A. Full Name (Last, First, Middle Initial) BARBARA HANGARTNER</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/SOWA 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 ▼ 260.50</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.185067</p> <p>Amount of Each Receipt this Period 10.50</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) EUGINE HANKS</p> <p>Mailing Address 296 Churchmans Road</p> <p>City New Castle State DE Zip Code 19720-9930</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME DE CN 81 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 ▼ 444.68</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.186948</p> <p>Amount of Each Receipt this Period 79.60</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) CHERYL A. HANNAH</p> <p>Mailing Address 203 Thompson Avenue</p> <p>City Waterloo State IA Zip Code 50703</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME IA CN 61/DOCS 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 ▼ 245.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.187226</p> <p>Amount of Each Receipt this Period 5.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>95.10</p>
<p>TOTAL 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)	PAGE 373 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CHERYL A. HANNAH			Date of Receipt MM / DD / YYYY 11 / 16 / 2010		
	Mailing Address 203 Thompson Avenue			Transaction ID: SA11AI.187227		
	City Waterloo	State IA	Zip Code 50703	Amount of Each Receipt this Period 5.00		
	FEC ID number of contributing federal political committee. C					
	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 ▼ 250.00				

B.	Full Name (Last, First, Middle Initial) JEAN HANNIG			Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 135 Meander Pike			Transaction ID: SA11AI.184380		
	City Chatham	State IL	Zip Code 62629	Amount of Each Receipt this Period 37.02		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation EXECUTIVE II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.20				

C.	Full Name (Last, First, Middle Initial) INGRID J. HANSEN			Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 1212 Jefferson St., Suite 300			Transaction ID: SA11AI.183351		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00				

SUBTOTAL of Receipts This Page (optional)	▶	52.52
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 374 / 1078 (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

<p>A. Full Name (Last, First, Middle Initial) INGRID J. HANSEN</p> <p>Mailing Address 1212 Jefferson St., Suite 300</p> <p>City State Zip Code Olympia WA 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA 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 ▼ 221.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2010</p> <p>Transaction ID: SA11AI.185068</p> <p>Amount of Each Receipt this Period 11.50</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) FAY E. HANSON</p> <p>Mailing Address 311 E Dean Avenue</p> <p>City State Zip Code Madison WI 53716</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI 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 10 / 26 / 2010</p> <p>Transaction ID: SA11AI.184142</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) FAY E. HANSON</p> <p>Mailing Address 311 E Dean Avenue</p> <p>City State Zip Code Madison WI 53716</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI 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 ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2010</p> <p>Transaction ID: SA11AI.186074</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

SUBTOTAL of Receipts This Page (optional)	31.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 1078
(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

A. Full Name (Last, First, Middle Initial)
FAY E. HANSON

Mailing Address 311 E Dean Avenue

City Madison State WI Zip Code 53716

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 11 / 22 / 2010

Transaction ID: SA11AI.186075

Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
RYAN HANSON

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 515.18

Date of Receipt 10 / 19 / 2010

Transaction ID: SA11AI.186588

Amount of Each Receipt this Period 51.68

C. Full Name (Last, First, Middle Initial)
RYAN HANSON

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 566.86

Date of Receipt 11 / 09 / 2010

Transaction ID: SA11AI.186635

Amount of Each Receipt this Period 51.68

SUBTOTAL of Receipts This Page (optional) ► 113.36

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 1078
(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

A.

Full Name (Last, First, Middle Initial) YVONNE J. HARGROVE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
Mailing Address 12832 Evansport PI		Transaction ID: SA11AI.183607
City	State	Zip Code
Woodbridge	VA	22192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.42
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.02	

B.

Full Name (Last, First, Middle Initial) YVONNE J. HARGROVE		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
Mailing Address 12832 Evansport PI		Transaction ID: SA11AI.183714
City	State	Zip Code
Woodbridge	VA	22192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.42
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 688.44	

C.

Full Name (Last, First, Middle Initial) YVONNE J. HARGROVE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
Mailing Address 12832 Evansport PI		Transaction ID: SA11AI.185424
City	State	Zip Code
Woodbridge	VA	22192
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.42
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 722.86	

SUBTOTAL of Receipts This Page (optional)	103.26
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 377 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DAVID T. HARPER

Mailing Address 4427 Tacoma Avenue

City Lorain State OH Zip Code 44055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.182959
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
DAVID T. HARPER

Mailing Address 4427 Tacoma Avenue

City Lorain State OH Zip Code 44055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 05 / 2010
Transaction ID: SA11AI.184719
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
DAVID T. HARPER

Mailing Address 4427 Tacoma Avenue

City Lorain State OH Zip Code 44055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185686
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
ROLAND E. HARRINGTON, JR.

Mailing Address 1248 Bermuda Avenue

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 22 / 2010

Transaction ID: SA11AI.182960

Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
ROLAND E. HARRINGTON, JR.

Mailing Address 1248 Bermuda Avenue

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 05 / 2010

Transaction ID: SA11AI.184720

Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
ROLAND E. HARRINGTON, JR.

Mailing Address 1248 Bermuda Avenue

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 19 / 2010

Transaction ID: SA11AI.185687

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
LORA HARRIS

Mailing Address 265 Forest Blvd

City State Zip Code
Park Forest IL 60466-1750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 638.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184286

Amount of Each Receipt this Period
63.84

B.

Full Name (Last, First, Middle Initial)
MARTIN HARRIS

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183354

Amount of Each Receipt this Period
10.50

C.

Full Name (Last, First, Middle Initial)
MARTIN HARRIS

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185071

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ▶ **84.84**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RYAN HARRIS	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183355
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) RYAN HARRIS	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185072
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

C.	Full Name (Last, First, Middle Initial) LAKESHA HARRISON	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 13633 Doty Avenue #62	Transaction ID: SA11AI.184227
	City Hawthorne State CA Zip Code 90250	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA LOC 3299.HED Occupation PATIENT CARE TECH. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 1078
(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

A.

Full Name (Last, First, Middle Initial) LAKESHA HARRISON		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 13633 Doty Avenue #62		Transaction ID: SA11AI.187764
City Hawthorne	State CA	Zip Code 90250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA LOC 3299.HED	Occupation PATIENT CARE TECH.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) JANE N HART		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 6907 Taylor Road		Transaction ID: SA11AI.183609
City Sauk City	State WI	Zip Code 53583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.09
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 ▼ 416.47	

C.

Full Name (Last, First, Middle Initial) JANE N HART		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 6907 Taylor Road		Transaction ID: SA11AI.183716
City Sauk City	State WI	Zip Code 53583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.09
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 ▼ 438.56	

SUBTOTAL of Receipts This Page (optional)	64.18
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JANE N HART		Date of Receipt
	Mailing Address 6907 Taylor Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Sauk City	WI	53583
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.185426
Name of Employer AFSCME INT'L		Occupation FIELD OFFICE ASSISTANT II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 460.65	<input type="text"/> 22.09

B.	Full Name (Last, First, Middle Initial) PATTY SUE HART		Date of Receipt
	Mailing Address 1625 L. Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Washington	DC	20036
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.185427
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 208.05	<input type="text"/> 13.87

C.	Full Name (Last, First, Middle Initial) JAMES A. HARTLE		Date of Receipt
	Mailing Address 3172 Schell Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City	State	Zip Code
	Marion	OH	43302
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.182961
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 252.00	<input type="text"/> 12.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 47.96
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 383 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JAMES A. HARTLE	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 3172 Schell Drive	Transaction ID: SA11AI.184721
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 264.00	

B.	Full Name (Last, First, Middle Initial) JAMES A. HARTLE	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 3172 Schell Drive	Transaction ID: SA11AI.185688
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 276.00	

C.	Full Name (Last, First, Middle Initial) EDWARD HARTMAN	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 710 County Road	Transaction ID: SA11AI.185947
	City Proctorville State WV Zip Code 45669	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WV CN 77	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	74.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A. Full Name (Last, First, Middle Initial)
EDWARD HARTMAN

Mailing Address 710 County Road

City Proctorville State WV Zip Code 45669

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WV CN 77 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 16 / 2010
Transaction ID: SA11AI.185948
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
SANDRA HARTMAN

Mailing Address 6569 Craig Avenue

City Inver Grove State MN Zip Code 55076-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.186688
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
RENDA D. HARWELL

Mailing Address 214 S. Green Road

City South Euclid State OH Zip Code 44121

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.182962
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 1078
(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

A.

Full Name (Last, First, Middle Initial) RENDA D. HARWELL		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 214 S. Green Road		Transaction ID: SA11AI.184722
City South Euclid	State OH	Zip Code 44121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICES REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) RENDA D. HARWELL		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 214 S. Green Road		Transaction ID: SA11AI.185689
City South Euclid	State OH	Zip Code 44121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICES REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) RAYDENE HARWICK		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 2101-27 Hill Road Apt. #1		Transaction ID: SA11AI.185266
City Sellersville	State PA	Zip Code 18960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.22
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 ▼ 524.92	

SUBTOTAL of Receipts This Page (optional)	▶	71.22
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 386 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DAVID HASLETT

Mailing Address 4031 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.96

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185267

Amount of Each Receipt this Period
36.48

B. Full Name (Last, First, Middle Initial)
ELIZABETH HASTINGS

Mailing Address 5225 N. Rivers Edge Terrace
#204

City State Zip Code
Chicago IL 60630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 657.60

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184287

Amount of Each Receipt this Period
65.76

C. Full Name (Last, First, Middle Initial)
MICHAEL D. HATCHER

Mailing Address P.O. Box 231

City State Zip Code
Monticello KY 42633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L LEAD ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 748.67

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183611

Amount of Each Receipt this Period
40.31

SUBTOTAL of Receipts This Page (optional) ► **142.55**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
MICHAEL D. HATCHER

Mailing Address P.O. Box 231

City State Zip Code
Monticello KY 42633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L LEAD ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 788.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183718

Amount of Each Receipt this Period
40.31

B.

Full Name (Last, First, Middle Initial)
MICHAEL D. HATCHER

Mailing Address P.O. Box 231

City State Zip Code
Monticello KY 42633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L LEAD ORGANIZER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 829.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185428

Amount of Each Receipt this Period
40.31

C.

Full Name (Last, First, Middle Initial)
JANET L HATFIELD

Mailing Address 201 NW 52nd Street

City State Zip Code
Vancouver WA 98663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183356

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **91.12**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 388 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JANET L HATFIELD		Date of Receipt
	Mailing Address 201 NW 52nd Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Vancouver	WA	98663
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185073
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) KAREN HATHAWAY		Date of Receipt
	Mailing Address 29 Jenny Lind Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	Taunton	MA	02780-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185496
Name of Employer AFSCME MA CN 93		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 445.06	<input type="text"/> 40.46

C.	Full Name (Last, First, Middle Initial) MARTIN R. HATHAWAY		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187232
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.96
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 389 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JOEY R. HAWKE		Date of Receipt	
	Mailing Address 450 Windsor Drive		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184723
	Marysville	OH	43040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION SERGEANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		210.00		

B.	Full Name (Last, First, Middle Initial) JOEY R. HAWKE		Date of Receipt	
	Mailing Address 450 Windsor Drive		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185690
	Marysville	OH	43040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION SERGEANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		220.00		

C.	Full Name (Last, First, Middle Initial) WILLIAM HAWKES		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183357
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		210.00		

SUBTOTAL of Receipts This Page (optional)	▶	30.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 1078
(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

A.

Full Name (Last, First, Middle Initial) WILLIAM HAWKES		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185074
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.

Full Name (Last, First, Middle Initial) CHAPMAN LYNNE HAY		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183358
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) CHAPMAN LYNNE HAY		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185075
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	▶	31.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
MARY M. HAYES

Mailing Address 110 Park Road

City State Zip Code
Mount Vernon OH 43050

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
THERAPUTIC PROGRAM TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Transaction ID: SA11AI.182964

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)
MARY M. HAYES

Mailing Address 110 Park Road

City State Zip Code
Mount Vernon OH 43050

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
THERAPUTIC PROGRAM TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	0

Transaction ID: SA11AI.184724

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)
MARY M. HAYES

Mailing Address 110 Park Road

City State Zip Code
Mount Vernon OH 43050

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
THERAPUTIC PROGRAM TECH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Transaction ID: SA11AI.185691

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional) ▶

33.00

TOTAL This Period (last page this line number only) ▶

--

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 392 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TRACY A. HAYSLETT	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 4477 N Leavitt Road NW	Transaction ID: SA11AI.187908
	City State Zip Code Warren OH 44485	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH CN 8/WARREN OH RH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

B.	Full Name (Last, First, Middle Initial) TRACY A. HAYSLETT	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 4477 N Leavitt Road NW	Transaction ID: SA11AI.187909
	City State Zip Code Warren OH 44485	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH CN 8/WARREN OH RH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

C.	Full Name (Last, First, Middle Initial) BARARA A. HEADY	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 56397 Callahan Lane	Transaction ID: SA11AI.183879
	City State Zip Code Pleasant City OH 43772	Amount of Each Receipt this Period 8.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 4/ROLLING HILLS	Occupation TEACHER AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.00	

SUBTOTAL of Receipts This Page (optional)	▶	27.24
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 393 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) BARARA A. HEADY	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 56397 Callahan Lane	Transaction ID: SA11AI.186453
	City State Zip Code Pleasant City OH 43772	Amount of Each Receipt this Period 8.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/ROLLING HILLS TEACHER AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.00	

B.	Full Name (Last, First, Middle Initial) JIMMIE HEARNS	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 18509 Mendota	Transaction ID: SA11AI.184030
	City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 37.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 748.73	

C.	Full Name (Last, First, Middle Initial) JIMMIE HEARNS	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 18509 Mendota	Transaction ID: SA11AI.184081
	City State Zip Code Detroit MI 48221	Amount of Each Receipt this Period 37.94
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 786.67	

SUBTOTAL of Receipts This Page (optional)	83.88
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JIMMIE HEARNS		Date of Receipt	
	Mailing Address 18509 Mendota		M M / D D / Y Y Y Y 11 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.185353
	Detroit	MI	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.94	
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 ▼ 824.61		

B.	Full Name (Last, First, Middle Initial) KEITH A. HEATER		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y 11 / 17 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.187238
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.65	
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 ▼ 202.65		

C.	Full Name (Last, First, Middle Initial) MARK HEDBERG		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y 11 / 09 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.187070
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer AFSCME IA CN 61		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.24		

SUBTOTAL of Receipts This Page (optional)	▶	68.43
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
ANDREA HELM
 Mailing Address **619 S. Main Street**
 City **New Castle** State **IN** Zip Code **47362**
 Date of Receipt **11 / 02 / 2010**
Transaction ID: SA11AI.187011
 Amount of Each Receipt this Period **80.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IN CN 62** Occupation **ORGANIZER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **420.00**

B. Full Name (Last, First, Middle Initial)
PHILIP W. HELMS
 Mailing Address **4108 Menton**
 City **Flint** State **MI** Zip Code **48507**
 Date of Receipt **10 / 18 / 2010**
Transaction ID: SA11AI.184031
 Amount of Each Receipt this Period **57.17**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MI CN 25** Occupation **EDITOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1131.78**

C. Full Name (Last, First, Middle Initial)
PHILIP W. HELMS
 Mailing Address **4108 Menton**
 City **Flint** State **MI** Zip Code **48507**
 Date of Receipt **11 / 02 / 2010**
Transaction ID: SA11AI.184082
 Amount of Each Receipt this Period **57.17**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MI CN 25** Occupation **EDITOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1188.95**

SUBTOTAL of Receipts This Page (optional) ► **194.34**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 1078
(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

A. Full Name (Last, First, Middle Initial)
PHILIP W. HELMS

Mailing Address 4108 Menton

City State Zip Code
Flint MI 48507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25 EDITOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1246.12

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185354

Amount of Each Receipt this Period
57.17

B. Full Name (Last, First, Middle Initial)
RENITA L. HELTON

Mailing Address 2025 W Galbraith Road
Apt. E

City State Zip Code
Cincinnati OH 45239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.182966

Amount of Each Receipt this Period
11.00

C. Full Name (Last, First, Middle Initial)
RENITA L. HELTON

Mailing Address 2025 W Galbraith Road
Apt. E

City State Zip Code
Cincinnati OH 45239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.184726

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► **79.17**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 397 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) RENITA L. HELTON	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 2025 W Galbraith Road Apt. E	Transaction ID: SA11AI.185693
	City State Zip Code Cincinnati OH 45239	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 242.00	

B.	Full Name (Last, First, Middle Initial) DEBORAH A. HEMPHILL	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 10500 Shale Avenue	Transaction ID: SA11AI.187912
	City State Zip Code Cleveland OH 44104	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8/CLEVELAND STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02	

C.	Full Name (Last, First, Middle Initial) CAROL S. HENDERSON	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 901 S. Elm Street	Transaction ID: SA11AI.183880
	City State Zip Code Celina OH 45822	Amount of Each Receipt this Period 10.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/CELINA CSD BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.40	

SUBTOTAL of Receipts This Page (optional)	31.04
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) CAROL S. HENDERSON		Date of Receipt	
	Mailing Address 901 S. Elm Street		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186454
	Celina	OH	45822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.42	
Name of Employer AFSCME OH LOC 4/CELINA CSD		Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 258.82		

B.	Full Name (Last, First, Middle Initial) CAROL S. HENDERSON		Date of Receipt	
	Mailing Address 901 S. Elm Street		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186455
	Celina	OH	45822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.42	
Name of Employer AFSCME OH LOC 4/CELINA CSD		Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.24		

C.	Full Name (Last, First, Middle Initial) CAT D. HENDERSON		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185076
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	30.84
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 399 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 DAVID J. HENDERSON
 Mailing Address 2040 Spring Valley Road
 City State Zip Code
 Pittsburgh PA 15243-1422
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.185268
 Amount of Each Receipt this Period
 114.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1299.94

B. Full Name (Last, First, Middle Initial)
 KAY HENDERSON
 Mailing Address 624 S. Winnifred Street
 City State Zip Code
 Tacoma WA 98465
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.183360
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

C. Full Name (Last, First, Middle Initial)
 KAY HENDERSON
 Mailing Address 624 S. Winnifred Street
 City State Zip Code
 Tacoma WA 98465
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.185077
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 630.00

SUBTOTAL of Receipts This Page (optional) ► 174.54
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 1078
(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

A.

Full Name (Last, First, Middle Initial) TIMOTHY HENDERSON		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 6987 W. Shadow Lake Drive		Transaction ID: SA11AI.186589
City Lino Lakes	State MN	Zip Code 55014-1931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.18
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 ▼ 333.17	

B.

Full Name (Last, First, Middle Initial) TIMOTHY HENDERSON		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 6987 W. Shadow Lake Drive		Transaction ID: SA11AI.186636
City Lino Lakes	State MN	Zip Code 55014-1931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.18
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 ▼ 373.35	

C.

Full Name (Last, First, Middle Initial) WILMA HENDERSON		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183361
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	90.86
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 401 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) WILMA HENDERSON		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185078
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) JOYCE L. HENNING		Date of Receipt
	Mailing Address 885 W Webb Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 03 / 2010
	City	State	Zip Code
	Mineral Ridge	OH	44440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187914
Name of Employer AFSCME OH CN 8/WARREN OH RH		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02	<input type="text"/> 9.62

C.	Full Name (Last, First, Middle Initial) JOYCE L. HENNING		Date of Receipt
	Mailing Address 885 W Webb Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
	City	State	Zip Code
	Mineral Ridge	OH	44440
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187915
Name of Employer AFSCME OH CN 8/WARREN OH RH		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64	<input type="text"/> 9.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 29.74
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 402 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SUE HENRICKSEN	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183362
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) SUE HENRICKSEN	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185079
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 441.00	

C.	Full Name (Last, First, Middle Initial) MICHELLE C. HENRY	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 5614 S 147th Street	Transaction ID: SA11AI.187996
	City Tukwila State WA Zip Code 98168	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	57.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 1078
(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

A. Full Name (Last, First, Middle Initial)
MICHELLE C. HENRY

Mailing Address **5614 S 147th Street**

City **Tukwila** State **WA** Zip Code **98168**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME WA CN 28/SOWA** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **11 / 12 / 2010**
Transaction ID: SA11AI.187997
 Amount of Each Receipt this Period **15.00**

B. Full Name (Last, First, Middle Initial)
JOHN HENSON

Mailing Address **P. O. Box 88593**

City **Steilacoom** State **WA** Zip Code **98388**

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 ▼ **250.00**

Date of Receipt **10 / 25 / 2010**
Transaction ID: SA11AI.183363
 Amount of Each Receipt this Period **12.50**

C. Full Name (Last, First, Middle Initial)
JOHN HENSON

Mailing Address **P. O. Box 88593**

City **Steilacoom** State **WA** Zip Code **98388**

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 ▼ **262.50**

Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185080
 Amount of Each Receipt this Period **12.50**

SUBTOTAL of Receipts This Page (optional) ► **40.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
RICK HENSON

Mailing Address 317 South F Street

City Springfield State OR Zip Code 97477

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 ▼ 850.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.186279

Amount of Each Receipt this Period 85.00

B. Full Name (Last, First, Middle Initial)
KIMBERLY HEREFORD

Mailing Address 20618 Balfour Road

City Warrensvl Hts State OH Zip Code 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CUYAHOGA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 11 / 17 / 2010

Transaction ID: SA11AI.187918

Amount of Each Receipt this Period 9.62

C. Full Name (Last, First, Middle Initial)
DANA E. HERMAN

Mailing Address 5926 US Highway 22 E.

City New Holland State OH Zip Code 43145

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.182969

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 114.62

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) DANA E. HERMAN		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 5926 US Highway 22 E.		Transaction ID: SA11AI.184729		
	City New Holland	State OH	Zip Code 43145	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME OH LOC 11/STATE OF OH		
	Occupation CORRECTION OFFICER		Aggregate Year-to-Date 441.00		

B.	Full Name (Last, First, Middle Initial) DANA E. HERMAN		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 5926 US Highway 22 E.		Transaction ID: SA11AI.185696		
	City New Holland	State OH	Zip Code 43145	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME OH LOC 11/STATE OF OH		
	Occupation CORRECTION OFFICER		Aggregate Year-to-Date 462.00		

C.	Full Name (Last, First, Middle Initial) RAMON L. HERNANDEZ		Date of Receipt MM / DD / YYYY 10 / 26 / 2010		
	Mailing Address 1615 Stanley Street		Transaction ID: SA11AI.187040		
	City New Britain	State CT	Zip Code 06050-0000	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME CT CN 4/STATE OF CT		
	Occupation STAFF REPRESENTATIVE		Aggregate Year-to-Date 220.00		

SUBTOTAL of Receipts This Page (optional)	52.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 406 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RAMON L. HERNANDEZ		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1615 Stanley Street		Transaction ID: SA11AI.187041		
	City New Britain	State CT	Zip Code 06050-0000	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME CT CN 4/STATE OF CT		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

B.	Full Name (Last, First, Middle Initial) ERIC D. HERTZOG		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 141 174th Street E.		Transaction ID: SA11AI.183365		
	City Spanaway	State WA	Zip Code 98387	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00			

C.	Full Name (Last, First, Middle Initial) SHERRY HEWITT		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183366		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)	▶	45.50
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 407 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHERRY HEWITT		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Olympia	State WA	Zip Code 98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185081
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.50"/>	Amount of Each Receipt this Period <input type="text" value="10.50"/>

B.	Full Name (Last, First, Middle Initial) QUIDA L. HIGBEE		Date of Receipt
	Mailing Address 799 East Blvd.		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Cleveland	State OH	Zip Code 44108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.182970
	Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS CUSTOMER SERVICES REP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="346.00"/>	Amount of Each Receipt this Period <input type="text" value="16.00"/>

C.	Full Name (Last, First, Middle Initial) QUIDA L. HIGBEE		Date of Receipt
	Mailing Address 799 East Blvd.		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Cleveland	State OH	Zip Code 44108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184730
	Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS CUSTOMER SERVICES REP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="362.00"/>	Amount of Each Receipt this Period <input type="text" value="16.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="42.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 1078
(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
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City Cleveland State OH Zip Code 44108

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES REP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185697
Amount of Each Receipt this Period 16.00

B.

Full Name (Last, First, Middle Initial)
STEVEN G. HILDEBRANDT

Mailing Address 1044 Barrett Street

City St. Paul State MN Zip Code 55103

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 11 / 17 / 2010
Transaction ID: SA11AI.186756
Amount of Each Receipt this Period 8.00

C.

Full Name (Last, First, Middle Initial)
DEBRA D. HILL

Mailing Address 3231 Algonquin Parkway

City Toledo State OH Zip Code 43606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/LUCAS CNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 14 / 2010
Transaction ID: SA11AI.187977
Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional) ► 33.62

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 409 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
 DEBRA D. HILL

Mailing Address 3231 Algonquin Parkway

City Toledo State OH Zip Code 43606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/LUCAS CNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.187978

Amount of Each Receipt this Period 9.62

B.

Full Name (Last, First, Middle Initial)
 DEBRA D. HILL

Mailing Address 3231 Algonquin Parkway

City Toledo State OH Zip Code 43606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/LUCAS CNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.187921

Amount of Each Receipt this Period 9.62

C.

Full Name (Last, First, Middle Initial)
 DEBRA D. HILL

Mailing Address 3231 Algonquin Parkway

City Toledo State OH Zip Code 43606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/LUCAS CNTY Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.187922

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional) ► **28.86**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 550.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.186690

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.183883

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
PHILLIP E. HILL

Mailing Address 3346 Heatherdowns Blvd.

City Toledo State OH Zip Code 43614

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 ▼ 210.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.182972

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► **85.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 1078
(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>A. Full Name (Last, First, Middle Initial) PHILLIP E. HILL</p> <p>Mailing Address 3346 Heatherdowns Blvd.</p> <p>City Toledo State OH Zip Code 43614</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: JUVENILE CORRECTION OFFICER</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 1 1 / 0 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184732</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) PHILLIP E. HILL</p> <p>Mailing Address 3346 Heatherdowns Blvd.</p> <p>City Toledo State OH Zip Code 43614</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: JUVENILE CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.185699</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) TRACY A. HILL</p> <p>Mailing Address 2382 Krumroy Road</p> <p>City Akron State OH Zip Code 44312</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 4/SPRINGFIELD SD Occupation: 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 ▼ 565.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183884</p> <p>Amount of Each Receipt this Period 25.00</p>
--	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>45.00</p>
<p>TOTAL 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)	PAGE 412 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) MATT HILTON	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1418 SW Moss Street	Transaction ID: SA11AI.186346
	City State Zip Code Portland OR 97219	Amount of Each Receipt this Period 22.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.00	

B.	Full Name (Last, First, Middle Initial) JAMES N. HIMMELHAVER	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 823 Dearmand Avenue	Transaction ID: SA11AI.186459
	City State Zip Code Cincinnati OH 45239	Amount of Each Receipt this Period 20.83
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/WINTON WO-ODS Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.13	

C.	Full Name (Last, First, Middle Initial) DANNY HINDE	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 612 4th Avenue NE	Transaction ID: SA11AI.187243
	City State Zip Code Independence IA 50644	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IA CN 61/STATE OF IA Occupation RTT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	62.83
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 413 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 DANNY HINDE
 Mailing Address 612 4th Avenue NE
 City Independence State IA Zip Code 50644
 Date of Receipt: 10 / 25 / 2010
 Transaction ID: SA11AI.187244
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AFSCME IA CN 61/STATE OF IA Occupation: RTT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 380.00

B. Full Name (Last, First, Middle Initial)
 DANNY HINDE
 Mailing Address 612 4th Avenue NE
 City Independence State IA Zip Code 50644
 Date of Receipt: 11 / 01 / 2010
 Transaction ID: SA11AI.187245
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AFSCME IA CN 61/STATE OF IA Occupation: RTT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 400.00

C. Full Name (Last, First, Middle Initial)
 DANNY HINDE
 Mailing Address 612 4th Avenue NE
 City Independence State IA Zip Code 50644
 Date of Receipt: 11 / 17 / 2010
 Transaction ID: SA11AI.187246
 Amount of Each Receipt this Period: 20.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: AFSCME IA CN 61/STATE OF IA Occupation: RTT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 420.00

SUBTOTAL of Receipts This Page (optional) ► 60.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 1078
(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

A.

Full Name (Last, First, Middle Initial) CLARICE D. HINRICHS		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 917 Birch Haven Circle		Transaction ID: SA11AI.183613
City Monona	State WI	Zip Code 53716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.87
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 ▼ 207.25	

B.

Full Name (Last, First, Middle Initial) CLARICE D. HINRICHS		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 917 Birch Haven Circle		Transaction ID: SA11AI.183720
City Monona	State WI	Zip Code 53716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.87
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 ▼ 221.12	

C.

Full Name (Last, First, Middle Initial) CLARICE D. HINRICHS		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 917 Birch Haven Circle		Transaction ID: SA11AI.185430
City Monona	State WI	Zip Code 53716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.23
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 ▼ 235.35	

SUBTOTAL of Receipts This Page (optional)	▶	41.97
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 415 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MARGARET HOAK		Date of Receipt																					
	Mailing Address P.O. Box 264		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	1	0														
	City State Zip Code Warren PA 16365		Transaction ID: SA11AI.185270																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.34																						
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 ▼ 759.46																						

B.	Full Name (Last, First, Middle Initial) KARLA HODGE		Date of Receipt																					
	Mailing Address 1212 N. 14th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	1	0														
	City State Zip Code Harrisburg PA 17103		Transaction ID: SA11AI.185271																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.34																						
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 ▼ 759.46																						

C.	Full Name (Last, First, Middle Initial) MONIQUE P. HODGES		Date of Receipt																					
	Mailing Address 3346 Craig Drive #K244		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Hammond IN 46323		Transaction ID: SA11AI.184383																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.22																						
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation ADMIN ASSISTANT II																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.42																						

SUBTOTAL of Receipts This Page (optional)	▶	159.90
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 MARY A. HODGSON
 Mailing Address 1306 S. 6th Street
 City Springfield State IL Zip Code 62703
 Date of Receipt 10 / 29 / 2010
 Transaction ID: SA11AI.184384
 Amount of Each Receipt this Period 10.42
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE SPECIALIST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 208.40

B. Full Name (Last, First, Middle Initial)
 JOHN HOHLHEPP
 Mailing Address 615 S. 2nd Street
 City Springfield State IL Zip Code 62705
 Date of Receipt 10 / 29 / 2010
 Transaction ID: SA11AI.184288
 Amount of Each Receipt this Period 63.84
 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 633.90

C. Full Name (Last, First, Middle Initial)
 CHRISTINE D. HOLLAND
 Mailing Address 29332 Kearsley Road
 City Millbury State OH Zip Code 43447
 Date of Receipt 10 / 29 / 2010
 Transaction ID: SA11AI.183885
 Amount of Each Receipt this Period 41.67
 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 498.33

SUBTOTAL of Receipts This Page (optional) **115.93**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
LESLIE HOLMES

Mailing Address 107 Roger Street

City State Zip Code
Elida OH 45807

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME OH LOC 4/LIMA PUB LIBRARY
Occupation: SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.64

Date of Receipt: 10 / 27 / 2010
Transaction ID: SA11AI.183886
Amount of Each Receipt this Period: 9.62

B.

Full Name (Last, First, Middle Initial)
LESLIE HOLMES

Mailing Address 107 Roger Street

City State Zip Code
Elida OH 45807

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME OH LOC 4/LIMA PUB LIBRARY
Occupation: SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.26

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.186460
Amount of Each Receipt this Period: 9.62

C.

Full Name (Last, First, Middle Initial)
SYLVIA E. HOLMES

Mailing Address 958 Sodom Hutchings Road SE

City State Zip Code
Vienna OH 44473

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME OH LOC 4/GIRARD CSD
Occupation: SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 382.02

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183887
Amount of Each Receipt this Period: 9.62

SUBTOTAL of Receipts This Page (optional) ► **28.86**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
SYLVIA E. HOLMES

Mailing Address 958 Sodom Hutchings Road SE

City Vienna State OH Zip Code 44473

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GIRARD CSD Occupation SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.64

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.186462

Amount of Each Receipt this Period 9.62

B.

Full Name (Last, First, Middle Initial)
SYLVIA E. HOLMES

Mailing Address 958 Sodom Hutchings Road SE

City Vienna State OH Zip Code 44473

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GIRARD CSD Occupation SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.26

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.186461

Amount of Each Receipt this Period 9.62

C.

Full Name (Last, First, Middle Initial)
DANNY J. HOMAN

Mailing Address 3000 Isabella

City Sioux City State IA Zip Code 51103-2134

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.184229

Amount of Each Receipt this Period 56.00

SUBTOTAL of Receipts This Page (optional) ► 75.24

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 419 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DANNY J. HOMAN
 Mailing Address **3000 Isabella**
 City **Sioux City** State **IA** Zip Code **51103-2134**
 Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.187071
 Amount of Each Receipt this Period **80.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IA CN 61** Occupation **PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1505.00**

B. Full Name (Last, First, Middle Initial)
FRANCINE W. HONDA
 Mailing Address **888 Mililani Street Suite 601**
 City **Honolulu** State **HI** Zip Code **96813-2991**
 Date of Receipt **10 / 14 / 2010**
Transaction ID: SA11AI.188020
 Amount of Each Receipt this Period **90.00**
 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 ▼ **340.00**

C. Full Name (Last, First, Middle Initial)
FRANCINE W. HONDA
 Mailing Address **888 Mililani Street Suite 601**
 City **Honolulu** State **HI** Zip Code **96813-2991**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.183967
 Amount of Each Receipt this Period **25.00**
 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 ▼ **365.00**

SUBTOTAL of Receipts This Page (optional) ► **195.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 420 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DEBRA J. HONORE	Date of Receipt
	Mailing Address 6066 Brook Bay Court	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City State Zip Code Canal Winchester OH 43110	Transaction ID: SA11AI.182979
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 13.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) DEBRA J. HONORE	Date of Receipt
	Mailing Address 6066 Brook Bay Court	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City State Zip Code Canal Winchester OH 43110	Transaction ID: SA11AI.184739
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 13.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 413.00	

C.	Full Name (Last, First, Middle Initial) DEBRA J. HONORE	Date of Receipt
	Mailing Address 6066 Brook Bay Court	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City State Zip Code Canal Winchester OH 43110	Transaction ID: SA11AI.185706
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 13.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 426.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 39.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
JESSIE F. HOOMALU
 Mailing Address **P.O. Box 908**
 City **Haleiwa** State **HI** Zip Code **96712**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.183969
 Amount of Each Receipt this Period **16.80**
 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 **383.60**

B. Full Name (Last, First, Middle Initial)
CATHERINE M. HORENBERGER
 Mailing Address **304 Mine Road**
 City **Baraboo** State **WI** Zip Code **53913**
 Date of Receipt **10 / 26 / 2010**
Transaction ID: SA11AI.184144
 Amount of Each Receipt this Period **10.00**
 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 **220.00**

C. Full Name (Last, First, Middle Initial)
CATHERINE M. HORENBERGER
 Mailing Address **304 Mine Road**
 City **Baraboo** State **WI** Zip Code **53913**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.186078
 Amount of Each Receipt this Period **10.00**
 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 **230.00**

SUBTOTAL of Receipts This Page (optional) ► **36.80**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 1078
(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

A. Full Name (Last, First, Middle Initial)
CATHERINE M. HORENBERGER

Mailing Address 304 Mine Road

City Baraboo State WI Zip Code 53913

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 ▼ 248.00

Date of Receipt 11 / 22 / 2010

Transaction ID: SA11AI.186079

Amount of Each Receipt this Period 18.00

B. Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.183821

Amount of Each Receipt this Period 19.24

C. Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.186380

Amount of Each Receipt this Period 19.24

SUBTOTAL of Receipts This Page (optional) ► 56.48

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 423 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
TIMOTHY M. HOSHAL

Mailing Address P.O. Box 239

City State Zip Code
Coleraine MN 55722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 65 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 658.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.186879

Amount of Each Receipt this Period
65.88

B. Full Name (Last, First, Middle Initial)
CHRISTINE R. HOSKINS

Mailing Address 8306 James Street

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 734.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183614

Amount of Each Receipt this Period
37.14

C. Full Name (Last, First, Middle Initial)
CHRISTINE R. HOSKINS

Mailing Address 8306 James Street

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 771.39

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183721

Amount of Each Receipt this Period
37.14

SUBTOTAL of Receipts This Page (optional) ► 140.16

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 424 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
CHRISTINE R. HOSKINS

Mailing Address 8306 James Street

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 808.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185431

Amount of Each Receipt this Period
37.14

B. Full Name (Last, First, Middle Initial)
JEANNIE C HOUSE

Mailing Address P.O. Box 39

City State Zip Code
Elma WA 98541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 277.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183367

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
JEANNIE C HOUSE

Mailing Address P.O. Box 39

City State Zip Code
Elma WA 98541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185082

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 67.14

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 425 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DONNA R. HOWARD	Date of Receipt
	Mailing Address 2462 Meredith Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City State Zip Code Columbus OH 43219	Transaction ID: SA11AI.182982
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE ASSOCIATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) DONNA R. HOWARD	Date of Receipt
	Mailing Address 2462 Meredith Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City State Zip Code Columbus OH 43219	Transaction ID: SA11AI.184742
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE ASSOCIATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

C.	Full Name (Last, First, Middle Initial) DONNA R. HOWARD	Date of Receipt
	Mailing Address 2462 Meredith Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City State Zip Code Columbus OH 43219	Transaction ID: SA11AI.185709
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE ASSOCIATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

MARQUETTA L. HOWARD

Mailing Address 6662 Bennell Drive

City State Zip Code
Reynoldsburg OH 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
OFFICE ASSISTANT I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.182983

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

MARQUETTA L. HOWARD

Mailing Address 6662 Bennell Drive

City State Zip Code
Reynoldsburg OH 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
OFFICE ASSISTANT I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.184743

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

MARQUETTA L. HOWARD

Mailing Address 6662 Bennell Drive

City State Zip Code
Reynoldsburg OH 43068

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
OFFICE ASSISTANT I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185710

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) ▶

30.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DONALD T. HOWELL

Mailing Address 165 Forest Avenue

City State Zip Code
West Babylon NY 11704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NY LOC 1000/NASSAU STAFF REPRESENTATIVE
CNTY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.187682

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
DONALD T. HOWELL

Mailing Address 165 Forest Avenue

City State Zip Code
West Babylon NY 11704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NY LOC 1000/NASSAU STAFF REPRESENTATIVE
CNTY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187683

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
DONALD T. HOWELL

Mailing Address 165 Forest Avenue

City State Zip Code
West Babylon NY 11704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NY LOC 1000/NASSAU STAFF REPRESENTATIVE
CNTY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.187684

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MELANIE S. HOYLE
 Mailing Address **P.O. Box 2331**
 City **Springfield** State **IL** Zip Code **62705**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184385
 Amount of Each Receipt this Period **22.48**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IL CN 31/STATE OF IL** Occupation **ADMIN ASSISTANT I**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **425.14**

B. Full Name (Last, First, Middle Initial)
TONIA S. HOYT
 Mailing Address **4320 NW Second Avenue**
 City **Des Moines** State **IA** Zip Code **50313**
 Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.187250
 Amount of Each Receipt this Period **9.62**
 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 **202.02**

C. Full Name (Last, First, Middle Initial)
ROBERT J. HUBBARD
 Mailing Address **3306 1st Street #4**
 City **Des Moines** State **IA** Zip Code **50313**
 Date of Receipt **10 / 18 / 2010**
Transaction ID: SA11AI.187251
 Amount of Each Receipt this Period **20.36**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IA CN 61/STATE WRNT** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **203.60**

SUBTOTAL of Receipts This Page (optional) **52.46**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 1078
(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

A. Full Name (Last, First, Middle Initial)
ROBERT J. HUBBARD

Mailing Address 55 Pioneer Road

City Weiser State ID Zip Code 83672

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation SECURITY GUARD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.186316
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
ROBERT J. HUBBARD

Mailing Address 3306 1st Street #4

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 WRNT Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.96

Date of Receipt: 11 / 17 / 2010
Transaction ID: SA11AI.187252
Amount of Each Receipt this Period: 20.36

C. Full Name (Last, First, Middle Initial)
SHIRLEY A. HUBBERT

Mailing Address 1078 E. 26th Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.182984
Amount of Each Receipt this Period: 11.00

SUBTOTAL of Receipts This Page (optional) ► 71.36

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
SHIRLEY A. HUBBERT

Mailing Address 1078 E. 26th Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 352.00

Date of Receipt 11 / 05 / 2010

Transaction ID: SA11AI.184744

Amount of Each Receipt this Period 11.00

B.

Full Name (Last, First, Middle Initial)
SHIRLEY A. HUBBERT

Mailing Address 1078 E. 26th Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 363.00

Date of Receipt 11 / 19 / 2010

Transaction ID: SA11AI.185711

Amount of Each Receipt this Period 11.00

C.

Full Name (Last, First, Middle Initial)
EDWARD R. HUDDLESTON

Mailing Address 2024 Willowbrook Drive

City Merced State CA Zip Code 95348

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 ▼ 220.00

Date of Receipt 11 / 02 / 2010

Transaction ID: SA11AI.187806

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 42.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) CASEY P. HUDEK</p> <p>Mailing Address 679 Dennison Avenue Apt. #9</p> <p>City Columbus State OH Zip Code 43215</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 324.40</p>	<p>Date of Receipt MM / DD / YYYY 11 / 08 / 2010</p> <p>Transaction ID: SA11AI.184495</p> <p>Amount of Each Receipt this Period 29.62</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) REGINA G. HUDSON</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/SOWA 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 ▼ 210.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 10 / 2010</p> <p>Transaction ID: SA11AI.185084</p> <p>Amount of Each Receipt this Period 10.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) ELIZABETH K. HUFFMAN</p> <p>Mailing Address 7429 Inman Ave South</p> <p>City Cottage Grove State MN Zip Code 55016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I</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 MM / DD / YYYY 11 / 15 / 2010</p> <p>Transaction ID: SA11AI.185432</p> <p>Amount of Each Receipt this Period 10.00</p>
---	--

SUBTOTAL of Receipts This Page (optional)	49.62
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 432 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JACK E. HUGHES	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 190 W. Ostend Street Suite 101	Transaction ID: SA11AI.185517
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 45.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.02	

B.	Full Name (Last, First, Middle Initial) JEFFREY HUGHES	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 190 W. Ostend Street Suite 101	Transaction ID: SA11AI.185518
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 45.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.02	

C.	Full Name (Last, First, Middle Initial) SUSAN HUGHES	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1212 Jefferson St. SE Suite 300	Transaction ID: SA11AI.183237
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	112.64
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 433 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

WAYNE D. HUMPHREY

Mailing Address 508 Hayes Road

City State Zip Code
Toledo OH 43615

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 4/SYLVANIA

Occupation
TEACHER AIDE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.26

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183888

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

ROBERT H. HUNGERFORD

Mailing Address 6685 Canterbury Drive

City State Zip Code
Gladstone OR 97027

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OR CN 75/STATE OF OR

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186317

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

CHRISTINE E. HUNT

Mailing Address 6787 Pine Bark Lane

City State Zip Code
Columbus OH 43235

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
TRANSPORTATION TECHN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.182987

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

49.24

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CHRISTINE E. HUNT	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 6787 Pine Bark Lane	Transaction ID: SA11AI.184747
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) CHRISTINE E. HUNT	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 6787 Pine Bark Lane	Transaction ID: SA11AI.185714
	City State Zip Code Columbus OH 43235	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) JAMES E. HUNTER	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 18498 Faust	Transaction ID: SA11AI.187506
	City State Zip Code Detroit MI 48219	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MI CN 25	Occupation POLITICAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 435 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MICHELLE R. HUNTER	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 436 S. Kilmer Street	Transaction ID: SA11AI.182988
	City State Zip Code Dayton OH 45408	Amount of Each Receipt this Period 11.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00	

B.	Full Name (Last, First, Middle Initial) MICHELLE L. HUNTER	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 241 Harriette Avenue	Transaction ID: SA11AI.187685
	City State Zip Code Syracuse NY 13210	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME NY LOC 1000/NYS AD-MIN.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

C.	Full Name (Last, First, Middle Initial) MICHELLE R. HUNTER	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 436 S. Kilmer Street	Transaction ID: SA11AI.184748
	City State Zip Code Dayton OH 45408	Amount of Each Receipt this Period 11.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

SUBTOTAL of Receipts This Page (optional)	31.62
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 436 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 MICHELLE L. HUNTER
 Mailing Address 241 Harriette Avenue
 City State Zip Code
 Syracuse NY 13210
 Date of Receipt
 11 / 10 / 2010
 Transaction ID: SA11AI.187686
 Amount of Each Receipt this Period
 9.62
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME NY LOC 1000/NYS AD-MIN. Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26

B. Full Name (Last, First, Middle Initial)
 MICHELLE R. HUNTER
 Mailing Address 436 S. Kilmer Street
 City State Zip Code
 Dayton OH 45408
 Date of Receipt
 11 / 19 / 2010
 Transaction ID: SA11AI.185715
 Amount of Each Receipt this Period
 11.00
 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 ▼ 233.00

C. Full Name (Last, First, Middle Initial)
 RENEE HUNTER
 Mailing Address 1212 Jefferson St. SE Suite 300
 City State Zip Code
 Olympia WA 98501
 Date of Receipt
 10 / 27 / 2010
 Transaction ID: SA11AI.183239
 Amount of Each Receipt this Period
 21.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

SUBTOTAL of Receipts This Page (optional) ► **41.62**
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 437 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
WILLIAM S. HURLLOW

Mailing Address **4805 Monnett Chapel Road**

City **Galion** State **OH** Zip Code **44833**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME OH LOC 4/GALION BOE** Occupation **CUSTODIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.82**

Date of Receipt **10 / 27 / 2010**

Transaction ID: SA11AI.183889

Amount of Each Receipt this Period **10.42**

B.

Full Name (Last, First, Middle Initial)
DEBBIE L. HUSSEY

Mailing Address **13944 Venice Court**

City **Oregon City** State **OR** Zip Code **97045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME OR CN 75/STATE OF OR** Occupation **EMERG COMMUN DISPATC**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.186318

Amount of Each Receipt this Period **30.00**

C.

Full Name (Last, First, Middle Initial)
NANCY J. IANSON

Mailing Address **16 Plitt Avenue**

City **Farmingdale** State **NY** Zip Code **11735**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME NY LOC 1000/NASSAU CNTY** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt **10 / 19 / 2010**

Transaction ID: SA11AI.187687

Amount of Each Receipt this Period **9.62**

SUBTOTAL of Receipts This Page (optional) ► **50.04**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 438 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) NANCY J. IANSON		Date of Receipt
	Mailing Address 16 Plitt Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Farmingdale	NY	11735
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.187688
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 211.64	<input type="text"/> 9.62

B.	Full Name (Last, First, Middle Initial) NANCY J. IANSON		Date of Receipt
	Mailing Address 16 Plitt Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Farmingdale	NY	11735
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.187689
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 221.26	<input type="text"/> 9.62

C.	Full Name (Last, First, Middle Initial) DOUGLAS B. INMAN		Date of Receipt
	Mailing Address 2490 Wilshire Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Cortland	OH	44410
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.182989
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 29.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 1078
(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>A. Full Name (Last, First, Middle Initial) DOUGLAS B. INMAN</p> <p>Mailing Address 2490 Wilshire Road</p> <p>City State Zip Code Cortland OH 44410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: CORRECTION OFFICER</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 11 / 05 / 2010</p> <p>Transaction ID: SA11AI.184749</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) DOUGLAS B. INMAN</p> <p>Mailing Address 2490 Wilshire Road</p> <p>City State Zip Code Cortland OH 44410</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2010</p> <p>Transaction ID: SA11AI.185716</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) CARLA INSINGA-MINSER</p> <p>Mailing Address 4287 South Carolina Drive</p> <p>City State Zip Code Blue Ridge PA 17112</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME PA CN 13 Occupation: 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 ▼ 1132.02</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2010</p> <p>Transaction ID: SA11AI.185272</p> <p>Amount of Each Receipt this Period 97.22</p>
--	---

SUBTOTAL of Receipts This Page (optional)	117.22
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 440 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANNE IRVING		Date of Receipt
	Mailing Address 5243 N. Llind Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60630
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184289
Name of Employer AFSCME IL CN 31		Occupation DIRECTOR OF PUBLIC POLICY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 691.40	<input type="text"/> 69.14

B.	Full Name (Last, First, Middle Initial) RUSSELL H. IRWIN		Date of Receipt
	Mailing Address 952 N. 1st Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Springfield	IL	62702
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184386
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation ENVIRONMENTALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) WILLIAM ISLER		Date of Receipt
	Mailing Address 7708 Quest Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Bowie	MD	20720
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183616
Name of Employer AFSCME INT'L		Occupation ASST DIRECTOR, GENERAL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 765.71	<input type="text"/> 41.28

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.42
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 441 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) WILLIAM ISLER		Date of Receipt
	Mailing Address 7708 Quest Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Bowie	MD	20720
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183723
Name of Employer AFSCME INT'L		Occupation ASST DIRECTOR, GENERAL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 806.99	<input type="text"/> 41.28

B.	Full Name (Last, First, Middle Initial) WILLIAM ISLER		Date of Receipt
	Mailing Address 7708 Quest Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Bowie	MD	20720
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185433
Name of Employer AFSCME INT'L		Occupation ASST DIRECTOR, GENERAL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 848.27	<input type="text"/> 41.28

C.	Full Name (Last, First, Middle Initial) DOROTHY IVEY		Date of Receipt
	Mailing Address 3857 White Plains Road #4		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 27 / 2010
	City	State	Zip Code
	Bronx	NY	10467
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187690
Name of Employer AFSCME NY LOC 1000/ADMIN		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 211.64	<input type="text"/> 9.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 92.18
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 442 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DOROTHY IVEY	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 3857 White Plains Road #4	Transaction ID: SA11AI.187691
	City State Zip Code Bronx NY 10467	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NY LOC 1000/ADMIN STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

B.	Full Name (Last, First, Middle Initial) ALBERT JACKSON	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 3690 Orange Place Suite 550	Transaction ID: SA11AI.183822
	City State Zip Code Beachwood OH 44122	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.28	

C.	Full Name (Last, First, Middle Initial) ALBERT JACKSON	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 3690 Orange Place Suite 550	Transaction ID: SA11AI.186381
	City State Zip Code Beachwood OH 44122	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.52	

SUBTOTAL of Receipts This Page (optional)	48.10
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 443 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) DARREN A. JACKSON		Date of Receipt
	Mailing Address 4713 E. 86th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Garfield Height	OH	44125
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.182991
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) DARREN A. JACKSON		Date of Receipt
	Mailing Address 4713 E. 86th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Garfield Height	OH	44125
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184751
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) DARREN A. JACKSON		Date of Receipt
	Mailing Address 4713 E. 86th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Garfield Height	OH	44125
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185718
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LEONARD JACKSON	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 190 W. Ostend Street Suite 101	Transaction ID: SA11AI.185519
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 45.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.02	

B.	Full Name (Last, First, Middle Initial) JERRY JACKSON-FOWLKES	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 3385 Penfield Road	Transaction ID: SA11AI.185721
	City State Zip Code Columbus OH 44327	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.00	

C.	Full Name (Last, First, Middle Initial) JUSTUS JAMES	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1705 Platt Court	Transaction ID: SA11AI.185273
	City State Zip Code Allentown PA 18104	Amount of Each Receipt this Period 55.72
	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 ▼ 572.18	

SUBTOTAL of Receipts This Page (optional)	111.54
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
STEVEN E. JAMES

Mailing Address 2044 Kensington Street

City State Zip Code
Harrisburg PA 17104-1924

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 ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186222

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
ROGER W. JANZIG

Mailing Address 9313 Columbus Avenue S.

City State Zip Code
Bloomington MN 55420

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME MN CN 5/METROPOLIT-AN

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.186757

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
ROGER W. JANZIG

Mailing Address 9313 Columbus Avenue S.

City State Zip Code
Bloomington MN 55420

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME MN CN 5/METROPOLIT-AN

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
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186758

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 / 1078
(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

A. Full Name (Last, First, Middle Initial)
ROGER W. JANZIG

Mailing Address 9313 Columbus Avenue S.

City State Zip Code
Bloomington MN 55420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/METROPOLIT- AN 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 Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.186759

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
ROGER F. JAQUAY

Mailing Address 827 Stebbins Street

City State Zip Code
Toledo OH 43609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/MAUMEE CS CUSTODIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.186463

Amount of Each Receipt this Period
31.26

C. Full Name (Last, First, Middle Initial)
RODNEY E. JARRELLS

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183370

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ▶ **51.76**

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 447 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) RODNEY E. JARRELLS	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185086
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) EDWIN S. JAYNE	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 3304 Alabama Avenue	Transaction ID: SA11AI.183617
	City Alexandria State VA Zip Code 22305	Amount of Each Receipt this Period 55.28
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.32	

C.	Full Name (Last, First, Middle Initial) EDWIN S. JAYNE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 3304 Alabama Avenue	Transaction ID: SA11AI.183724
	City Alexandria State VA Zip Code 22305	Amount of Each Receipt this Period 55.28
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1105.60	

SUBTOTAL of Receipts This Page (optional)	121.06
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 448 / 1078
(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

A. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L ASSOCIATE DIRECTOR, LEGISLATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1160.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185434

Amount of Each Receipt this Period
55.28

B. Full Name (Last, First, Middle Initial)
KELLY JEANIE

Mailing Address 3533 Sterling Heights Drive
Unit G

City State Zip Code
River Falls MN 54022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/MRA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.186760

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
KELLY JEANIE

Mailing Address 3533 Sterling Heights Drive
Unit G

City State Zip Code
River Falls MN 54022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/MRA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186761

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **85.28**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 449 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KELLY JEANIE	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 3533 Sterling Heights Drive Unit G	Transaction ID: SA11AI.186762
	City State Zip Code River Falls MN 54022	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/MRA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00	

B.	Full Name (Last, First, Middle Initial) HOLLY A. JENKINS	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 11 Whitney Drive	Transaction ID: SA11AI.182996
	City State Zip Code Fremont OH 43420	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 252.00	

C.	Full Name (Last, First, Middle Initial) HOLLY A. JENKINS	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 11 Whitney Drive	Transaction ID: SA11AI.184756
	City State Zip Code Fremont OH 43420	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 264.00	

SUBTOTAL of Receipts This Page (optional)	▶	39.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 450 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) HOLLY A. JENKINS	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 11 Whitney Drive	Transaction ID: SA11AI.185723
	City State Zip Code Fremont OH 43420	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

B.	Full Name (Last, First, Middle Initial) PAMELA L. JENKINS	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 47604 Sandbank Square	Transaction ID: SA11AI.183618
	City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period 49.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L EXECUTIVE OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 898.71	

C.	Full Name (Last, First, Middle Initial) PAMELA L. JENKINS	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 47604 Sandbank Square	Transaction ID: SA11AI.183725
	City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period 49.35
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L EXECUTIVE OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 948.06	

SUBTOTAL of Receipts This Page (optional)	110.70
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 451 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PAMELA L. JENKINS		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 47604 Sandbank Square		Transaction ID: SA11AI.185435		
	City Sterling	State VA	Zip Code 20165	Amount of Each Receipt this Period 49.35	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 997.41			

B.	Full Name (Last, First, Middle Initial) THERESA M. JENNEMAN		Date of Receipt MM / DD / YYYY 10 / 26 / 2010		
	Mailing Address 8033 Excelsior Drive		Transaction ID: SA11AI.184145		
	City Madison	State WI	Zip Code 53717-1903	Amount of Each Receipt this Period 12.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation UNIVERSITY PROGRAM ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 264.18			

C.	Full Name (Last, First, Middle Initial) THERESA M. JENNEMAN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 8033 Excelsior Drive		Transaction ID: SA11AI.186080		
	City Madison	State WI	Zip Code 53717-1903	Amount of Each Receipt this Period 12.58	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation UNIVERSITY PROGRAM ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.76			

SUBTOTAL of Receipts This Page (optional)	▶	74.51
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
LYNDIA JENNINGS

Mailing Address 1649 Franklin Park S.

City Columbus State OH Zip Code 43205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.182997
Amount of Each Receipt this Period: 12.00

B. Full Name (Last, First, Middle Initial)
LYNDIA JENNINGS

Mailing Address 1649 Franklin Park S.

City Columbus State OH Zip Code 43205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt: 11 / 05 / 2010
Transaction ID: SA11AI.184757
Amount of Each Receipt this Period: 12.00

C. Full Name (Last, First, Middle Initial)
LYNDIA JENNINGS

Mailing Address 1649 Franklin Park S.

City Columbus State OH Zip Code 43205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.185724
Amount of Each Receipt this Period: 12.00

SUBTOTAL of Receipts This Page (optional) ► 36.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) THERESA L. JENSEN</p> <p>Mailing Address E1814 Dayton Road</p> <p>City State Zip Code Waupaca WI 54981</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI 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 ▼ 442.64</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 26 2010</p> <p>Transaction ID: SA11AI.184146</p> <p>Amount of Each Receipt this Period 20.12</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) THERESA L. JENSEN</p> <p>Mailing Address E1814 Dayton Road</p> <p>City State Zip Code Waupaca WI 54981</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI 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 ▼ 462.76</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 10 2010</p> <p>Transaction ID: SA11AI.186081</p> <p>Amount of Each Receipt this Period 20.12</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) THERESA L. JENSEN</p> <p>Mailing Address E1814 Dayton Road</p> <p>City State Zip Code Waupaca WI 54981</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI 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 ▼ 482.88</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 22 2010</p> <p>Transaction ID: SA11AI.186082</p> <p>Amount of Each Receipt this Period 20.12</p>
--	---

SUBTOTAL of Receipts This Page (optional)	60.36
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 1078
(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

A.

Full Name (Last, First, Middle Initial) FRANK X. JEREZ		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
Mailing Address 460 Center Street Apt. #3		Transaction ID: SA11AI.183619
City Nutley	State Zip Code NJ 07110-0000	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.07
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.38	

B.

Full Name (Last, First, Middle Initial) FRANK X. JEREZ		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
Mailing Address 460 Center Street Apt. #3		Transaction ID: SA11AI.183726
City Nutley	State Zip Code NJ 07110-0000	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.07
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 736.45	

C.

Full Name (Last, First, Middle Initial) FRANK X. JEREZ		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
Mailing Address 460 Center Street Apt. #3		Transaction ID: SA11AI.185436
City Nutley	State Zip Code NJ 07110-0000	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.07
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.52	

SUBTOTAL of Receipts This Page (optional)	▶	111.21
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LOUELLA JETER		Date of Receipt	
	Mailing Address 1620 Tendril Court		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.182998
	Columbus	OH	43229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CUSTOMER SERVICE REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) LOUELLA JETER		Date of Receipt	
	Mailing Address 1620 Tendril Court		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184758
	Columbus	OH	43229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CUSTOMER SERVICE REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

C.	Full Name (Last, First, Middle Initial) LOUELLA JETER		Date of Receipt	
	Mailing Address 1620 Tendril Court		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185725
	Columbus	OH	43229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CUSTOMER SERVICE REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 / 1078
(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

A. Full Name (Last, First, Middle Initial)
MONICA G. JOCHMANS

Mailing Address 1045 Westcliff Curve

City State Zip Code
Shoreview MN 55126

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME MN CN 5/HENNEPIN COUNTY
Occupation: STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.186763
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
MONICA G. JOCHMANS

Mailing Address 1045 Westcliff Curve

City State Zip Code
Shoreview MN 55126

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME MN CN 5/HENNEPIN COUNTY
Occupation: STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: SA11AI.186764
Amount of Each Receipt this Period: 10.00

C. Full Name (Last, First, Middle Initial)
ROBERT JOHANNESSEN

Mailing Address 912 E 11 Sreet

City State Zip Code
Duluth MN 55805

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME MN CN 5/ST. LOUIS CNTY
Occupation: STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.186765
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT JOHANNESSEN

Mailing Address 912 E 11 Sreet

City State Zip Code
Duluth MN 55805

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME MN CN 5/ST. LOUIS CNTY

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
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186766

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
ROBERT JOHANNESSEN

Mailing Address 912 E 11 Sreet

City State Zip Code
Duluth MN 55805

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME MN CN 5/ST. LOUIS CNTY

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 Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.186767

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
TINA L. JOHNS

Mailing Address 4019 Greencrest Lane

City State Zip Code
Toledo OH 43614

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 4/MAUMEE CS

Occupation
BUS DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.186464

Amount of Each Receipt this Period
31.26

SUBTOTAL of Receipts This Page (optional) ► **51.26**

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 458 / 1078
(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

A.

Full Name (Last, First, Middle Initial) CARRIE V. JOHNSON		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 10561 Cranwood Court		Transaction ID: SA11AI.182999
City State Zip Code Cincinnati OH 45240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) CARRIE V. JOHNSON		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 10561 Cranwood Court		Transaction ID: SA11AI.184759
City State Zip Code Cincinnati OH 45240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) CARRIE V. JOHNSON		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 10561 Cranwood Court		Transaction ID: SA11AI.185726
City State Zip Code Cincinnati OH 45240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 459 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) CHARLES A. JOHNSON		Date of Receipt	
	Mailing Address 366 Strouse Lane		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183000
	South Salem	OH	45681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRANSPORTATION TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) CHARLES A. JOHNSON		Date of Receipt	
	Mailing Address 366 Strouse Lane		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184760
	South Salem	OH	45681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRANSPORTATION TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

C.	Full Name (Last, First, Middle Initial) CHARLES A. JOHNSON		Date of Receipt	
	Mailing Address 366 Strouse Lane		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185727
	South Salem	OH	45681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRANSPORTATION TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CYNTHIA D. JOHNSON		Date of Receipt	
	Mailing Address 2937 Hamilton Avenue		M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187979
	Columbus	OH	43224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH CN 8/COLUMBUS CITY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02		

B.	Full Name (Last, First, Middle Initial) CYNTHIA D. JOHNSON		Date of Receipt	
	Mailing Address 2937 Hamilton Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187980
	Columbus	OH	43224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH CN 8/COLUMBUS CITY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64		

C.	Full Name (Last, First, Middle Initial) CYNTHIA D. JOHNSON		Date of Receipt	
	Mailing Address 2937 Hamilton Avenue		M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187924
	Columbus	OH	43224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH CN 8/COLUMBUS CITY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26		

SUBTOTAL of Receipts This Page (optional)	▶	28.86
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DAVID JOHNSON

Mailing Address 12365 Woodfield Circle N

City Pickerington State OH Zip Code 43147

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.186551
Amount of Each Receipt this Period: 24.00

B. Full Name (Last, First, Middle Initial)
EMILY M. JOHNSON

Mailing Address 444 Driftwood Drive

City Hobart State IN Zip Code 46342

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 ▼ 671.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184290
Amount of Each Receipt this Period: 67.10

C. Full Name (Last, First, Middle Initial)
FRANCES E. JOHNSON

Mailing Address 515 South Calumet

City Lima State OH Zip Code 45802

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/LIMA CSD Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.186465
Amount of Each Receipt this Period: 28.86

SUBTOTAL of Receipts This Page (optional) ► 119.96

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GEORGE T. JOHNSON		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 3853 Fairfax Square		Transaction ID: SA11AI.183620
City Fairfax	State VA	Zip Code 22031-4200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.91
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 853.41	

B.

Full Name (Last, First, Middle Initial) GEORGE T. JOHNSON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 3853 Fairfax Square		Transaction ID: SA11AI.183727
City Fairfax	State VA	Zip Code 22031-4200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.91
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 898.32	

C.

Full Name (Last, First, Middle Initial) GEORGE T. JOHNSON		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 3853 Fairfax Square		Transaction ID: SA11AI.185437
City Fairfax	State VA	Zip Code 22031-4200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.91
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 943.23	

SUBTOTAL of Receipts This Page (optional)	134.73
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 1078
(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

A. Full Name (Last, First, Middle Initial)
JACKIE L. JOHNSON

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 ▼ **202.02**

Date of Receipt **11 / 17 / 2010**

Transaction ID: SA11AI.187259

Amount of Each Receipt this Period **9.62**

B. Full Name (Last, First, Middle Initial)
JACQUELINE A. JOHNSON

Mailing Address **409 8th Street NW**

City **Faribault** State **MN** Zip Code **55021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME MN CN 5/CN 14** Occupation **STAFF REPRESENTATIVE**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 28 / 2010**

Transaction ID: SA11AI.186768

Amount of Each Receipt this Period **20.00**

C. Full Name (Last, First, Middle Initial)
JEFFREY A. JOHNSON

Mailing Address **4522 Forest Valley Road**

City **Wausau** State **WI** Zip Code **54403**

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 ▼ **484.00**

Date of Receipt **10 / 25 / 2010**

Transaction ID: SA11AI.184148

Amount of Each Receipt this Period **22.00**

SUBTOTAL of Receipts This Page (optional) ► **51.62**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 464 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEFFREY A. JOHNSON	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 4522 Forest Valley Road	Transaction ID: SA11AI.186083
	City State Zip Code Wausau WI 54403	Amount of Each Receipt this Period 22.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.00	

B.	Full Name (Last, First, Middle Initial) JEFFREY A. JOHNSON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4522 Forest Valley Road	Transaction ID: SA11AI.186084
	City State Zip Code Wausau WI 54403	Amount of Each Receipt this Period 22.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00	

C.	Full Name (Last, First, Middle Initial) JOAN C. JOHNSON	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 5825 Rothrock Court	Transaction ID: SA11AI.183002
	City State Zip Code Galloway OH 43119	Amount of Each Receipt this Period 17.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.00	

SUBTOTAL of Receipts This Page (optional)	▶	61.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 465 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) JOAN C. JOHNSON		Date of Receipt
	Mailing Address 5825 Rothrock Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Galloway	OH	43119
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184762
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation FISCAL SPECIALIST I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 17.00
		<input type="text"/> 335.00	

B.	Full Name (Last, First, Middle Initial) JOAN C. JOHNSON		Date of Receipt
	Mailing Address 5825 Rothrock Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Galloway	OH	43119
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185729
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation FISCAL SPECIALIST I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 17.00
		<input type="text"/> 352.00	

C.	Full Name (Last, First, Middle Initial) JODY K. JOHNSON		Date of Receipt
	Mailing Address 7339 Pillsbury Avenue S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Richfield	MN	55423
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186769
Name of Employer AFSCME MN CN 5/CN 14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 220.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 54.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 1078
(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

A. Full Name (Last, First, Middle Initial)
JOHN F. JOHNSON

Mailing Address 3135 Parsons Avenue

City Columbus State OH Zip Code 43207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 573.02

Date of Receipt 11 / 08 / 2010

Transaction ID: SA11AI.184496

Amount of Each Receipt this Period 52.10

B. Full Name (Last, First, Middle Initial)
RICHARD JOHNSON

Mailing Address 157 Rose

City Plymouth State MI Zip Code 48170

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 ▼ 210.00

Date of Receipt 11 / 02 / 2010

Transaction ID: SA11AI.184084

Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
RICHARD JOHNSON

Mailing Address 157 Rose

City Plymouth State MI Zip Code 48170

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 ▼ 220.00

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.185356

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 72.10

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 1078
(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

A. Full Name (Last, First, Middle Initial)
TAUREAN J. JOHNSON

Mailing Address **1057 Hartford Avenue**

City **Akron** State **OH** Zip Code **44320**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME OH CN 8** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.28**

Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.184497
 Amount of Each Receipt this Period **52.10**

B. Full Name (Last, First, Middle Initial)
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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 27 / 2010**
Transaction ID: SA11AI.183890
 Amount of Each Receipt this Period **12.50**

C. Full Name (Last, First, Middle Initial)
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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.50**

Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.186466
 Amount of Each Receipt this Period **12.50**

SUBTOTAL of Receipts This Page (optional) ► **77.10**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 468 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) TERRA F. JOHNSON	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 807 Nome Avenue	Transaction ID: SA11AI.186467
	City Akron State OH Zip Code 44320	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/AKRON SUMMIT Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00	

B.	Full Name (Last, First, Middle Initial) WINSTON JOHNSON	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 14574 Longacre	Transaction ID: SA11AI.184034
	City Detroit State MI Zip Code 48227-1448	Amount of Each Receipt this Period 30.66
	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 ▼ 606.90	

C.	Full Name (Last, First, Middle Initial) WINSTON JOHNSON	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 14574 Longacre	Transaction ID: SA11AI.184085
	City Detroit State MI Zip Code 48227-1448	Amount of Each Receipt this Period 30.66
	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 ▼ 637.56	

SUBTOTAL of Receipts This Page (optional)	73.82
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 668.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185357

Amount of Each Receipt this Period
30.66

B. Full Name (Last, First, Middle Initial)
YVETTE M. JOHNSON

Mailing Address 6917 So. Wabash Avenue

City State Zip Code
Chicago IL 60637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL OFFICE COORDINATOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184387

Amount of Each Receipt this Period
20.82

C. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH LOC 4/GIRARD CSD CUSTODIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 463.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183891

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► 70.72

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 / 1078
(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>A. Full Name (Last, First, Middle Initial) JOANN JOHNTONY</p> <p>Mailing Address 973 Shannon Road</p> <hr/> <p>City State Zip Code Girard OH 44420</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4/GIRARD CSD CUSTODIAN</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 482.52</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186468</p> <p>Amount of Each Receipt this Period 19.24</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) GERARD P. JOLLY</p> <p>Mailing Address 2107 Twin Flower Circle</p> <hr/> <p>City State Zip Code Grove City OH 43123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 273.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183006</p> <p>Amount of Each Receipt this Period 15.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) GERARD P. JOLLY</p> <p>Mailing Address 2107 Twin Flower Circle</p> <hr/> <p>City State Zip Code Grove City OH 43123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 288.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184766</p> <p>Amount of Each Receipt this Period 15.00</p>
--	--

SUBTOTAL of Receipts This Page (optional)	49.24
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 471 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 303.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 19 / 2010

Transaction ID: SA11AI.185733

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
ANDREW E. JONES

Mailing Address 5545 Shamrock Lane

City State Zip Code
Fitchburg WI 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 40/DANE COUNTY STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2010

Transaction ID: SA11AI.185967

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
ANDREW E. JONES

Mailing Address 5545 Shamrock Lane

City State Zip Code
Fitchburg WI 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 40/DANE COUNTY STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 29 / 2010

Transaction ID: SA11AI.185969

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 35.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 472 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) ERIC R. JONES		Date of Receipt	
	Mailing Address 1175 County Road East #203		M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186770
	Vandnais Heights	MN	55109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

B.	Full Name (Last, First, Middle Initial) ERIC R. JONES		Date of Receipt	
	Mailing Address 1175 County Road East #203		M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186771
	Vandnais Heights	MN	55109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

C.	Full Name (Last, First, Middle Initial) GERALD E. JONES		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187260
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
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 ▼ 375.12		

SUBTOTAL of Receipts This Page (optional)	▶	40.84
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 473 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) GERALD E. JONES		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187261
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="395.96"/>	<input type="text" value="20.84"/>

B.	Full Name (Last, First, Middle Initial) GERALD E. JONES		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187262
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="416.80"/>	<input type="text" value="20.84"/>

C.	Full Name (Last, First, Middle Initial) GERALD E. JONES		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187263
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="437.64"/>	<input type="text" value="20.84"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="62.52"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 474 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) GRACE E. JONES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
	Mailing Address 2604 Brookview Drive		Transaction ID: SA11AI.186692		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Burnsville	MN	55337	20.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		220.00			

B.	Full Name (Last, First, Middle Initial) JACQUELYN P. JONES		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0		
	Mailing Address 190 W. Ostend Street Suite 101		Transaction ID: SA11AI.185520		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Baltimore	MD	21230	35.84	
	FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MD CN 982		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		394.24			

C.	Full Name (Last, First, Middle Initial) JUDY A. JONES		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		
	Mailing Address 115 S Oak Street		Transaction ID: SA11AI.183621		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Falls Church	VA	22046	55.28	
	FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation ASSOC. DIRECTOR, INFORMATION SYSTEMS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		1070.32			

SUBTOTAL of Receipts This Page (optional)	▶	111.12
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 475 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) JUDY A. JONES		Date of Receipt
	Mailing Address 115 S Oak Street		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Falls Church	VA	22046
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183728
Name of Employer AFSCME INT'L		Occupation ASSOC. DIRECTOR, INFORMATION SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1125.60"/>	<input type="text" value="55.28"/>

B.	Full Name (Last, First, Middle Initial) JUDY A. JONES		Date of Receipt
	Mailing Address 115 S Oak Street		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Falls Church	VA	22046
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185438
Name of Employer AFSCME INT'L		Occupation ASSOC. DIRECTOR, INFORMATION SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1180.88"/>	<input type="text" value="55.28"/>

C.	Full Name (Last, First, Middle Initial) LORETTA L. JONES		Date of Receipt
	Mailing Address 109 E. Iroquois Trail		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sandusky	OH	44870
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183007
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation OFFICE ASSISTANT I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="252.00"/>	<input type="text" value="12.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="122.56"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 476 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LORETTA L. JONES	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 109 E. Iroquois Trail	Transaction ID: SA11AI.184767
	City State Zip Code Sandusky OH 44870	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

B.	Full Name (Last, First, Middle Initial) LORETTA L. JONES	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 109 E. Iroquois Trail	Transaction ID: SA11AI.185734
	City State Zip Code Sandusky OH 44870	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL J. JONES	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 390 Worthington Road	Transaction ID: SA11AI.186552
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 68.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

SUBTOTAL of Receipts This Page (optional)	92.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 477 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ROBERT D. JONES		Date of Receipt
	Mailing Address 5036 S. K Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Tacoma	WA	98408
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185089
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) TOAYIA JONES		Date of Receipt
	Mailing Address 9202 Kensington Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Lithonia	GA	30038
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183622
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.96	<input type="text"/> 14.66

C.	Full Name (Last, First, Middle Initial) TOAYIA JONES		Date of Receipt
	Mailing Address 9202 Kensington Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Lithonia	GA	30038
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183729
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 290.62	<input type="text"/> 14.66

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 39.32
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 478 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TOAYIA JONES	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 9202 Kensington Trail	Transaction ID: SA11AI.185439
	City Lithonia State GA Zip Code 30038	Amount of Each Receipt this Period 15.45
	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 ▼ 306.07	

B.	Full Name (Last, First, Middle Initial) TOMMY JONES	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address P.O. Box 60218	Transaction ID: SA11AI.183008
	City Dayton State OH Zip Code 45406	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

C.	Full Name (Last, First, Middle Initial) TOMMY JONES	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address P.O. Box 60218	Transaction ID: SA11AI.184768
	City Dayton State OH Zip Code 45406	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	45.45
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 479 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
TOMMY JONES

Mailing Address P.O. Box 60218

City State Zip Code
Dayton OH 45406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICE REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185735

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 566.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184498

Amount of Each Receipt this Period
52.10

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME WA CN 28/SOWA STAFF 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
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183374

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **88.10**

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 480 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JACQUELINE L. JONES-WALSH		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 12401 Renton Avenue S. Apt. 307		Transaction ID: SA11AI.185090
City Seattle	State Zip Code WA 98178	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date ▼ 441.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) PETER M. JONETH		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1229 E Morgan Avenue		Transaction ID: SA11AI.185960
City Milwaukee	State Zip Code WI 53207	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 48/MILWAUKEE CITY	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) BLONDIE JORDAN		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 7811 Bay Cedar Drive		Transaction ID: SA11AI.186821
City Orlando	State Zip Code FL 32835	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE	Aggregate Year-to-Date ▼ 550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	91.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 1078
(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>A. Full Name (Last, First, Middle Initial) RACHEL JORDAN</p> <p>Mailing Address 7836 Peachmont Avenue NW</p> <p>City State Zip Code North Canton OH 44720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 460.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183823</p> <p>Amount of Each Receipt this Period 20.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) RACHEL JORDAN</p> <p>Mailing Address 7836 Peachmont Avenue NW</p> <p>City State Zip Code North Canton OH 44720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 480.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186382</p> <p>Amount of Each Receipt this Period 20.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) SHERI L. KAESER</p> <p>Mailing Address 1722 211th Street East #30</p> <p>City State Zip Code Spanaway WA 98387</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183375</p> <p>Amount of Each Receipt this Period 10.50</p>
--	---

SUBTOTAL of Receipts This Page (optional)	50.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 482 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) SHERI L. KAESER		Date of Receipt
	Mailing Address 1722 211th Street East #30		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Spanaway	WA	98387
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.185091
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 220.50	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) DANA H. KAHLE		Date of Receipt
	Mailing Address 713 Piper Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Shipperville	PA	16254
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME PA CN 13/PASSHE/L2-326		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186266
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 230.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) GERALYNN B. KAPAROS		Date of Receipt
	Mailing Address 1899 Inchcliff Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43221
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OH LOC 11		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186553
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 390.00	<input type="text"/> 70.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 483 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) RONALD G. KAPUNIAI		Date of Receipt
	Mailing Address 45-222 Keana Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 03 / 2010
	City	State	Zip Code
	Kaneohe	HI	96744-2318
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183970
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00	<input type="text"/> 21.00

B.	Full Name (Last, First, Middle Initial) CASEY L. KARNS		Date of Receipt
	Mailing Address 1214 Buffalo Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Franklin	PA	16323
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186224
Name of Employer AFSCME PA CN 13/STATE OF PA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 259.14	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) CASEY L. KARNS		Date of Receipt
	Mailing Address 1214 Buffalo Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Franklin	PA	16323
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185274
Name of Employer AFSCME PA CN 13/STATE OF PA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 282.32	<input type="text"/> 23.18

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 84.18
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
STUART KATZENBERG
 Mailing Address **190 W. Ostend Street
 Suite 101**
 City **Baltimore** State **MD** Zip Code **21230**
 Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.185521
 Amount of Each Receipt this Period **49.16**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MD CN 982** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **302.04**

B. Full Name (Last, First, Middle Initial)
JASON KAY
 Mailing Address **2000 Cleveland**
 City **Evanston** State **IL** Zip Code **60202**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184291
 Amount of Each Receipt this Period **69.14**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IL CN 31** Occupation **POLITICAL ACTION DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **691.40**

C. Full Name (Last, First, Middle Initial)
ALAN E. KEARNEY
 Mailing Address **9254 Highland Creek Road**
 City **Bloomington** State **MN** Zip Code **55437**
 Date of Receipt **10 / 19 / 2010**
Transaction ID: SA11AI.186592
 Amount of Each Receipt this Period **54.44**
 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 ▼ **496.24**

SUBTOTAL of Receipts This Page (optional) ► **172.74**
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 485 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ALAN E. KEARNEY		Date of Receipt
	Mailing Address 9254 Highland Creek Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	Bloomington	MN	55437
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186639
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.68	<input type="text"/> 54.44

B.	Full Name (Last, First, Middle Initial) EDWARD KEEFE		Date of Receipt
	Mailing Address 208 Elm Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	Amesbury	MA	01913-0000
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185497
Name of Employer AFSCME MA CN 93		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) RONALD T. KEENAN		Date of Receipt
	Mailing Address 2012 N 36th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 19 / 2010
	City	State	Zip Code
	Milwaukee	WI	53208
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184149
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 94.44
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 486 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) RONALD T. KEENAN		Date of Receipt																					
	Mailing Address 2012 N 36th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	6		2	0	1	0														
	City State Zip Code Milwaukee WI 53208		Transaction ID: SA11AI.184150																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WI CN 24/STATE OF WI Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		20.00																						

B.	Full Name (Last, First, Middle Initial) RONALD T. KEENAN		Date of Receipt																					
	Mailing Address 2012 N 36th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	1	0														
	City State Zip Code Milwaukee WI 53208		Transaction ID: SA11AI.186085																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WI CN 24/STATE OF WI Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		20.00																						

C.	Full Name (Last, First, Middle Initial) ROBERT KELLER		Date of Receipt																					
	Mailing Address 1212 Jefferson St. SE Suite 300		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	7		2	0	1	0														
	City State Zip Code Olympia WA 98501		Transaction ID: SA11AI.183240																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WA CN 28 Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		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: (check only one)	PAGE 487 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SUSAN KELLER		Date of Receipt
	Mailing Address 6001 53rd Avenue SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lacey	WA	98513
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183241
Name of Employer AFSCME WA CN 28		Occupation EXECUTIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 42.00
		<input type="text"/> 566.00	

B.	Full Name (Last, First, Middle Initial) DONALD JOSEPH KELLY		Date of Receipt
	Mailing Address 23 Glen Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Troy	NY	12180
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187692
Name of Employer AFSCME NY LOC 1000		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 19.24
		<input type="text"/> 423.28	

C.	Full Name (Last, First, Middle Initial) DONALD JOSEPH KELLY		Date of Receipt
	Mailing Address 23 Glen Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Troy	NY	12180
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187693
Name of Employer AFSCME NY LOC 1000		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 19.24
		<input type="text"/> 442.52	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.48
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 / 1078
(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

A. Full Name (Last, First, Middle Initial) JOSEPH M. KELLY 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/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	Date of Receipt <table border="1" style="width:100%"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Transaction ID: SA11AI.185092 Amount of Each Receipt this Period <table border="1" style="width:100%"> <tr> <td style="text-align:right">10.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0	10.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	1	0													
10.00																						

B. Full Name (Last, First, Middle Initial) LISA HARRIS KELLY Mailing Address 9800 Muirfield Drive City Upper Marlboro State MD Zip Code 20772 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation SENIOR SPEECH WRITER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 968.49	Date of Receipt <table border="1" style="width:100%"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Transaction ID: SA11AI.183623 Amount of Each Receipt this Period <table border="1" style="width:100%"> <tr> <td style="text-align:right">50.97</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	1	0	50.97
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	5	/	2	0	1	0													
50.97																						

C. Full Name (Last, First, Middle Initial) LISA HARRIS KELLY Mailing Address 9800 Muirfield Drive City Upper Marlboro State MD Zip Code 20772 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation SENIOR SPEECH WRITER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1019.46	Date of Receipt <table border="1" style="width:100%"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Transaction ID: SA11AI.183730 Amount of Each Receipt this Period <table border="1" style="width:100%"> <tr> <td style="text-align:right">50.97</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0	50.97
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	1	0													
50.97																						

SUBTOTAL of Receipts This Page (optional) ▶	<table border="1" style="width:100%"> <tr> <td style="text-align:right">111.94</td> </tr> </table>	111.94
111.94		
TOTAL This Period (last page this line number only) ▶	<table border="1" style="width:100%"> <tr> <td style="text-align:right"> </td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 489 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LISA HARRIS KELLY	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 9800 Muirfield Drive	Transaction ID: SA11AI.185440
	City State Zip Code Upper Marlboro MD 20772	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L SENIOR SPEECH WRITER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1070.43	

B.	Full Name (Last, First, Middle Initial) WENDY A. KELLY	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 13303 Alvin Avenue	Transaction ID: SA11AI.183011
	City State Zip Code Garfield Height OH 44105	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH WKRS COMPENSATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) WENDY A. KELLY	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 13303 Alvin Avenue	Transaction ID: SA11AI.184771
	City State Zip Code Garfield Height OH 44105	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH WKRS COMPENSATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	70.97
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) WENDY A. KELLY		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 13303 Alvin Avenue		Transaction ID: SA11AI.185738		
	City Garfield Height	State OH	Zip Code 44105	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

B.	Full Name (Last, First, Middle Initial) LYNN E. KEMP		Date of Receipt MM / DD / YYYY 11 / 02 / 2010		
	Mailing Address 390 Worthington Road		Transaction ID: SA11AI.186554		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

C.	Full Name (Last, First, Middle Initial) DEBORAH KENNARD		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address 14955 Avenue Venusto Apt. #67		Transaction ID: SA11AI.187598		
	City San Diego	State CA	Zip Code 92128	Amount of Each Receipt this Period 15.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME CA LOC 1199/COPE	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 491 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) DEBORAH KENNARD	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 14955 Avenue Venusto Apt. #67	Transaction ID: SA11AI.187599
	City San Diego State CA Zip Code 92128	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

B.	Full Name (Last, First, Middle Initial) DEBORAH KENNARD	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 14955 Avenue Venusto Apt. #67	Transaction ID: SA11AI.187600
	City San Diego State CA Zip Code 92128	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

C.	Full Name (Last, First, Middle Initial) DEBORAH KENNARD	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 14955 Avenue Venusto Apt. #67	Transaction ID: SA11AI.187601
	City San Diego State CA Zip Code 92128	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	45.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ERIN D. KENNEDY		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 551 Park Avenue #2		Transaction ID: SA11AI.187694
City Syracuse	State NY	Zip Code 13204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME NY LOC 1000/ADMIN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

B.

Full Name (Last, First, Middle Initial) ERIN D. KENNEDY		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 551 Park Avenue #2		Transaction ID: SA11AI.187695
City Syracuse	State NY	Zip Code 13204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME NY LOC 1000/ADMIN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

C.

Full Name (Last, First, Middle Initial) NADINE KENNEDY		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 735 G U.S. Route 4E		Transaction ID: SA11AI.185498
City Rutland	State VT	Zip Code 05701-9029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	▶	39.24
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 493 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 389.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186593

Amount of Each Receipt this Period
38.90

B.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 432.33

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186640

Amount of Each Receipt this Period
43.33

C.

Full Name (Last, First, Middle Initial)
KAREN E. KERVIN

Mailing Address 318 Hane Avenue

City State Zip Code
Marion OH 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.183012

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **92.23**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 494 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) KAREN E. KERVIN		Date of Receipt
	Mailing Address 318 Hane Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Marion	OH	43302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184772
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) KAREN E. KERVIN		Date of Receipt
	Mailing Address 318 Hane Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Marion	OH	43302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185739
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 230.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) DAWN E. KEUP		Date of Receipt
	Mailing Address 507 S Verduga Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 02 / 2010
	City	State	Zip Code
	Turlock	CA	95380
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187809
Name of Employer AFSCME CA LOC 3930		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 40.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183378

Amount of Each Receipt this Period
10.50

B.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185094

Amount of Each Receipt this Period
10.50

C.

Full Name (Last, First, Middle Initial)
EMU KIDANEWOLDE

Mailing Address 1410 Bush Street Suite A

City State Zip Code
Baltimore MD 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MD CN 67 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.187519

Amount of Each Receipt this Period
28.84

SUBTOTAL of Receipts This Page (optional) ► **49.84**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 496 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) EMU KIDANEWOLDE		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.186863		
	City Baltimore	State MD	Zip Code 21230	Amount of Each Receipt this Period 28.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.72			

B.	Full Name (Last, First, Middle Initial) LORI E. KIEF		Date of Receipt MM / DD / YYYY 11 / 09 / 2010		
	Mailing Address 4413 Doe Crossing Trail		Transaction ID: SA11AI.185970		
	City Madison	State WI	Zip Code 53704	Amount of Each Receipt this Period 21.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WI CN 40/CTY OF MADISON	Occupation ADMINISTRATIVE CLERK			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 652.50			

C.	Full Name (Last, First, Middle Initial) LORI E. KIEF		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 4413 Doe Crossing Trail		Transaction ID: SA11AI.185971		
	City Madison	State WI	Zip Code 53704	Amount of Each Receipt this Period 21.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WI CN 40/CTY OF MADISON	Occupation ADMINISTRATIVE CLERK			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 674.00			

SUBTOTAL of Receipts This Page (optional)	▶	71.84
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 497 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JILL KIELBLOCK

Mailing Address 581 Gotzian Street

City State Zip Code
Saint Paul MN 55106

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 ▼ 763.96

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186594

Amount of Each Receipt this Period
71.12

B.

Full Name (Last, First, Middle Initial)
JILL KIELBLOCK

Mailing Address 581 Gotzian Street

City State Zip Code
Saint Paul MN 55106

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 ▼ 835.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186641

Amount of Each Receipt this Period
71.12

C.

Full Name (Last, First, Middle Initial)
JOHN KIES

Mailing Address N5124 Fox River Lane

City State Zip Code
Princeton WI 54968

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 ▼ 492.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.184151

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **162.24**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 498 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) GREGORY J. KING		Date of Receipt	
	Mailing Address 147 W Linvale Street		M M / D D / Y Y Y Y 10 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.183624
	Baltimore	MD	21217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.28	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.32		

B.	Full Name (Last, First, Middle Initial) GREGORY J. KING		Date of Receipt	
	Mailing Address 147 W Linvale Street		M M / D D / Y Y Y Y 10 / 29 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.183731
	Baltimore	MD	21217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.28	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1105.60		

C.	Full Name (Last, First, Middle Initial) GREGORY J. KING		Date of Receipt	
	Mailing Address 147 W Linvale Street		M M / D D / Y Y Y Y 11 / 15 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.185441
	Baltimore	MD	21217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.28	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1160.88		

SUBTOTAL of Receipts This Page (optional)	▶	165.84
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 499 / 1078
(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

A.

Full Name (Last, First, Middle Initial) SPENCER KING		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183381
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) SPENCER KING		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185097
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

C.

Full Name (Last, First, Middle Initial) DEBRA L. KING-HUTCHINSON		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1545 Smith Road		Transaction ID: SA11AI.183015
City Columbus	State OH	Zip Code 43207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation LABOR MARKET ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DEBRA L. KING-HUTCHINSON

Mailing Address 1545 Smith Road

City Columbus State OH Zip Code 43207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LABOR MARKET ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 05 / 2010
Transaction ID: SA11AI.184776
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
DEBRA L. KING-HUTCHINSON

Mailing Address 1545 Smith Road

City Columbus State OH Zip Code 43207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LABOR MARKET ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185743
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
R. MICHAEL KIRKPATRICK

Mailing Address 6131 Mifflin Avenue

City Harrisburg State PA Zip Code 17111-4259

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation DIRECTOR, GRIEVANCE DEPT.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1078.76

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.185275
Amount of Each Receipt this Period 97.22

SUBTOTAL of Receipts This Page (optional) ► 117.22

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 501 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 CHRISTINE E. KISTNER
 Mailing Address 501 High Street
 City State Zip Code
 Colfox WI 54730
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.186014
 Amount of Each Receipt this Period
 5.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WI CN 40 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 698.00

B. Full Name (Last, First, Middle Initial)
 CHRISTINE E. KISTNER
 Mailing Address 501 High Street
 City State Zip Code
 Colfox WI 54730
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: SA11AI.185994
 Amount of Each Receipt this Period
 60.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WI CN 40 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 758.00

C. Full Name (Last, First, Middle Initial)
 CHRISTINE E. KISTNER
 Mailing Address 501 High Street
 City State Zip Code
 Colfox WI 54730
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 1 0
Transaction ID: SA11AI.186015
 Amount of Each Receipt this Period
 5.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WI CN 40 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 763.00

SUBTOTAL of Receipts This Page (optional) ► **70.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 502 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) JOHN C KITOS		Date of Receipt	
	Mailing Address 18323 Bechard Avenue		M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187627
	Cerritos	CA	90703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer METRO WATER DISTRICT		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 214.00		

B.	Full Name (Last, First, Middle Initial) JOHN C KITOS		Date of Receipt	
	Mailing Address 18323 Bechard Avenue		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187628
	Cerritos	CA	90703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer METRO WATER DISTRICT		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.00		

C.	Full Name (Last, First, Middle Initial) JEFFREY S. KLATKE		Date of Receipt	
	Mailing Address P.O. Box 40530		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186321
	Portland	OR	97240-0530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer AFSCME OR CN 75/STATE OF OR		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	55.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 / 1078
(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

A. Full Name (Last, First, Middle Initial)
JOSEPH KLEMAN

Mailing Address **4031 Executive Park Drive**

City **Harrisburg** State **PA** Zip Code **17111-1599**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME PA CN 13** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1048.07**

Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185276
 Amount of Each Receipt this Period **94.46**

B. Full Name (Last, First, Middle Initial)
ERIKA KLEVEN

Mailing Address **1266 250th Avenue**

City **Avoca** State **MN** Zip Code **56114-1045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME MN CN 5/STATE OF MN** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.187520
 Amount of Each Receipt this Period **20.00**

C. Full Name (Last, First, Middle Initial)
KELLIE A. KLIMCZAK

Mailing Address **11602 203rd Avenue E.**

City **Bonney Lake** State **WA** Zip Code **98391**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME WA CN 28/SOWA** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 25 / 2010**
Transaction ID: SA11AI.183382
 Amount of Each Receipt this Period **10.50**

SUBTOTAL of Receipts This Page (optional) ► **124.96**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
KELLIE A. KLIMCZAK
 Mailing Address **11602 203rd Avenue E.**
 City **Bonney Lake** State **WA** Zip Code **98391**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185098
 Amount of Each Receipt this Period **10.50**
 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 **220.50**

B. Full Name (Last, First, Middle Initial)
JAMES L. KLINE
 Mailing Address **4290 Street Route 601 Lot 200A**
 City **Norwalk** State **OH** Zip Code **44857**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183896
 Amount of Each Receipt this Period **9.62**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/NEWARD CI-TY** Occupation **CUSTODIAN**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **211.64**

C. Full Name (Last, First, Middle Initial)
JAMES L. KLINE
 Mailing Address **4290 Street Route 601 Lot 200A**
 City **Norwalk** State **OH** Zip Code **44857**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.186473
 Amount of Each Receipt this Period **9.62**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/NEWARD CI-TY** Occupation **CUSTODIAN**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **221.26**

SUBTOTAL of Receipts This Page (optional) **29.74**
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 505 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City State Zip Code
Louisville KY 40272

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME INT'L

Occupation
AREA ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
894.47

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183625

Amount of Each Receipt this Period
47.41

B.

Full Name (Last, First, Middle Initial)
CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City State Zip Code
Louisville KY 40272

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME INT'L

Occupation
AREA ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
941.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183732

Amount of Each Receipt this Period
47.41

C.

Full Name (Last, First, Middle Initial)
CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City State Zip Code
Louisville KY 40272

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME INT'L

Occupation
AREA ORGANIZING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
989.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185442

Amount of Each Receipt this Period
47.41

SUBTOTAL of Receipts This Page (optional) ► **142.23**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 1078
(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

A.

Full Name (Last, First, Middle Initial) FRED J. KLOPFER		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187268
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.25
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 ▼ 250.25	

B.

Full Name (Last, First, Middle Initial) DAVID C. KNARR		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 4245 Tonsing Drive		Transaction ID: SA11AI.184778
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HIGHWAY TECHNICIAN III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00	

C.

Full Name (Last, First, Middle Initial) DAVID C. KNARR		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 4245 Tonsing Drive		Transaction ID: SA11AI.185745
City Ravenna	State OH	Zip Code 44266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HIGHWAY TECHNICIAN III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional)	▶	39.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 1078
(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

A.

Full Name (Last, First, Middle Initial) NANCY KNEPP		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 22 Edgewood Drive		Transaction ID: SA11AI.185277
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.34
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 ▼ 759.46	

B.

Full Name (Last, First, Middle Initial) MARCIA R. KNOX		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1660 Newton Avenue		Transaction ID: SA11AI.184539
City Dayton	State OH	Zip Code 45406-4110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer AFSCME OH CN 8	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.25	

C.

Full Name (Last, First, Middle Initial) MARCIA R. KNOX		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 1660 Newton Avenue		Transaction ID: SA11AI.184499
City Dayton	State OH	Zip Code 45406-4110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 87.28
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 ▼ 1007.53	

SUBTOTAL of Receipts This Page (optional)	162.62
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 508 / 1078
(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

A.

Full Name (Last, First, Middle Initial) SABRINA KOLA		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 301 E. Coolidge Avenue Apt. #8		Transaction ID: SA11AI.187810
City Modesto	State CA	Zip Code 95350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) DAVID L. KOONS		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 761 Angela Drive		Transaction ID: SA11AI.183020
City Fostoria	State OH	Zip Code 44830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) DAVID L. KOONS		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 761 Angela Drive		Transaction ID: SA11AI.184781
City Fostoria	State OH	Zip Code 44830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
DAVID L. KOONS

Mailing Address 761 Angela Drive

City Fostoria State OH Zip Code 44830

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 ▼ 230.00

Date of Receipt 11 / 19 / 2010

Transaction ID: SA11AI.185748

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
DOUGLAS M. KORBA

Mailing Address P.O. Box 172

City Bannock State OH Zip Code 43972

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.183021

Amount of Each Receipt this Period 11.00

C.

Full Name (Last, First, Middle Initial)
DOUGLAS M. KORBA

Mailing Address P.O. Box 172

City Bannock State OH Zip Code 43972

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt 11 / 05 / 2010

Transaction ID: SA11AI.184782

Amount of Each Receipt this Period 11.00

SUBTOTAL of Receipts This Page (optional) ► 32.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 253.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185749

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)
RUTH I. KRAUS

Mailing Address 411 E Church Street

City State Zip Code
Belleville WI 53508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.184154

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
RUTH I. KRAUS

Mailing Address 411 E Church Street

City State Zip Code
Belleville WI 53508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.184155

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

31.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
RUTH I. KRAUS
 Mailing Address **411 E Church Street**
 City **Belleville** State **WI** Zip Code **53508**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.186089
 Amount of Each Receipt this Period **10.00**
 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 **230.00**

B. Full Name (Last, First, Middle Initial)
LORETTA K. KREIGER
 Mailing Address **55 Circle Drive**
 City **Medina** State **OH** Zip Code **44256**
 Date of Receipt **10 / 22 / 2010**
Transaction ID: SA11AI.183022
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **ACCOUNT CLERK II**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **210.00**

C. Full Name (Last, First, Middle Initial)
LORETTA K. KREIGER
 Mailing Address **55 Circle Drive**
 City **Medina** State **OH** Zip Code **44256**
 Date of Receipt **11 / 05 / 2010**
Transaction ID: SA11AI.184783
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **ACCOUNT CLERK II**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **220.00**

SUBTOTAL of Receipts This Page (optional) ► **30.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 512 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LORETTA K. KREIGER	Date of Receipt
	Mailing Address 55 Circle Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City State Zip Code Medina OH 44256	Transaction ID: SA11AI.185750
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 230.00	

B.	Full Name (Last, First, Middle Initial) STEVEN KREISBERG	Date of Receipt
	Mailing Address 9954 Whitewater Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
	City State Zip Code Burke VA 22015	Transaction ID: SA11AI.183626
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 55.28
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1050.32	

C.	Full Name (Last, First, Middle Initial) STEVEN KREISBERG	Date of Receipt
	Mailing Address 9954 Whitewater Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City State Zip Code Burke VA 22015	Transaction ID: SA11AI.183733
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 55.28
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1105.60	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.56
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 / 1078
(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

A.

Full Name (Last, First, Middle Initial) STEVEN KREISBERG		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 9954 Whitewater Drive		Transaction ID: SA11AI.185443
City State Zip Code Burke VA 22015	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 55.28
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.88	

B.

Full Name (Last, First, Middle Initial) BARBARA KREMP		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 302 Donnelly Avenue		Transaction ID: SA11AI.185278
City State Zip Code Aston PA 19014	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 70.34
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 ▼ 759.46	

C.

Full Name (Last, First, Middle Initial) BEVERLY KRISS		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.186838
City State Zip Code Baltimore MD 21230	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 38.46
Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

SUBTOTAL of Receipts This Page (optional)	▶	164.08
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BEVERLY KRISS		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.186864
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

B.

Full Name (Last, First, Middle Initial) GARY F. KROESCHEL		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 215 Huntington Road		Transaction ID: SA11AI.184393
City Chatham	State IL	Zip Code 62629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation INFORMATION SYSTEMS TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) CAROLEE C KUBO		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 1919 Young Street		Transaction ID: SA11AI.183973
City Honolulu	State HI	Zip Code 96826
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	84.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 RONALD D. KUCHLER
 Mailing Address P.O. Box 3019
 City State Zip Code
 Port Angeles WA 98362
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.183383
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

B. Full Name (Last, First, Middle Initial)
 RONALD D. KUCHLER
 Mailing Address P.O. Box 3019
 City State Zip Code
 Port Angeles WA 98362
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.185099
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 580.00

C. Full Name (Last, First, Middle Initial)
 MICHAEL G. KUCHTA
 Mailing Address 300 Hardman Avenue South
 City State Zip Code
 South St. Paul MN 55075
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.186595
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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 516 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 MICHAEL G. KUCHTA
 Mailing Address 300 Hardman Avenue South
 City State Zip Code
 South St. Paul MN 55075
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 1 0
Transaction ID: SA11AI.186642
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

B. Full Name (Last, First, Middle Initial)
 PAMELA J. KUDERIK
 Mailing Address 39001 Wabash Street
 City State Zip Code
 Romulus MI 48174
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.187462
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25/ROMULUS CS STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

C. Full Name (Last, First, Middle Initial)
 PAMELA J. KUDERIK
 Mailing Address 39001 Wabash Street
 City State Zip Code
 Romulus MI 48174
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 1 0
Transaction ID: SA11AI.187463
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25/ROMULUS CS STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

SUBTOTAL of Receipts This Page (optional) ► 50.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
PAMELA J. KUDERIK

Mailing Address 39001 Wabash Street

City Romulus State MI Zip Code 48174

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25/ROMULUS CS Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 17 / 2010

Transaction ID: SA11AI.187464

Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
JAMIE G. KUHNER

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 02 / 2010

Transaction ID: SA11AI.186556

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
ANDREW KUJAN

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 982 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 394.24

Date of Receipt 11 / 09 / 2010

Transaction ID: SA11AI.185522

Amount of Each Receipt this Period 35.84

SUBTOTAL of Receipts This Page (optional) ▶ 65.84

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 518 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) THOMAS E. KULIKOSKY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 400 Old Dominion Avenue	Transaction ID: SA11AI.183627
	City Herndon State VA Zip Code 20170	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation AUDITING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 963.35	

B.	Full Name (Last, First, Middle Initial) THOMAS E. KULIKOSKY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 400 Old Dominion Avenue	Transaction ID: SA11AI.183734
	City Herndon State VA Zip Code 20170	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation AUDITING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.32	

C.	Full Name (Last, First, Middle Initial) THOMAS E. KULIKOSKY	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 400 Old Dominion Avenue	Transaction ID: SA11AI.185444
	City Herndon State VA Zip Code 20170	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation AUDITING MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1065.29	

SUBTOTAL of Receipts This Page (optional)	152.91
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 / 1078
(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

A.

Full Name (Last, First, Middle Initial) STEVEN F. KULLMAN		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 310 Timber Run Road		Transaction ID: SA11AI.183024
City Zanesville	State OH	Zip Code 43701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 303.00	

B.

Full Name (Last, First, Middle Initial) STEVEN F. KULLMAN		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 310 Timber Run Road		Transaction ID: SA11AI.184785
City Zanesville	State OH	Zip Code 43701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.00	

C.

Full Name (Last, First, Middle Initial) STEVEN F. KULLMAN		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 310 Timber Run Road		Transaction ID: SA11AI.185752
City Zanesville	State OH	Zip Code 43701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
RANDALL KURTZ

Mailing Address 8019 64th Drive NE

City State Zip Code
Marysville WA 98270-6208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA FSS III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 707.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183384

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
RANDALL KURTZ

Mailing Address 8019 64th Drive NE

City State Zip Code
Marysville WA 98270-6208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA FSS III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 737.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185100

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
ANITA J. LAHR

Mailing Address 427 Knight Town Road

City State Zip Code
Shipperville PA 16254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13/PASSHE/L2-326 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186267

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 521 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 JEANINE LAKE
 Mailing Address 1324 Bittersweet Circle
 City State Zip Code
 Las Vegas NV 89128
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.186984
 Amount of Each Receipt this Period
 34.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NV LOC 4041 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

B. Full Name (Last, First, Middle Initial)
 JEANINE LAKE
 Mailing Address 1324 Bittersweet Circle
 City State Zip Code
 Las Vegas NV 89128
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 1 0
Transaction ID: SA11AI.186985
 Amount of Each Receipt this Period
 34.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NV LOC 4041 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 454.00

C. Full Name (Last, First, Middle Initial)
 FRANCIS M. LALLY, III
 Mailing Address 5 Vasant Rd., Deacon's Walk
 City State Zip Code
 Newark DE 19711
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.187522
 Amount of Each Receipt this Period
 32.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME DE CN 81 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 612.76

SUBTOTAL of Receipts This Page (optional) ► 100.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 522 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) FRANCIS M. LALLY, III		Date of Receipt
	Mailing Address 5 Vansant Rd., Deacon's Walk		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Newark	DE	19711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187523
Name of Employer AFSCME DE CN 81		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 652.76	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) FRANCIS M. LALLY, III		Date of Receipt
	Mailing Address 5 Vansant Rd., Deacon's Walk		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Newark	DE	19711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186949
Name of Employer AFSCME DE CN 81		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 779.60	<input type="text"/> 126.84

C.	Full Name (Last, First, Middle Initial) LEONARD LALUNA		Date of Receipt
	Mailing Address 444 East Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	New Britain	CT	06051-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187029
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 186.84
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
ANGELA LAMANNA

Mailing Address 296 Churchmans Road

City State Zip Code
New Castle DE 19720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME DE CN 81 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 470.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186950

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LOUISE A. LANGBERG

Mailing Address 2021 Sheridan Avenue

City State Zip Code
St. Paul MN 55116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/ST. PAUL CITY 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 Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.186773

Amount of Each Receipt this Period
11.00

C. Full Name (Last, First, Middle Initial)
LOUISE A. LANGBERG

Mailing Address 2021 Sheridan Avenue

City State Zip Code
St. Paul MN 55116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/ST. PAUL CITY STAFF 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
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.186774

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► 122.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 1078
(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

A. Full Name (Last, First, Middle Initial)
LOUISE A. LANGBERG

Mailing Address **2021 Sheridan Avenue**

City **St. Paul** State **MN** Zip Code **55116**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME MN CN 5/ST. PAUL CITY** Occupation **STAFF REPRESENTATIVE**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **11 / 15 / 2010**

Transaction ID: SA11AI.186775

Amount of Each Receipt this Period **11.00**

B. Full Name (Last, First, Middle Initial)
MATTHEW LANGE

Mailing Address **832 N Greenview Avenue**

City **Chicago** State **IL** Zip Code **60642**

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 ▼ **407.16**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.184292

Amount of Each Receipt this Period **40.62**

C. Full Name (Last, First, Middle Initial)
CAROLE LANNI

Mailing Address **97 West 34th Street**

City **Bayonne** State **NJ** Zip Code **07002-0000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME NJ CN 52** Occupation **STAFF REPRESENTATIVE**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 28 / 2010**

Transaction ID: SA11AI.186955

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional) ► **81.62**

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 525 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

MATTHEW L. LAPIERRE

Mailing Address 1173 Regent Drive

City State Zip Code
Mundelein IL 60060-2000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 657.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184293

Amount of Each Receipt this Period

65.76

B.

Full Name (Last, First, Middle Initial)

EDWARD LAPORTE

Mailing Address 5622 Columbia

City State Zip Code
St. Louis MO 63139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 487.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184294

Amount of Each Receipt this Period

48.76

C.

Full Name (Last, First, Middle Initial)

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 Occupation
AFSCME NY LOC 1000/NASSAU CNTY STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 404.04

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.187696

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)

133.76

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 526 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JERRY S. LARICCHIUTA		Date of Receipt
	Mailing Address 117 Van Buren Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Massapequa Park	NY	11762
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187697
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 423.28	<input type="text"/> 19.24

B.	Full Name (Last, First, Middle Initial) JERRY S. LARICCHIUTA		Date of Receipt
	Mailing Address 117 Van Buren Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Massapequa Park	NY	11762
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187698
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 442.52	<input type="text"/> 19.24

C.	Full Name (Last, First, Middle Initial) JAMES L. LAROCCA		Date of Receipt
	Mailing Address P.O. Box 93143		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Cleveland	OH	44101
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation RESEARCHER III	Transaction ID: SA11AI.183029
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 210.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 48.48
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 527 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JAMES L. LAROCCA		Date of Receipt	
	Mailing Address P.O. Box 93143		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184790
	Cleveland	OH	44101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation RESEARCHER III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

B.	Full Name (Last, First, Middle Initial) JAMES L. LAROCCA		Date of Receipt	
	Mailing Address P.O. Box 93143		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185757
	Cleveland	OH	44101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation RESEARCHER III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

C.	Full Name (Last, First, Middle Initial) ELIZABETH LARSEN		Date of Receipt	
	Mailing Address 900 Grant Street SW		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183246
	Tumwater	WA	98512-6335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	82.00	
Name of Employer AFSCME WA CN 28		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 820.00		

SUBTOTAL of Receipts This Page (optional)	▶	102.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 528 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) THOMAS LARSEN	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1734 Arrowhead Drive	Transaction ID: SA11AI.185995
	City State Zip Code Beloit WI 53511	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 40 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) DANA LARSON	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 8111 Lake Plesant Rd	Transaction ID: SA11AI.185279
	City State Zip Code Erie PA 16509	Amount of Each Receipt this Period 37.78
	FEC ID number of contributing federal political committee. C	
	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 ▼ 407.88	

C.	Full Name (Last, First, Middle Initial) DONALD W. LARSON	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 452 W Scott Street	Transaction ID: SA11AI.184156
	City State Zip Code Fond du Lac WI 54937	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	▶	107.78
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 529 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DONALD W. LARSON		Date of Receipt	
	Mailing Address 452 W Scott Street		M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186090
	Fond du Lac	WI	54937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00		

B.	Full Name (Last, First, Middle Initial) DONALD W. LARSON		Date of Receipt	
	Mailing Address 452 W Scott Street		M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186091
	Fond du Lac	WI	54937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00		

C.	Full Name (Last, First, Middle Initial) VICKIE MARIE LARSON		Date of Receipt	
	Mailing Address 717 NW 22nd Street		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183385
	Battle Ground	WA	98604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	50.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 530 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) VICKIE MARIE LARSON	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 717 NW 22nd Street	Transaction ID: SA11AI.185101
	City State Zip Code Battle Ground WA 98604	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) SUSAN J. LARUE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 106 Haskell Drive	Transaction ID: SA11AI.186225
	City State Zip Code Lancaster PA 17601	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13/STATE OF PA CLERICAL/ADMINISTRATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

C.	Full Name (Last, First, Middle Initial) BRENDA R. LATHAM	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 3140 Scottwood Road	Transaction ID: SA11AI.183030
	City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH OFFICE ASSISTANT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	50.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BRENDA R. LATHAM		Date of Receipt
Mailing Address 3140 Scottwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
City State Zip Code Columbus OH 43227		Transaction ID: SA11AI.184791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) BRENDA R. LATHAM		Date of Receipt
Mailing Address 3140 Scottwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
City State Zip Code Columbus OH 43227		Transaction ID: SA11AI.185758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) LAWRENCE P. LAUTENSCHLAGER		Date of Receipt
Mailing Address 1215 Carr Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 26 / 2010
City State Zip Code Oshkosh WI 54901		Transaction ID: SA11AI.184157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.34
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.48	

SUBTOTAL of Receipts This Page (optional)	34.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 532 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LAWRENCE P. LAUTENSCHLAGER		Date of Receipt
	Mailing Address 1215 Carr Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oshkosh	WI	54901
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186092
		Amount of Each Receipt this Period	<input type="text"/> 14.34
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 329.82

B.	Full Name (Last, First, Middle Initial) LAWRENCE P. LAUTENSCHLAGER		Date of Receipt
	Mailing Address 1215 Carr Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oshkosh	WI	54901
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186093
		Amount of Each Receipt this Period	<input type="text"/> 14.34
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 344.16

C.	Full Name (Last, First, Middle Initial) ANDREA C. LAZO-RICE		Date of Receipt
	Mailing Address 3216 16th Avenue S.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Minneapolis	MN	55407
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186776
		Amount of Each Receipt this Period	<input type="text"/> 10.00
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 230.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 38.68
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 / 1078
(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

A. Full Name (Last, First, Middle Initial)
ANDREA C. LAZO-RICE

Mailing Address 3216 16th Avenue S.

City State Zip Code
Minneapolis MN 55407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186777

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
ROBIN LEDBETTER

Mailing Address 1212 Jefferson St. SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.183247

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
JUSTIN LEE

Mailing Address 3412 Knipp Drive
Suite 102

City State Zip Code
Jefferson City MO 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MO CN 72 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 307.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.186888

Amount of Each Receipt this Period
17.08

SUBTOTAL of Receipts This Page (optional) ► 69.08

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JUSTIN LEE		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186900
City Jefferson City	State Zip Code MO 65109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.08
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.52	

B.

Full Name (Last, First, Middle Initial) SUE C. LEE-ALLEN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 7935 SW Santolina Place		Transaction ID: SA11AI.186280
City Beaverton	State Zip Code OR 97008-6272	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer AFSCME OR CN 75	Occupation ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00	

C.

Full Name (Last, First, Middle Initial) ERIC N. LEHTO		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 2122 West 2nd Street Apt. #2		Transaction ID: SA11AI.186596
City Duluth	State Zip Code MN 55086	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 103.22
Name of Employer AFSCME MN CN 5/CN14	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1032.20	

SUBTOTAL of Receipts This Page (optional)	190.30
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 535 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ERIC N. LEHTO		Date of Receipt MM / DD / YYYY 11 / 09 / 2010		
	Mailing Address 2122 West 2nd Street Apt. #2		Transaction ID: SA11AI.186643		
	City Duluth	State MN	Zip Code 55086	Amount of Each Receipt this Period 103.22	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MN CN 5/CN14		Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1135.42			

B.	Full Name (Last, First, Middle Initial) LORRAINE K. LEICHNER		Date of Receipt MM / DD / YYYY 10 / 22 / 2010		
	Mailing Address 590 S. Everett Avenue		Transaction ID: SA11AI.183033		
	City Columbus	State OH	Zip Code 43213	Amount of Each Receipt this Period 11.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation RECORDS MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00			

C.	Full Name (Last, First, Middle Initial) LORRAINE K. LEICHNER		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 590 S. Everett Avenue		Transaction ID: SA11AI.184794		
	City Columbus	State OH	Zip Code 43213	Amount of Each Receipt this Period 11.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation RECORDS MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.00			

SUBTOTAL of Receipts This Page (optional)	▶	125.22
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 536 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
LORRAINE K. LEICHNER
 Mailing Address **590 S. Everett Avenue**
 City **Columbus** State **OH** Zip Code **43213**
 Date of Receipt **11 / 19 / 2010**
Transaction ID: SA11AI.185761
 Amount of Each Receipt this Period **11.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **RECORDS MANAGER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **253.00**

B. Full Name (Last, First, Middle Initial)
JACKIE D. LEISURE
 Mailing Address **1600 28th Street NW**
 City **Canton** State **OH** Zip Code **44709**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183898
 Amount of Each Receipt this Period **9.62**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/CANTON CI-TY** Occupation **COOK**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **251.64**

C. Full Name (Last, First, Middle Initial)
JACKIE D. LEISURE
 Mailing Address **1600 28th Street NW**
 City **Canton** State **OH** Zip Code **44709**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.186475
 Amount of Each Receipt this Period **9.62**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4/CANTON CI-TY** Occupation **COOK**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **261.26**

SUBTOTAL of Receipts This Page (optional) ► **30.24**
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 537 / 1078
(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>A. Full Name (Last, First, Middle Initial) DINO LEONE</p> <p>Mailing Address 9115 Turkey Hollow Rd.</p> <p>City State Zip Code Taylor Ridge IL 61284-9646</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 657.60</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184295</p> <p>Amount of Each Receipt this Period 65.76</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) ROGER LEVINGS</p> <p>Mailing Address 206 East Dunklin Street</p> <p>City State Zip Code Jefferson City MO 65101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MO CN 72 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 443.22</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186889</p> <p>Amount of Each Receipt this Period 19.79</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) ROGER LEVINGS</p> <p>Mailing Address 206 East Dunklin Street</p> <p>City State Zip Code Jefferson City MO 65101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MO CN 72 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 463.01</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186901</p> <p>Amount of Each Receipt this Period 19.79</p>
--	---

SUBTOTAL of Receipts This Page (optional)	105.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 538 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ROGER LEVINGS	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 206 East Dunklin Street	Transaction ID: SA11AI.186912
	City State Zip Code Jefferson City MO 65101	Amount of Each Receipt this Period 19.79
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MO CN 72 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.80	

B.	Full Name (Last, First, Middle Initial) SUSAN T. LEVITAN	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 2650 Worrell Court	Transaction ID: SA11AI.183628
	City State Zip Code Crofton MD 21114	Amount of Each Receipt this Period 43.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.72	

C.	Full Name (Last, First, Middle Initial) SUSAN T. LEVITAN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2650 Worrell Court	Transaction ID: SA11AI.183735
	City State Zip Code Crofton MD 21114	Amount of Each Receipt this Period 44.53
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1003.25	

SUBTOTAL of Receipts This Page (optional)	107.88
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 539 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SUSAN T. LEVITAN		Date of Receipt
	Mailing Address 2650 Worrell Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Crofton	MD	21114
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185445
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1047.78	44.53

B.	Full Name (Last, First, Middle Initial) KAREN S. LEVY-MCCANNA		Date of Receipt
	Mailing Address 221 East 13th		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Lockport	IL	60441
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184396
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation EXECUTIVE II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	60.00

C.	Full Name (Last, First, Middle Initial) CECILIA LEWANDOWSKI		Date of Receipt
	Mailing Address 1633 N Arlington Place #1907		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 14 / 2010
	City	State	Zip Code
	Milwaukee	WI	53202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184158
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation UNIVERSITY PROGRAM ASSOCIATE II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 452.00	20.00

SUBTOTAL of Receipts This Page (optional)	124.53
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 540 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CECILIA LEWANDOWSKI	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 1633 N Arlington Place #1907	Transaction ID: SA11AI.184159
	City State Zip Code Milwaukee WI 53202	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI UNIVERSITY PROGRAM ASSOCIATE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.00	

B.	Full Name (Last, First, Middle Initial) CECILIA LEWANDOWSKI	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1633 N Arlington Place #1907	Transaction ID: SA11AI.186094
	City State Zip Code Milwaukee WI 53202	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI UNIVERSITY PROGRAM ASSOCIATE II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 492.00	

C.	Full Name (Last, First, Middle Initial) SARAH LEWERENZ	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 6997 West Van Road	Transaction ID: SA11AI.186880
	City State Zip Code Duluth MN 55803-9359	Amount of Each Receipt this Period 70.12
	FEC ID number of contributing federal political committee. C	
	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 ▼ 741.20	

SUBTOTAL of Receipts This Page (optional)	110.12
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 541 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) BARBARA LEWIS	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2650 S. M-52 Highway	Transaction ID: SA11AI.184035
	City Owosso State MI Zip Code 48867	Amount of Each Receipt this Period 27.61
	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 ▼ 497.67	

B.	Full Name (Last, First, Middle Initial) BARBARA LEWIS	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 2650 S. M-52 Highway	Transaction ID: SA11AI.184086
	City Owosso State MI Zip Code 48867	Amount of Each Receipt this Period 27.61
	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 ▼ 525.28	

C.	Full Name (Last, First, Middle Initial) BARBARA LEWIS	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 2650 S. M-52 Highway	Transaction ID: SA11AI.185358
	City Owosso State MI Zip Code 48867	Amount of Each Receipt this Period 5.00
	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 ▼ 530.28	

SUBTOTAL of Receipts This Page (optional)	60.22
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 542 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
CORDELIA M. LEWIS
Mailing Address P.O. Box 5149
City Boston State MA Zip Code 02206-5149
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 11 / 02 / 2010
Transaction ID: SA11AI.186822
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
GREG LEWIS
Mailing Address 1816 E. 22nd Street
City Des Moines State IA Zip Code 50317
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00
Date of Receipt 11 / 09 / 2010
Transaction ID: SA11AI.187073
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
RITA LEWIS
Mailing Address 3412 Knipp Drive Suite 102
City Jefferson City State MO Zip Code 65109
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 311.22
Date of Receipt 10 / 20 / 2010
Transaction ID: SA11AI.186890
Amount of Each Receipt this Period 17.29

SUBTOTAL of Receipts This Page (optional) ► 87.29
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 1078
(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

A.

Full Name (Last, First, Middle Initial) RITA LEWIS		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186902
City Jefferson City	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.29
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.51	

B.

Full Name (Last, First, Middle Initial) RITA LEWIS		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186913
City Jefferson City	State MO	Zip Code 65109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.29
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.80	

C.

Full Name (Last, First, Middle Initial) SIAN LEWIS		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.186841
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 61.52
Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.36	

SUBTOTAL of Receipts This Page (optional)	96.10
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 544 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
SIAN LEWIS
 Mailing Address **1410 Bush Street
 Suite A**
 City **Baltimore** State **MD** Zip Code **21230**
 Date of Receipt **11 / 05 / 2010**
Transaction ID: SA11AI.186867
 Amount of Each Receipt this Period **61.52**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MD CN 67** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **399.88**

B. Full Name (Last, First, Middle Initial)
MARGARET R. LEWIS-SIDIME
 Mailing Address **722 S Lyman Avenue**
 City **Oak Park** State **IL** Zip Code **60304**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184296
 Amount of Each Receipt this Period **63.84**
 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 **500.36**

C. Full Name (Last, First, Middle Initial)
VALERY LIGHT
 Mailing Address **32 Barley Lane**
 City **Palmyra** State **PA** Zip Code **17078**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185280
 Amount of Each Receipt this Period **67.58**
 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 **733.63**

SUBTOTAL of Receipts This Page (optional) ► **192.94**
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 545 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ELLEN H. LIM		Date of Receipt
	Mailing Address P.O. Box 1977		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Waianae	HI	96792
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183975
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) ANDERS LINDALL		Date of Receipt
	Mailing Address 2524 West Hutchinson		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60618
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184297
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 667.32	<input type="text"/> 71.02

C.	Full Name (Last, First, Middle Initial) MICHAEL LINDHOLT		Date of Receipt
	Mailing Address 2752 Randolph Street NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Minneapolis	MN	55418-2622
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186695
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1320.00	<input type="text"/> 120.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 216.02
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 546 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) THERESA LIPKO		Date of Receipt
	Mailing Address 117 South Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Carbondale	PA	18407
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185281
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 51.22
		<input type="text"/> 536.35	

B.	Full Name (Last, First, Middle Initial) SHARON LIPPS		Date of Receipt
	Mailing Address 4645 Shriver Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City	State	Zip Code
	North Canton	OH	44720
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183036
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 11.00
		<input type="text"/> 224.00	

C.	Full Name (Last, First, Middle Initial) SHARON LIPPS		Date of Receipt
	Mailing Address 4645 Shriver Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	North Canton	OH	44720
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184797
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 11.00
		<input type="text"/> 235.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 73.22
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 547 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHARON LIPPS	Date of Receipt
	Mailing Address 4645 Shriver Road	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City State Zip Code North Canton OH 44720	Transaction ID: SA11AI.185764
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 11.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH WKRS COMPENSATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 246.00	

B.	Full Name (Last, First, Middle Initial) JAMECIA L. LITTLE	Date of Receipt
	Mailing Address 3237 Stirling Bridge	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
	City State Zip Code Canal Winchester OH 43110	Transaction ID: SA11AI.186557
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH MANAGEMENT ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 475.00	

C.	Full Name (Last, First, Middle Initial) SARAH J. LITTLE	Date of Receipt
	Mailing Address 100 First Avenue NE #2402	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 16 / 2010
	City State Zip Code Cedar Rapids IA 52401	Transaction ID: SA11AI.187283
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME IA CN 61/LOCAL 231 ELECTIONS CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 81.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 / 1078
(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

A.

Full Name (Last, First, Middle Initial) EARL W. LITTLEFIELD		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1322 Seymour Avenue		Transaction ID: SA11AI.183037
City Columbus	State OH	Zip Code 43206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE SERVICES SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

B.

Full Name (Last, First, Middle Initial) EARL W. LITTLEFIELD		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 1322 Seymour Avenue		Transaction ID: SA11AI.184798
City Columbus	State OH	Zip Code 43206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE SERVICES SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.00	

C.

Full Name (Last, First, Middle Initial) EARL W. LITTLEFIELD		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 1322 Seymour Avenue		Transaction ID: SA11AI.185765
City Columbus	State OH	Zip Code 43206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE SERVICES SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

SUBTOTAL of Receipts This Page (optional)	33.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 1078
(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>A. Full Name (Last, First, Middle Initial) COREY LOCKARD</p> <p>Mailing Address P.O. Box 22</p> <p>City State Zip Code Benton PA 17814</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 759.46</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.185282</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align:right;"> <tr><td>70.34</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0	70.34
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	1	0													
70.34																						

<p>B. Full Name (Last, First, Middle Initial) KIP LOCKHART</p> <p>Mailing Address 139 Simpkins Drive</p> <p>City State Zip Code Bristol CT 06010-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CT CN 4 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 764.61</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.187030</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align:right;"> <tr><td>63.96</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	1	0	63.96
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	9	/	2	0	1	0													
63.96																						

<p>C. Full Name (Last, First, Middle Initial) JAMES N. LOMONACO</p> <p>Mailing Address 107 Wormwood Hill Rd.</p> <p>City State Zip Code Mansfield CT 06250-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME CT CN 4/STATE OF CT STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 447.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.187042</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align:right;"> <tr><td>25.00</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	1	0	25.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	6	/	2	0	1	0													
25.00																						

SUBTOTAL of Receipts This Page (optional)	159.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JAMES N. LOMONACO

Mailing Address 107 Wormwood Hill Rd.

City Mansfield State CT Zip Code 06250-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 472.00

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.187043

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
ROBERTA LONG

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 25 / 2010

Transaction ID: SA11AI.183388

Amount of Each Receipt this Period 10.50

C.

Full Name (Last, First, Middle Initial)
ROBERTA LONG

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt 11 / 10 / 2010

Transaction ID: SA11AI.185104

Amount of Each Receipt this Period 10.50

SUBTOTAL of Receipts This Page (optional) ► **46.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 551 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) DAMIAN LONNEE		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183389
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) DAMIAN LONNEE		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185105
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50		

C.	Full Name (Last, First, Middle Initial) JOHN M. LOOMIS		Date of Receipt	
	Mailing Address 2294 Marion Green Camp Road		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183039
	Marion	OH	43302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNT EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	31.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 552 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOHN M. LOOMIS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 2294 Marion Green Camp Road	Transaction ID: SA11AI.184800
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) JOHN M. LOOMIS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	Mailing Address 2294 Marion Green Camp Road	Transaction ID: SA11AI.185767
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) SONYA LOPEZ	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 12151 Nelson Street	Transaction ID: SA11AI.187796
	City Garden Grove State CA Zip Code 92840	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 553 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) RANDY LORELLO		Date of Receipt
	Mailing Address 3628 55th Court, SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183248
Name of Employer AFSCME WA CN 28		Occupation DIR. UNION / MGMT. ACTIV.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	50.00

B.	Full Name (Last, First, Middle Initial) GEORGE LOVELL		Date of Receipt
	Mailing Address RR 3 Box 3403		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Goshen	VT	05733-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185499
Name of Employer AFSCME MA CN 93		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 728.36	60.76

C.	Full Name (Last, First, Middle Initial) PATRICIA R. LOWE		Date of Receipt
	Mailing Address 177 Parkway Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Eastlake	OH	44095
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186477
Name of Employer AFSCME OH LOC 4/WILLOUGHBY		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.82	10.42

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 554 / 1078
(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

A.

Full Name (Last, First, Middle Initial) PATRICIA R. LOWE		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 177 Parkway Drive		Transaction ID: SA11AI.186478
City Eastlake	State OH	Zip Code 44095
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.42
Name of Employer AFSCME OH LOC 4/WILLOUGHBY	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.

Full Name (Last, First, Middle Initial) MICHAEL J. LOWREY		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 1847 N. 2nd Street		Transaction ID: SA11AI.184160
City Milwaukee	State WI	Zip Code 53212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

C.

Full Name (Last, First, Middle Initial) MICHAEL J. LOWREY		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1847 N. 2nd Street		Transaction ID: SA11AI.186095
City Milwaukee	State WI	Zip Code 53212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional)	50.42
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 555 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MIKE LOZA	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 3737 Camino Del Rio South	Transaction ID: SA11AI.187797
	City State Zip Code San Diego CA 92108	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 3930 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) EARL M. LUCERO	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 1896 Kinoole Street C Apt. C	Transaction ID: SA11AI.183976
	City State Zip Code Hilo HI 96720	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) SALVATORE LUCIANO	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 947 Bunker Hill Road	Transaction ID: SA11AI.184230
	City State Zip Code Watertown CT 06795-3231	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CT CN 4 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1240.00	

SUBTOTAL of Receipts This Page (optional)	59.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
SALVATORE LUCIANO

Mailing Address 947 Bunker Hill Road

City State Zip Code
Watertown CT 06795-3231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CT CN 4 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.187031

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City State Zip Code
Washington DC 20012-2202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L/STATE STREET RETIREE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1913.07

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186823

Amount of Each Receipt this Period
176.32

C.

Full Name (Last, First, Middle Initial)
JERRY LUGO

Mailing Address 801 Fox Run #2

City State Zip Code
Findlay OH 45840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICES REP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.183040

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional) ► 288.32

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 557 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JERRY LUGO		Date of Receipt
	Mailing Address 801 Fox Run #2		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Findlay	OH	45840
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184801
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS CUSTOMER SERVICES REP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 264.00	<input type="text"/> 12.00

B.	Full Name (Last, First, Middle Initial) JERRY LUGO		Date of Receipt
	Mailing Address 801 Fox Run #2		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Findlay	OH	45840
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185768
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS CUSTOMER SERVICES REP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 276.00	<input type="text"/> 12.00

C.	Full Name (Last, First, Middle Initial) MATTHEW A. LUKOW		Date of Receipt
	Mailing Address 9 Whisperglen Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Springfield	IL	62704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184398
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation CORRECTIONS OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 208.40	<input type="text"/> 20.84

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 44.84
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) LISA LUNA		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183390
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B.

Full Name (Last, First, Middle Initial) LISA LUNA		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185106
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) CHARLES H. LUNDY		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1625 L Street NW		Transaction ID: SA11AI.183629
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.19
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 ▼ 316.10	

SUBTOTAL of Receipts This Page (optional)	▶	68.19
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 559 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CHARLES H. LUNDY		Date of Receipt
	Mailing Address 1625 L Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183736
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 354.29	<input type="text"/> 38.19

B.	Full Name (Last, First, Middle Initial) CHARLES H. LUNDY		Date of Receipt
	Mailing Address 1625 L Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185446
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 392.48	<input type="text"/> 38.19

C.	Full Name (Last, First, Middle Initial) JOHN A. LYALL		Date of Receipt
	Mailing Address 383 Ashmoore Circle East		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184231
Name of Employer AFSCME OH CN 8		Occupation PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1443.71	<input type="text"/> 14.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.38
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 560 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JOHN A. LYALL	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 383 Ashmoore Circle East	Transaction ID: SA11AI.184501
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 127.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8 PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1571.27	

B.	Full Name (Last, First, Middle Initial) HENRY L. LYKES	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 3676 Farnum Street	Transaction ID: SA11AI.187758
	City State Zip Code Inkster MI 48141	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME RET SUB CHPT 38 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

C.	Full Name (Last, First, Middle Initial) JAMES F. LYMAN	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 18 Dogwood Lane	Transaction ID: SA11AI.186983
	City State Zip Code Loudonville NY 12211	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NY CN 82/LEOU STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	188.40
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 561 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
RANDELL LYNCH

Mailing Address P.O. Box 3311

City Peoria State IL Zip Code 61612

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 638.40

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184298
Amount of Each Receipt this Period: 63.84

B.

Full Name (Last, First, Middle Initial)
ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation DEPUTY DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1062.68

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184232
Amount of Each Receipt this Period: 14.00

C.

Full Name (Last, First, Middle Initial)
ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City Chicago State IL Zip Code 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation DEPUTY DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1165.20

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184299
Amount of Each Receipt this Period: 102.52

SUBTOTAL of Receipts This Page (optional) ► 180.36

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 562 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) ROBERT LYONS		Date of Receipt	
	Mailing Address 1605 Parmenter Street		M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186824
	Middleton	WI	53562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
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 ▼ 220.00		

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER A. MABE		Date of Receipt	
	Mailing Address 34291 Brokaw Road		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183042
	Columbia Station	OH	44028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION SERGEANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER A. MABE		Date of Receipt	
	Mailing Address 34291 Brokaw Road		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184803
	Columbia Station	OH	44028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION SERGEANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER A. MABE

Mailing Address 34291 Brokaw Road

City State Zip Code
Columbia Station OH 44028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION SERGEANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185770

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
GERARDO MAGALLAN

Mailing Address 4703 N. Whitehouse Street

City State Zip Code
Spokane WA 99205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF 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
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183391

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
GERARDO MAGALLAN

Mailing Address 4703 N. Whitehouse Street

City State Zip Code
Spokane WA 99205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185107

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► 62.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 564 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOHN P. MAGLIO		Date of Receipt
	Mailing Address P.O. Box 624		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Racine	WI	53401
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185996
Name of Employer AFSCME WI CN 40		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) JOHN MAGNUSON		Date of Receipt
	Mailing Address 609 9th Avenue NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Brainerd	MN	56401-2839
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186696
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) MICHAEL P. MAGUIRE		Date of Receipt
	Mailing Address 20 Duffield Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Lititz	PA	17543
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185284
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 354.30	<input type="text"/> 36.48

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 96.48
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 565 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LOUIS J. MAHOLIC	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 2726 Juno Place Apt. #2	Transaction ID: SA11AI.184502
	City Fairlawn State OH Zip Code 44333	Amount of Each Receipt this Period 59.22
	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 ▼ 638.09	

B.	Full Name (Last, First, Middle Initial) DEANGELO MALCOLM	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1034 N. Washington Avenue	Transaction ID: SA11AI.184038
	City Lansing State MI Zip Code 48906	Amount of Each Receipt this Period 30.66
	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 ▼ 591.63	

C.	Full Name (Last, First, Middle Initial) DEANGELO MALCOLM	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1034 N. Washington Avenue	Transaction ID: SA11AI.184088
	City Lansing State MI Zip Code 48906	Amount of Each Receipt this Period 30.66
	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 ▼ 622.29	

SUBTOTAL of Receipts This Page (optional)	120.54
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 566 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DEANGELO MALCOLM	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1034 N. Washington Avenue	Transaction ID: SA11AI.185360
	City State Zip Code Lansing MI 48906	Amount of Each Receipt this Period 30.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 652.95	

B.	Full Name (Last, First, Middle Initial) JULIA C. C. MALETTE	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 190 W. Ostend Street Suite 101	Transaction ID: SA11AI.185523
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 38.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MD CN 982 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.06	

C.	Full Name (Last, First, Middle Initial) CURTICE A. MALONE	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 29509 Fairway Blvd.	Transaction ID: SA11AI.183046
	City State Zip Code Willowick OH 44095	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	88.98
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 567 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CURTICE A. MALONE	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 29509 Fairway Blvd.	Transaction ID: SA11AI.184807
	City State Zip Code Willowick OH 44095	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) CURTICE A. MALONE	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 29509 Fairway Blvd.	Transaction ID: SA11AI.185774
	City State Zip Code Willowick OH 44095	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

C.	Full Name (Last, First, Middle Initial) KATHRYN S. MALONE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 5185 Horseshoe Falls Drive	Transaction ID: SA11AI.183824
	City State Zip Code Dublin OH 43016	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1037.00	

SUBTOTAL of Receipts This Page (optional)	78.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
KATHRYN S. 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 DIRECTOR, POLITICAL ACTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186383

Amount of Each Receipt this Period
38.50

B.

Full Name (Last, First, Middle Initial)
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 ▼ 887.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183825

Amount of Each Receipt this Period
38.50

C.

Full Name (Last, First, Middle Initial)
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 ▼ 925.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186384

Amount of Each Receipt this Period
38.50

SUBTOTAL of Receipts This Page (optional) ► **115.50**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 569 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MANUEL MANGUAL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Mailing Address 417 Arizona Avenue	Transaction ID: SA11AI.187701
	City State Zip Code Bay Shore NY 11706	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.04	

B.	Full Name (Last, First, Middle Initial) MANUEL MANGUAL	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	Mailing Address 417 Arizona Avenue	Transaction ID: SA11AI.187702
	City State Zip Code Bay Shore NY 11706	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28	

C.	Full Name (Last, First, Middle Initial) MANUEL MANGUAL	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0
	Mailing Address 417 Arizona Avenue	Transaction ID: SA11AI.187703
	City State Zip Code Bay Shore NY 11706	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	

SUBTOTAL of Receipts This Page (optional)	57.72
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City State Zip Code
Silver Spring MD 20906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, AUDITING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.32

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183630

Amount of Each Receipt this Period

55.28

B.

Full Name (Last, First, Middle Initial)
MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City State Zip Code
Silver Spring MD 20906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, AUDITING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1105.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183737

Amount of Each Receipt this Period

55.28

C.

Full Name (Last, First, Middle Initial)
MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City State Zip Code
Silver Spring MD 20906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, AUDITING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1160.88

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185447

Amount of Each Receipt this Period

55.28

SUBTOTAL of Receipts This Page (optional) ▶

165.84

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 571 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
ROXANNE MANNA

Mailing Address 8207 Venice Heights Drive NE

City Warren State OH Zip Code 44484

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/WARREN OH RH Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt: M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.187925

Amount of Each Receipt this Period 9.62

B.

Full Name (Last, First, Middle Initial)
ROXANNE MANNA

Mailing Address 8207 Venice Heights Drive NE

City Warren State OH Zip Code 44484

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/WARREN OH RH Occupation 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 Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.187926

Amount of Each Receipt this Period 9.62

C.

Full Name (Last, First, Middle Initial)
ROXANNE MANNA

Mailing Address 8207 Venice Heights Drive NE

City Warren State OH Zip Code 44484

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/WARREN OH RH Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt: M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187927

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional) ► 28.86

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 572 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TED MANNA	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 510 45th Street	Transaction ID: SA11AI.185285
	City State Zip Code Altoona PA 16601-9788	Amount of Each Receipt this Period 84.94
	FEC ID number of contributing federal political committee. C	
	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 ▼ 966.86	

B.	Full Name (Last, First, Middle Initial) LARA L. MANZIONE	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1201 East West Hwy. Unit #432	Transaction ID: SA11AI.183631
	City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 49.61
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 937.79	

C.	Full Name (Last, First, Middle Initial) LARA L. MANZIONE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1201 East West Hwy. Unit #432	Transaction ID: SA11AI.183738
	City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 49.61
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 987.40	

SUBTOTAL of Receipts This Page (optional)	184.16
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 573 / 1078
(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

A.	Full Name (Last, First, Middle Initial) LARA L. MANZIONE		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
	Mailing Address 1201 East West Hwy. Unit #432		Transaction ID: SA11AI.185448		
	City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 49.61	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1037.01			

B.	Full Name (Last, First, Middle Initial) JOSEPH J. MARATEA		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 55 Main Street P.O. Box 503		Transaction ID: SA11AI.187705		
	City Spencer	State NY	Zip Code 14883	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME NY LOC 1000	Occupation LABOR RELATIONS SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

C.	Full Name (Last, First, Middle Initial) JOSEPH J. MARATEA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0		
	Mailing Address 55 Main Street P.O. Box 503		Transaction ID: SA11AI.187706		
	City Spencer	State NY	Zip Code 14883	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME NY LOC 1000	Occupation LABOR RELATIONS SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

SUBTOTAL of Receipts This Page (optional)	▶	69.61
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MATIAS MARIN		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 2201 Broadway Street		Transaction ID: SA11AI.187765
City Oakland	State CA	Zip Code 94612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 320.00	

B.

Full Name (Last, First, Middle Initial) STEPHEN MARINCEL		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 247 Kennard Street		Transaction ID: SA11AI.186599
City Saint Paul	State MN	Zip Code 55106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.12
Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.96	

C.

Full Name (Last, First, Middle Initial) STEPHEN MARINCEL		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 247 Kennard Street		Transaction ID: SA11AI.186647
City Saint Paul	State MN	Zip Code 55106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.12
Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.08	

SUBTOTAL of Receipts This Page (optional)	182.24
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 575 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JOAN L. MARKUSIC	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 13911 Bellbrook Drive	Transaction ID: SA11AI.183901
	City State Zip Code Brook Park OH 44142	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/NO. RIDGE-VILLE BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

B.	Full Name (Last, First, Middle Initial) JOAN L. MARKUSIC	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 13911 Bellbrook Drive	Transaction ID: SA11AI.186481
	City State Zip Code Brook Park OH 44142	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/NO. RIDGE-VILLE BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

C.	Full Name (Last, First, Middle Initial) ALIXETTA M. MARLOW	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 3937 Blueberry Hollow Road	Transaction ID: SA11AI.183826
	City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 907.00	

SUBTOTAL of Receipts This Page (optional)	57.74
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 576 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
ALIXETTA M. MARLOW

Mailing Address **3937 Blueberry Hollow Road**

City **Gahanna** State **OH** Zip Code **43230**

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 ▼ **945.50**

Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.186385
 Amount of Each Receipt this Period **38.50**

B.

Full Name (Last, First, Middle Initial)
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 ▼ **410.09**

Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184300
 Amount of Each Receipt this Period **44.46**

C.

Full Name (Last, First, Middle Initial)
WERNER MARROQUIN

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.187766
 Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional) ► **122.96**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 1078
(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

A.

Full Name (Last, First, Middle Initial) TIM MARSHALL		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 323 Division Street		Transaction ID: SA11AI.184162
City Lacrosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation CORRECTIONS OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B.

Full Name (Last, First, Middle Initial) TIM MARSHALL		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 323 Division Street		Transaction ID: SA11AI.186097
City Lacrosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation CORRECTIONS OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

C.

Full Name (Last, First, Middle Initial) TIM MARSHALL		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 323 Division Street		Transaction ID: SA11AI.186098
City Lacrosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation CORRECTIONS OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DENIS J. MARTIN		Date of Receipt MM / DD / YYYY 11 / 02 / 2010	
Mailing Address 3485 Edsel Street		Transaction ID: SA11AI.187466	
City Trenton	State MI	Zip Code 48183	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25/WAYNE COUNTY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00		

B.

Full Name (Last, First, Middle Initial) ELIZA MARTIN		Date of Receipt MM / DD / YYYY 11 / 03 / 2010	
Mailing Address 91-208 Kekepania Place E.		Transaction ID: SA11AI.183978	
City Kapolei	State HI	Zip Code 96707-2721	Amount of Each Receipt this Period 50.00
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 ▼ 383.60		

C.

Full Name (Last, First, Middle Initial) GARY MARTIN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 255 Trail East		Transaction ID: SA11AI.183827	
City Pataskala	State OH	Zip Code 43062	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4	Occupation ASSOCIATE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00		

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
GARY MARTIN
 Mailing Address **255 Trail East**
 City **Pataskala** State **OH** Zip Code **43062**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.186386
 Amount of Each Receipt this Period **40.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 4** Occupation **ASSOCIATE DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **960.00**

B. Full Name (Last, First, Middle Initial)
MICHELLE MARTIN
 Mailing Address **7185 Seven Oaks Drive E.**
 City **Indianapolis** State **IN** Zip Code **46236**
 Date of Receipt **11 / 02 / 2010**
Transaction ID: SA11AI.187013
 Amount of Each Receipt this Period **40.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IN CN 62** Occupation **ORGANIZING DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

C. Full Name (Last, First, Middle Initial)
NORMA G. MARTIN
 Mailing Address **517 State Road NW**
 City **Warren** State **OH** Zip Code **44483**
 Date of Receipt **10 / 19 / 2010**
Transaction ID: SA11AI.187928
 Amount of Each Receipt this Period **9.62**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH CN 8/WARREN OH RH** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **202.02**

SUBTOTAL of Receipts This Page (optional) ► **89.62**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 / 1078
(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>A. Full Name (Last, First, Middle Initial) NORMA G. MARTIN</p> <p>Mailing Address 517 State Road NW</p> <p>City Warren State OH Zip Code 44483</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH CN 8/WARREN OH RH 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 ▼ 211.64</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187929</p> <p>Amount of Each Receipt this Period 9.62</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) NORMA G. MARTIN</p> <p>Mailing Address 517 State Road NW</p> <p>City Warren State OH Zip Code 44483</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH CN 8/WARREN OH RH 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 ▼ 221.26</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187930</p> <p>Amount of Each Receipt this Period 9.62</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) KELLY MARTINEZ</p> <p>Mailing Address 444 E. Main Steet</p> <p>City New Britain State CT Zip Code 06051-0000</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME CT CN 4 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 1 1 / 0 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187032</p> <p>Amount of Each Receipt this Period 20.00</p>
--	---

SUBTOTAL of Receipts This Page (optional)	39.24
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 581 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) PAULA MARTINEZ		Date of Receipt
	Mailing Address 3963 200th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Carlisle	IA	50047
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187287
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 565.00	

B.	Full Name (Last, First, Middle Initial) PAULA MARTINEZ		Date of Receipt
	Mailing Address 3963 200th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Carlisle	IA	50047
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187288
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 590.00	

C.	Full Name (Last, First, Middle Initial) PAULA MARTINEZ		Date of Receipt
	Mailing Address 3963 200th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Carlisle	IA	50047
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187289
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 615.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 582 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) PAULA MARTINEZ		Date of Receipt
	Mailing Address 3963 200th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Carlisle	IA	50047
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187290
Amount of Each Receipt this Period		<input type="text"/>	25.00
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			640.00

B.	Full Name (Last, First, Middle Initial) STEPHEN J. MARTINEZ		Date of Receipt
	Mailing Address 3849 S Brust Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Milwaukee	WI	53207
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184163
Amount of Each Receipt this Period		<input type="text"/>	23.00
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			506.00

C.	Full Name (Last, First, Middle Initial) STEPHEN J. MARTINEZ		Date of Receipt
	Mailing Address 3849 S Brust Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Milwaukee	WI	53207
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186099
Amount of Each Receipt this Period		<input type="text"/>	23.00
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
			529.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	71.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 583 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) STEPHEN J. MARTINEZ		Date of Receipt	
	Mailing Address 3849 S Brust Avenue		M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186100
	Milwaukee	WI	53207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		23.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 552.00		

B.	Full Name (Last, First, Middle Initial) SUSAN J. MARTINEZ		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185110
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) KIMBERLY A. MASSENGILL-BERNARDIN		Date of Receipt	
	Mailing Address 8000 Brookpoint Place		M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184503
	Westerville	OH	43081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		70.52	
Name of Employer AFSCME OH CN 8		Occupation ASSOCIATE COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 773.64		

SUBTOTAL of Receipts This Page (optional)	▶	103.52
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 584 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 ROBERT E. MASTERS
 Mailing Address 3407 4th Street
 City Union Gap State WA Zip Code 98903
 Date of Receipt: 10 / 25 / 2010
 Transaction ID: SA11AI.183395
 Amount of Each Receipt this Period: 21.00
 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: 420.00

B. Full Name (Last, First, Middle Initial)
 ROBERT E. MASTERS
 Mailing Address 3407 4th Street
 City Union Gap State WA Zip Code 98903
 Date of Receipt: 11 / 10 / 2010
 Transaction ID: SA11AI.185111
 Amount of Each Receipt this Period: 21.00
 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: 441.00

C. Full Name (Last, First, Middle Initial)
 HARVEY S. MATSUI
 Mailing Address 33 Wailuku Lane Unit 104
 City Wailuku State HI Zip Code 96793
 Date of Receipt: 11 / 03 / 2010
 Transaction ID: SA11AI.183979
 Amount of Each Receipt this Period: 21.00
 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: 231.00

SUBTOTAL of Receipts This Page (optional) **63.00**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 585 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEANETTE E. MATSUMOTO	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 888 Mililani Street Suite 601	Transaction ID: SA11AI.183980
	City Honolulu State HI Zip Code 96813-2991	Amount of Each Receipt this Period 20.00
	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) GLORIA J. MATTHEWS	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 3715 Warrensville Center Road Suite 237	Transaction ID: SA11AI.183902
	City Beachwood State OH Zip Code 44122	Amount of Each Receipt this Period 10.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS Occupation BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 217.40	

C.	Full Name (Last, First, Middle Initial) GLORIA J. MATTHEWS	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 3715 Warrensville Center Road Suite 237	Transaction ID: SA11AI.186482
	City Beachwood State OH Zip Code 44122	Amount of Each Receipt this Period 10.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS Occupation BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.27	

SUBTOTAL of Receipts This Page (optional)	41.74
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 586 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) GLORIA J. MATTHEWS		Date of Receipt																				
Mailing Address 3715 Warrensville Center Road Suite 237		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	8	/	2	0	1	0													
City State Zip Code Beachwood OH 44122		Transaction ID: SA11AI.186483																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.87																				
Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS	Occupation BUS DRIVER																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.14																					

B.

Full Name (Last, First, Middle Initial) JAMES E. MATTSON		Date of Receipt																				
Mailing Address 1701 E. 7th Street		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	2	/	2	0	1	0													
City State Zip Code Superior WI 54880		Transaction ID: SA11AI.185997																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																				
Name of Employer AFSCME WI CN 40	Occupation REPRESENTATIVE																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 314.00																					

C.

Full Name (Last, First, Middle Initial) TESSA MATTSON		Date of Receipt																				
Mailing Address 1034 N. Washington Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	8	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	8	/	2	0	1	0													
City State Zip Code Lansing MI 48906		Transaction ID: SA11AI.184039																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 18.00																				
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 ▼ 360.00																					

SUBTOTAL of Receipts This Page (optional)	53.87
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 587 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TESSA MATTSON	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1034 N. Washington Avenue	Transaction ID: SA11AI.184089
	City State Zip Code Lansing MI 48906	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

B.	Full Name (Last, First, Middle Initial) TESSA MATTSON	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1034 N. Washington Avenue	Transaction ID: SA11AI.185361
	City State Zip Code Lansing MI 48906	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	

C.	Full Name (Last, First, Middle Initial) CLYDE F. MAUK	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 5580 Spoonbill Court	Transaction ID: SA11AI.183828
	City State Zip Code Huber Heights OH 45424	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

SUBTOTAL of Receipts This Page (optional)	▶	76.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 588 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CLYDE F. MAUK	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 5580 Spoonbill Court	Transaction ID: SA11AI.186387
	City State Zip Code Huber Heights OH 45424	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

B.	Full Name (Last, First, Middle Initial) KATHLEEN MAZZOUCCOLO	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 16 West 30th Street	Transaction ID: SA11AI.186956
	City State Zip Code Bayonne NJ 07002-0000	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NJ CN 52 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

C.	Full Name (Last, First, Middle Initial) SHARON MCALEAVEY	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 144 Brentwood Drive	Transaction ID: SA11AI.187569
	City State Zip Code San Francisco CA 94080	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA CN 57 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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 589 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ROBERT MCALLISTER		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 1606 Walnut Street		Transaction ID: SA11AI.186198
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer AFSCME PA CN 47	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

B.

Full Name (Last, First, Middle Initial) CHARLES MCCAIN, III		Date of Receipt MM / DD / YYYY 10 / 14 / 2010
Mailing Address 519 Kentaboo Ave.		Transaction ID: SA11AI.187526
City Florence	State KY	Zip Code 41042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer AFSCME KY CN 62/CONVINGTON	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

C.

Full Name (Last, First, Middle Initial) CHARLES MCCAIN, III		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 519 Kentaboo Ave.		Transaction ID: SA11AI.187527
City Florence	State KY	Zip Code 41042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer AFSCME KY CN 62/CONVINGTON	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	26.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 590 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CHARLES MCCAIN, III		Date of Receipt	
	Mailing Address 519 Kentaboo Ave.		M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187528
	Florence	KY	41042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5.00	
Name of Employer AFSCME KY CN 62/CONVINGTON		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00		

B.	Full Name (Last, First, Middle Initial) CHARLES MCCAIN, III		Date of Receipt	
	Mailing Address 519 Kentaboo Ave.		M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187529
	Florence	KY	41042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5.00	
Name of Employer AFSCME KY CN 62/CONVINGTON		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

C.	Full Name (Last, First, Middle Initial) CHARLES MCCAIN, III		Date of Receipt	
	Mailing Address 519 Kentaboo Ave.		M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187530
	Florence	KY	41042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5.00	
Name of Employer AFSCME KY CN 62/CONVINGTON		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	▶	15.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 1078
(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

A. Full Name (Last, First, Middle Initial)
CHARLES MCCAIN, III

Mailing Address 519 Kentaboo Ave.

City State Zip Code
Florence KY 41042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME KY CN 62/CONVINGTON STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.187531

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 928.55

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183632

Amount of Each Receipt this Period
44.53

C. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 973.08

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183739

Amount of Each Receipt this Period
44.53

SUBTOTAL of Receipts This Page (optional) ► **94.06**

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 592 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1017.61

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185449

Amount of Each Receipt this Period
44.53

B. Full Name (Last, First, Middle Initial)
ANDY MCCANTS

Mailing Address 1210 195th Street E.

City State Zip Code
Spanaway WA 98387

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF 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
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183397

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
ANDY MCCANTS

Mailing Address 1210 195th Street E.

City State Zip Code
Spanaway WA 98387

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185113

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **86.53**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JOSH MCCARROLL		Date of Receipt MM / DD / YYYY 10 / 20 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186892
City Jefferson City	State Zip Code MO 65109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.17
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.68	

B.

Full Name (Last, First, Middle Initial) JOSH MCCARROLL		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186904
City Jefferson City	State Zip Code MO 65109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.17
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.85	

C.

Full Name (Last, First, Middle Initial) JOSH MCCARROLL		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11AI.186915
City Jefferson City	State Zip Code MO 65109	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.17
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.02	

SUBTOTAL of Receipts This Page (optional)	▶	57.51
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 594 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL A. MCCARTHY		Date of Receipt
	Mailing Address 9916 Sherman Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Chesterland	OH	44026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183903
Name of Employer AFSCME OH LOC 4/ORANGE SC-HOOLS		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 208.40	<input type="text"/> 10.42

B.	Full Name (Last, First, Middle Initial) MICHAEL A. MCCARTHY		Date of Receipt
	Mailing Address 9916 Sherman Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Chesterland	OH	44026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186484
Name of Employer AFSCME OH LOC 4/ORANGE SC-HOOLS		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 218.82	<input type="text"/> 10.42

C.	Full Name (Last, First, Middle Initial) TARA MCCAULEY		Date of Receipt
	Mailing Address 29 N. Wacker Drive Suite 800		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184301
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 598.40	<input type="text"/> 59.84

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.68
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 595 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) GARY MCCAULLEY		Date of Receipt
	Mailing Address 84 Mic Nan Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 10 / 2010
	City	State	Zip Code
	Londonberry	PA	17057
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185286
Name of Employer AFSCME PA CN 13		Occupation ASSISTANT DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1078.76	97.22

B.	Full Name (Last, First, Middle Initial) SUZANNE MCCORMICK		Date of Receipt
	Mailing Address 32 Harvest Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 10 / 2010
	City	State	Zip Code
	West Grove	PA	19390
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185287
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 569.64	55.72

C.	Full Name (Last, First, Middle Initial) THOMAS F. MCCracken		Date of Receipt
	Mailing Address 343 East Main Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 29 / 2010
	City	State	Zip Code
	Mahaffey	PA	15757-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186232
Name of Employer AFSCME PA CN 13/STATE OF PA		Occupation STATE SUPERVISOR DISTR 2	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	30.00

SUBTOTAL of Receipts This Page (optional)	182.94
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 596 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CHERYL MCCREARY		Date of Receipt
	Mailing Address 6682 Congress		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Belleville	MI	48111
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184040
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 12.50

B.	Full Name (Last, First, Middle Initial) CHERYL MCCREARY		Date of Receipt
	Mailing Address 6682 Congress		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Belleville	MI	48111
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184090
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 262.50	<input type="text"/> 12.50

C.	Full Name (Last, First, Middle Initial) CHERYL MCCREARY		Date of Receipt
	Mailing Address 6682 Congress		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Belleville	MI	48111
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185362
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 12.50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 37.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 1078
(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>A. Full Name (Last, First, Middle Initial) TONY MCCUBBIN</p> <p>Mailing Address 7740 Cordova Road</p> <p>City State Zip Code Erie IL 61250</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 638.40</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184302</p> <p>Amount of Each Receipt this Period 63.84</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) JENNIFER A. MCCULLEY</p> <p>Mailing Address 509 Ashton Drive</p> <p>City State Zip Code Fitchburg WI 53593</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 40 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 605.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.185998</p> <p>Amount of Each Receipt this Period 55.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) TERESA L. MCCULLOUGH</p> <p>Mailing Address 6062 State Route 20 Unit 45</p> <p>City State Zip Code Port Townsend WA 98368</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183398</p> <p>Amount of Each Receipt this Period 10.50</p>
--	--

SUBTOTAL of Receipts This Page (optional)	129.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) TERESA L. MCCULLOUGH</p> <p>Mailing Address 6062 State Route 20 Unit 45</p> <p>City State Zip Code Port Townsend WA 98368</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA 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 ▼ 220.50</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0</p> <p>Transaction ID: SA11AI.185114</p> <p>Amount of Each Receipt this Period 10.50</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) TERRI E. MCDADE</p> <p>Mailing Address 12905 Blackwater Terrace</p> <p>City State Zip Code Clinton MD 20735</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L OFFICE ASSISTANT III</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 1 1 / 1 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.185450</p> <p>Amount of Each Receipt this Period 10.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) RANDALL J. MCELFRISH</p> <p>Mailing Address 5347 Radcliffe Road</p> <p>City State Zip Code Sylvania OH 43560</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 558.67</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184504</p> <p>Amount of Each Receipt this Period 52.10</p>
---	--

SUBTOTAL of Receipts This Page (optional)	72.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
JERI MCEWEN
 Mailing Address **4031 Executive Park Drive**
 City **Harrisburg** State **PA** Zip Code **17111-1599**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185288
 Amount of Each Receipt this Period **48.18**
 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 **523.16**

B. Full Name (Last, First, Middle Initial)
STEPHEN P. MCGILLIS
 Mailing Address **2131 NE Brook View Drive**
 City **Vancouver** State **WA** Zip Code **98686**
 Date of Receipt **10 / 15 / 2010**
Transaction ID: SA11AI.186161
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME WA CN 28/STATE OF WA** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **250.00**

C. Full Name (Last, First, Middle Initial)
STEPHEN P. MCGILLIS
 Mailing Address **2131 NE Brook View Drive**
 City **Vancouver** State **WA** Zip Code **98686**
 Date of Receipt **11 / 16 / 2010**
Transaction ID: SA11AI.186162
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME WA CN 28/STATE OF WA** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **300.00**

SUBTOTAL of Receipts This Page (optional) **148.18**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 600 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) NANCY MCGOVERN		Date of Receipt MM / DD / YYYY 11 / 09 / 2010		
	Mailing Address 8 Beacon Street		Transaction ID: SA11AI.185501		
	City Boston	State MA	Zip Code 02108-0000	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MA CN 93		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.00			

B.	Full Name (Last, First, Middle Initial) ARTHUR R. MCGRANE		Date of Receipt MM / DD / YYYY 10 / 14 / 2010		
	Mailing Address 78 10th Street E. Unit 707		Transaction ID: SA11AI.186817		
	City St. Paul	State MN	Zip Code 55101	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MN CN 5/MRA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 267.00			

C.	Full Name (Last, First, Middle Initial) ARTHUR R. MCGRANE		Date of Receipt MM / DD / YYYY 11 / 17 / 2010		
	Mailing Address 78 10th Street E. Unit 707		Transaction ID: SA11AI.186785		
	City St. Paul	State MN	Zip Code 55101	Amount of Each Receipt this Period 8.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MN CN 5/MRA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	133.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 601 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LYNNE E. MCGRAW		Date of Receipt
	Mailing Address 1258 Smerset way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183829
Name of Employer AFSCME OH LOC 4		Occupation DIRECTOR OF ACCOUNTING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 800.00	<input type="text"/> 30.00

B.	Full Name (Last, First, Middle Initial) LYNNE E. MCGRAW		Date of Receipt
	Mailing Address 1258 Smerset way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186388
Name of Employer AFSCME OH LOC 4		Occupation DIRECTOR OF ACCOUNTING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 830.00	<input type="text"/> 30.00

C.	Full Name (Last, First, Middle Initial) CARROLL J. MCGUIRE		Date of Receipt
	Mailing Address 306 E. Marion		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Marion	IL	62959
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184400
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation PUBLIC AID INVESTIGATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 15.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
JAMES P. MCGUIRE
 Mailing Address **4163 Hazel Avenue**
 City **Lincoln Park** State **MI** Zip Code **48146**
 Date of Receipt **11 / 02 / 2010**
Transaction ID: SA11AI.187467
 Amount of Each Receipt this Period **21.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MI CN 25/WAYNE CNTY** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **250.00**

B. Full Name (Last, First, Middle Initial)
DAVID W. MCINTOSH
 Mailing Address **115 Mound Street**
 City **Lebanon** State **OH** Zip Code **45036**
 Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.184505
 Amount of Each Receipt this Period **53.78**
 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 **584.12**

C. Full Name (Last, First, Middle Initial)
KRISTEN E. MCKINLEY
 Mailing Address **3656 Cannongate Drive**
 City **Columbus** State **OH** Zip Code **43228**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183830
 Amount of Each Receipt this Period **19.24**
 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 **513.28**

SUBTOTAL of Receipts This Page (optional) ► **94.02**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 603 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KRISTEN E. MCKINLEY		Date of Receipt
	Mailing Address 3656 Cannongate Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Columbus	OH	43228
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186389
Name of Employer AFSCME OH LOC 4		Occupation STAFF ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 532.52	<input type="text"/> 19.24

B.	Full Name (Last, First, Middle Initial) LAWRENCE C. MCKISSIC		Date of Receipt
	Mailing Address 1779 Lockwood Oval		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City	State	Zip Code
	Twinsburg	OH	44087
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183057
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation NETWORK SERVICES TECHNICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) LAWRENCE C. MCKISSIC		Date of Receipt
	Mailing Address 1779 Lockwood Oval		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Twinsburg	OH	44087
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184818
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation NETWORK SERVICES TECHNICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 39.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
LAWRENCE C. MCKISSIC

Mailing Address 1779 Lockwood Oval

City State Zip Code
Twinsburg OH 44087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185785

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
SUE MCLAIN

Mailing Address 205 Sandy Lane

City State Zip Code
Edon OH 43518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/WILLIAMS COUNTY TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.186485

Amount of Each Receipt this Period
20.84

C.

Full Name (Last, First, Middle Initial)
JEAN MCLAREN

Mailing Address 4301 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 511.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185289

Amount of Each Receipt this Period
48.18

SUBTOTAL of Receipts This Page (optional) ► **79.02**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
PETER M. MCLINDEN

Mailing Address 935 Pamela Road

City State Zip Code
Cincinnati OH 45255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8 ASSOCIATE COUNSEL

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 936.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.184506

Amount of Each Receipt this Period

86.02

B.

Full Name (Last, First, Middle Initial)
ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City State Zip Code
Waupun WI 53963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 502.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.184164

Amount of Each Receipt this Period

20.17

C.

Full Name (Last, First, Middle Initial)
ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City State Zip Code
Waupun WI 53963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 537.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.186103

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

141.19

TOTAL This Period (last page this line number only)

--

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 606 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ROBERT W. MCLINN		Date of Receipt	
	Mailing Address 807 W. Brown Street		M M / D D / Y Y Y Y 11 / 10 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.186101
	Waupun	WI	53963	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.17	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 557.91		

B.	Full Name (Last, First, Middle Initial) ROBERT W. MCLINN		Date of Receipt	
	Mailing Address 807 W. Brown Street		M M / D D / Y Y Y Y 11 / 22 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.186102
	Waupun	WI	53963	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.17	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 578.08		

C.	Full Name (Last, First, Middle Initial) MARILYN MCMAHON		Date of Receipt	
	Mailing Address 7717 28th NW		M M / D D / Y Y Y Y 10 / 25 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.183400
	Seattle	WA	98117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation NURSE CONSULTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00		

SUBTOTAL of Receipts This Page (optional)	▶	55.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 607 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) MARILYN MCMAHON	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 7717 28th NW	Transaction ID: SA11AI.185116
	City State Zip Code Seattle WA 98117	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WA CN 28/SOWA	Occupation NURSE CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

B.	Full Name (Last, First, Middle Initial) BARBARA A. MCMASTER	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 2555-Royal County Dn.	Transaction ID: SA11AI.184507
	City State Zip Code Uniontown OH 44685	Amount of Each Receipt this Period 37.65
	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 ▼ 427.08	

C.	Full Name (Last, First, Middle Initial) ORAN MCMICHAEL	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 2777 Northtowne Lane Apt. #2088S	Transaction ID: SA11AI.183634
	City State Zip Code Reno NV 89512	Amount of Each Receipt this Period 44.91
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 853.41	

SUBTOTAL of Receipts This Page (optional)	▶	97.56
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 608 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ORAN MCMICHAEL		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 2777 Northtowne Lane Apt. #2088S		Transaction ID: SA11AI.183741
City Reno	State NV	Zip Code 89512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.91
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 898.32	

B.

Full Name (Last, First, Middle Initial) ORAN MCMICHAEL		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2777 Northtowne Lane Apt. #2088S		Transaction ID: SA11AI.185451
City Reno	State NV	Zip Code 89512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.91
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 943.23	

C.

Full Name (Last, First, Middle Initial) DINAH MCMILLON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 3059 Blue Ridge Road		Transaction ID: SA11AI.183831
City Columbus	State OH	Zip Code 43219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 4	Occupation RECEPTIONIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	99.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DINAH MCMILLON		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 3059 Blue Ridge Road		Transaction ID: SA11AI.186390
City Columbus	State OH	Zip Code 43219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 4	Occupation RECEPTIONIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.

Full Name (Last, First, Middle Initial) SUSAN MCMURRAY		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 5304 Trafalger Place		Transaction ID: SA11AI.186153
City Madison	State WI	Zip Code 53714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 11	Occupation Staff Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) SUSAN MCMURRAY		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 5304 Trafalger Place		Transaction ID: SA11AI.186154
City Madison	State WI	Zip Code 53714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.00
Name of Employer AFSCME WI CN 11	Occupation Staff Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.00	

SUBTOTAL of Receipts This Page (optional)	77.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
THOMAS M. MCNAMARA

Mailing Address 2451 Minerva Street

City Oshkosh State WI Zip Code 54901

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 ▼ 210.00

Date of Receipt: 10 / 15 / 2010

Transaction ID: SA11AI.184165

Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
THOMAS M. MCNAMARA

Mailing Address 2451 Minerva Street

City Oshkosh State WI Zip Code 54901

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 ▼ 220.00

Date of Receipt: 10 / 26 / 2010

Transaction ID: SA11AI.184166

Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
THOMAS M. MCNAMARA

Mailing Address 2451 Minerva Street

City Oshkosh State WI Zip Code 54901

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 ▼ 230.00

Date of Receipt: 11 / 10 / 2010

Transaction ID: SA11AI.186104

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code
Detroit MI 48206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 918.45

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.184041

Amount of Each Receipt this Period 43.16

B.

Full Name (Last, First, Middle Initial)
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code
Detroit MI 48206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.61

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.184091

Amount of Each Receipt this Period 43.16

C.

Full Name (Last, First, Middle Initial)
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code
Detroit MI 48206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1004.77

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185363

Amount of Each Receipt this Period 43.16

SUBTOTAL of Receipts This Page (optional) ► 129.48

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 612 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
EVARN A. MCRAE

Mailing Address 802 N. Drexel Avenue

City State Zip Code
Columbus OH 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH UNEMPLOYMENT CLAIMS REP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.183058

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
EVARN A. MCRAE

Mailing Address 802 N. Drexel Avenue

City State Zip Code
Columbus OH 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH UNEMPLOYMENT CLAIMS REP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.184819

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
EVARN A. MCRAE

Mailing Address 802 N. Drexel Avenue

City State Zip Code
Columbus OH 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH UNEMPLOYMENT CLAIMS REP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.185786

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 613 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DIANNE MCTEER		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187291		
	City Des Moines	State IA	Zip Code 50313	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IA CN 61/MBR	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 237.52			

B.	Full Name (Last, First, Middle Initial) DIANNE MCTEER		Date of Receipt MM / DD / YYYY 11 / 16 / 2010		
	Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187292		
	City Des Moines	State IA	Zip Code 50313	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IA CN 61/MBR	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.52			

C.	Full Name (Last, First, Middle Initial) BRENDA S. MCTURNER		Date of Receipt MM / DD / YYYY 10 / 22 / 2010		
	Mailing Address 61 Clairdon Drive		Transaction ID: SA11AI.183059		
	City Lucasville	State OH	Zip Code 45648	Amount of Each Receipt this Period 12.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

SUBTOTAL of Receipts This Page (optional)	62.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

BRENDA S. MCTURNER

Mailing Address 61 Clairdon Drive

City State Zip Code
Lucasville OH 45648

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	1	0

Transaction ID: SA11AI.184820

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

BRENDA S. MCTURNER

Mailing Address 61 Clairdon Drive

City State Zip Code
Lucasville OH 45648

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH LOC 11/STATE OF OH

Occupation
SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.185787

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

TRACI J. MCWREATH

Mailing Address 2206 Deerfield Drive

City State Zip Code
Ashtabula OH 44004

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME OH CN 8/WARREN OH RH

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.187931

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)

33.62

TOTAL This Period (last page this line number only)

--

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 615 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TRACI J. MCWREATH		Date of Receipt	
	Mailing Address 2206 Deerfield Drive		M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187932
	Ashtabula	OH	44004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH CN 8/WARREN OH RH		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64		

B.	Full Name (Last, First, Middle Initial) TRACI J. MCWREATH		Date of Receipt	
	Mailing Address 2206 Deerfield Drive		M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187933
	Ashtabula	OH	44004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME OH CN 8/WARREN OH RH		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26		

C.	Full Name (Last, First, Middle Initial) GERARD J. MEARA		Date of Receipt	
	Mailing Address 65 Harmony Way		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186995
	Newton	PA	18940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME NJ CN 73		Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00		

SUBTOTAL of Receipts This Page (optional)	▶	34.24
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 616 / 1078
(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

A. Full Name (Last, First, Middle Initial)
GERARD J. MEARA

Mailing Address 65 Harmony Way

City State Zip Code
Newton PA 18940

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 73 Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 01 / 2010
Transaction ID: SA11AI.186996
Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
GERARD J. MEARA

Mailing Address 65 Harmony Way

City State Zip Code
Newton PA 18940

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 73 Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.186997
Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
SALLY MECKLING

Mailing Address 390 Worthington Road

City State Zip Code
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.11

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.186558
Amount of Each Receipt this Period: 67.46

SUBTOTAL of Receipts This Page (optional) ► 97.46

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

LYNN MEGONIGLE

Mailing Address 5916 Poelma Drive

City

Wauwaukee

State

WI

Zip Code

53597

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME WI CN 24

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

680.25

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.186027

Amount of Each Receipt this Period

58.92

B.

Full Name (Last, First, Middle Initial)

DONALD MEHREN

Mailing Address 6925 Woodland Blvd.

City

Minnesota City

State

MN

Zip Code

55959

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186697

Amount of Each Receipt this Period

26.00

C.

Full Name (Last, First, Middle Initial)

ALBERTO J. MELCHOR

Mailing Address 3022 W Wabansia #2

City

Chicago

State

IL

Zip Code

60647

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

479.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184303

Amount of Each Receipt this Period

49.44

SUBTOTAL of Receipts This Page (optional)

134.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 618 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) JANICE MELDRUM	Date of Receipt
	Mailing Address 2904 Sue Drive	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City State Zip Code Jefferson City MO 65109	Transaction ID: SA11AI.186893
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="15.77"/>
	Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="304.28"/>	

B.	Full Name (Last, First, Middle Initial) JANICE MELDRUM	Date of Receipt
	Mailing Address 2904 Sue Drive	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City State Zip Code Jefferson City MO 65109	Transaction ID: SA11AI.186905
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="15.77"/>
	Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="320.05"/>	

C.	Full Name (Last, First, Middle Initial) JANICE MELDRUM	Date of Receipt
	Mailing Address 2904 Sue Drive	<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City State Zip Code Jefferson City MO 65109	Transaction ID: SA11AI.186916
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="15.77"/>
	Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="335.82"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="47.31"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 / 1078
(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

A.

Full Name (Last, First, Middle Initial) SUSAN A. MELDRUM		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185118
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) JONATHAN D. MELEGRITO		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1625 L. Street NW		Transaction ID: SA11AI.183635
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.32
Name of Employer AFSCME INT'L	Occupation PUBLICATIONS ASSOCIATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.08	

C.

Full Name (Last, First, Middle Initial) JONATHAN D. MELEGRITO		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1625 L. Street NW		Transaction ID: SA11AI.183742
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.32
Name of Employer AFSCME INT'L	Occupation PUBLICATIONS ASSOCIATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 726.40	

SUBTOTAL of Receipts This Page (optional)	82.64
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JONATHAN D. MELEGRITO		Date of Receipt MM / DD / YYYY 11 / 15 / 2010	
Mailing Address 1625 L. Street NW		Transaction ID: SA11AI.185452	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 36.32
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation PUBLICATIONS ASSOCIATE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 762.72		

B.

Full Name (Last, First, Middle Initial) BRUCE D. MELIN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185119	
City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.

Full Name (Last, First, Middle Initial) PAUL MERCATANTI		Date of Receipt MM / DD / YYYY 10 / 20 / 2010	
Mailing Address 1306 Tarpan Circle		Transaction ID: SA11AI.186998	
City New Hope	State PA	Zip Code 18938	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NJ CN 73	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)	▶	61.32
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
PAUL MERCATANTI

Mailing Address 1306 Tarpan Circle

City State Zip Code
New Hope PA 18938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NJ CN 73 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
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.186999

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
PAUL MERCATANTI

Mailing Address 1306 Tarpan Circle

City State Zip Code
New Hope PA 18938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NJ CN 73 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.187000

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
MARGARET MERDLER

Mailing Address 1110 Driveumlin Drive

City State Zip Code
Verona WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24 FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 624.20

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.186029

Amount of Each Receipt this Period
28.00

SUBTOTAL of Receipts This Page (optional) ► 58.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MARGARET MERDLER
 Mailing Address **1110 Driveumlin Drive**
 City **Verona** State **WI** Zip Code **53593**
 Date of Receipt **11 / 04 / 2010**
Transaction ID: SA11AI.186028
 Amount of Each Receipt this Period **58.36**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME WI CN 24** Occupation **FIELD REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **682.56**

B. Full Name (Last, First, Middle Initial)
MICHAEL MEREDITH
 Mailing Address **1415 Ivy Hill Road**
 City **Cockeysville** State **MD** Zip Code **21030**
 Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.185524
 Amount of Each Receipt this Period **45.82**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MD CN 982** Occupation **ORGANIZER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **504.02**

C. Full Name (Last, First, Middle Initial)
JENNIFER MERLIN
 Mailing Address **8931 67th Street**
 City **Kenosha** State **WI** Zip Code **53142**
 Date of Receipt **10 / 25 / 2010**
Transaction ID: SA11AI.184167
 Amount of Each Receipt this Period **12.00**
 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 **264.00**

SUBTOTAL of Receipts This Page (optional) **116.18**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 623 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JENNIFER MERLIN		Date of Receipt
	Mailing Address 8931 67th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Kenosha	WI	53142
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186105
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.00	<input type="text"/> 12.00

B.	Full Name (Last, First, Middle Initial) JENNIFER MERLIN		Date of Receipt
	Mailing Address 8931 67th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Kenosha	WI	53142
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186106
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00	<input type="text"/> 12.00

C.	Full Name (Last, First, Middle Initial) GENEVIEVE N MERO		Date of Receipt
	Mailing Address 41-678 Inoaole Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Waimanalo	HI	96795
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183981
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 44.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 624 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MARTHA J. MERRILL	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 8033 Excelsior Drive #B	Transaction ID: SA11AI.185999
	City State Zip Code Madison WI 53717-1903	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 40 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) LAURIE MERTA	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 9829 59th Street, Court W	Transaction ID: SA11AI.183249
	City State Zip Code Tacoma WA 98467-1007	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28 CONVENTION FUNDRAISER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) MARGARET JEAN METCALFE	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185120
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
KELLY K. MEYER

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE WRNT 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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.187293

Amount of Each Receipt this Period
20.84

B.

Full Name (Last, First, Middle Initial)
KELLY K. MEYER

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE WRNT 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
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187294

Amount of Each Receipt this Period
20.84

C.

Full Name (Last, First, Middle Initial)
RANDALL MEYER

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE WRNT 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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.187295

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional) ► **62.52**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 1078
(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

A.

Full Name (Last, First, Middle Initial) RANDALL MEYER		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187296
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
Name of Employer AFSCME IA CN 61/STATE WRNT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.24	

B.

Full Name (Last, First, Middle Initial) CINDY A. MICHAEL		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 331 Central Parkway		Transaction ID: SA11AI.184508
City Warren	State OH	Zip Code 44483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.22
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 ▼ 644.16	

C.

Full Name (Last, First, Middle Initial) JOHN MICHALEC		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1544 N. Hickory		Transaction ID: SA11AI.184042
City Owosso	State MI	Zip Code 48867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
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 ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	101.06
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 627 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOHN MICHALEC		Date of Receipt
	Mailing Address 1544 N. Hickory		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Owosso	MI	48867
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184092
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="441.00"/>	<input type="text" value="21.00"/>

B.	Full Name (Last, First, Middle Initial) JOHN MICHALEC		Date of Receipt
	Mailing Address 1544 N. Hickory		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Owosso	MI	48867
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185364
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="462.00"/>	<input type="text" value="21.00"/>

C.	Full Name (Last, First, Middle Initial) GLEN MIDDLETON		Date of Receipt
	Mailing Address 5108 Yellowwood Ave		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Baltimore	MD	21209-4611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186843
Name of Employer AFSCME MD CN 67		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2106.00"/>	<input type="text" value="180.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="222.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GLEN MIDDLETON		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 5108 Yellowwood Ave		Transaction ID: SA11AI.184233
City State Zip Code Baltimore MD 21209-4611	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.00
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 ▼ 2120.00	

B.

Full Name (Last, First, Middle Initial) GLEN MIDDLETON		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 5108 Yellowwood Ave		Transaction ID: SA11AI.186868
City State Zip Code Baltimore MD 21209-4611	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 180.00
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 ▼ 2300.00	

C.

Full Name (Last, First, Middle Initial) JOSIP MIHELICH		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183405
City State Zip Code Olympia WA 98501	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	204.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 629 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOSIP MIHELICH	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185121
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 220.50	

B.	Full Name (Last, First, Middle Initial) YVETTE M. MILHEISER	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	Mailing Address 345 Oak Street	Transaction ID: SA11AI.186020
	City Menasha State WI Zip Code 54952	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40/LOCAL 2046 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 220.00	

C.	Full Name (Last, First, Middle Initial) ARTHUR MILLER	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 915 S. Laurel Street	Transaction ID: SA11AI.186698
	City Cloquet State MN Zip Code 55720-3207	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 365.00	

SUBTOTAL of Receipts This Page (optional)	60.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 630 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) DENNIS E. MILLER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 1947 Millville Road	Transaction ID: SA11AI.186234
	City State Zip Code Bloomsburg PA 17815	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) DORINDA K. MILLER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 1601 E Fairlawn Drive	Transaction ID: SA11AI.184402
	City State Zip Code Urbana IL 61802	Amount of Each Receipt this Period 20.85
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL SUPPORT STAFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.50	

C.	Full Name (Last, First, Middle Initial) GEORGE MILLER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 105 Jose Lane	Transaction ID: SA11AI.186699
	City State Zip Code Martinez CA 94553	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional)	▶	80.85
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

MARY C. MILLER

Mailing Address 744 W. South Street

City State Zip Code
Pontiac IL 61764

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME IL CN 31/STATE OF IL

Occupation
OFFICE ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184403

Amount of Each Receipt this Period

20.84

B.

Full Name (Last, First, Middle Initial)

MATTHEW A. MILLER

Mailing Address 207 W Marshall Street

City State Zip Code
Marshall MN 56852

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 ▼
595.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.186881

Amount of Each Receipt this Period

59.22

C.

Full Name (Last, First, Middle Initial)

MONTE J. MILLER

Mailing Address 9015 NE 80th Street

City State Zip Code
Vancouver WA 98662

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 ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183407

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)

90.56

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 632 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MONTE J. MILLER

Mailing Address 9015 NE 80th Street

City Vancouver State WA Zip Code 98662

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 ▼ 220.50

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.185123
Amount of Each Receipt this Period 10.50

B. Full Name (Last, First, Middle Initial)
ROBERT K. MILLER

Mailing Address 29391 Old Route 35

City Chillicothe State OH Zip Code 45601

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CHILLICOTHE Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 19 / 2010
Transaction ID: SA11AI.187934
Amount of Each Receipt this Period 9.62

C. Full Name (Last, First, Middle Initial)
ROBERT K. MILLER

Mailing Address 29391 Old Route 35

City Chillicothe State OH Zip Code 45601

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CHILLICOTHE Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt 11 / 03 / 2010
Transaction ID: SA11AI.187935
Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional) ► 29.74

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 633 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ROBERT K. MILLER	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 29391 Old Route 35	Transaction ID: SA11AI.187936
	City State Zip Code Chillicothe OH 45601	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8/CHILLICOTHE STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

B.	Full Name (Last, First, Middle Initial) SCOTT D. MILLER	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2056 W Hutchinson 2nd Fl.	Transaction ID: SA11AI.184304
	City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 71.02
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 LEGAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 710.20	

C.	Full Name (Last, First, Middle Initial) TIMOTHY MILLER	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 2724 Pine Avenue	Transaction ID: SA11AI.185290
	City State Zip Code Altoona PA 16601	Amount of Each Receipt this Period 70.34
	FEC ID number of contributing federal political committee. C	
	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 ▼ 776.53	

SUBTOTAL of Receipts This Page (optional)	150.98
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 1078
(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

A.

Full Name (Last, First, Middle Initial) TRACY MILLER		Date of Receipt MM / DD / YYYY 11 / 04 / 2010	
Mailing Address 8033 Excelsior Drive Suite A		Transaction ID: SA11AI.186158	
City Madison	State WI	Zip Code 53717	Amount of Each Receipt this Period 43.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 11	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00		

B.

Full Name (Last, First, Middle Initial) KATHY S. MILLION		Date of Receipt MM / DD / YYYY 11 / 03 / 2010	
Mailing Address 3716 89th Street Apt. #106		Transaction ID: SA11AI.185974	
City Kenosha	State WI	Zip Code 53142	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40/KENOSHA COUNTY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.

Full Name (Last, First, Middle Initial) KATHY S. MILLION		Date of Receipt MM / DD / YYYY 11 / 17 / 2010	
Mailing Address 3716 89th Street Apt. #106		Transaction ID: SA11AI.185975	
City Kenosha	State WI	Zip Code 53142	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40/KENOSHA COUNTY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	63.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JAMES MILLS		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address W5915 Moonlite Road		Transaction ID: SA11AI.186030
City Neillsville	State WI	Zip Code 54456
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.36
Name of Employer AFSCME WI CN 24	Occupation FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 729.54	

B.

Full Name (Last, First, Middle Initial) CAROL L. MILLS-HAWKINS		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 107 W. Lawrence Apt. 6		Transaction ID: SA11AI.184404
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CASEWORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	

C.

Full Name (Last, First, Middle Initial) KAREN L. MILTON		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 8616 Golden Given Road E.		Transaction ID: SA11AI.183408
City Tacoma	State WA	Zip Code 98445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	89.70
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 636 / 1078
(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>A. Full Name (Last, First, Middle Initial) KAREN L. MILTON</p> <p>Mailing Address 8616 Golden Given Road E.</p> <p>City State Zip Code Tacoma WA 98445</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA 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 ▼ 220.50</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.185124</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>10.50</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0	10.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	1	0													
10.50																						

<p>B. Full Name (Last, First, Middle Initial) MICHELE MINOR</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. C</p> <p>Name of Employer Occupation AFSCME MD CN 982 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 ▼ 531.74</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.185525</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>48.34</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	1	0	48.34
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	9	/	2	0	1	0													
48.34																						

<p>C. Full Name (Last, First, Middle Initial) GARY D. MITCHELL</p> <p>Mailing Address 538 Maple Avenue</p> <p>City State Zip Code Madison WI 53704</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI 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 ▼ 430.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.184170</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>14.00</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	4	/	2	0	1	0	14.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	4	/	2	0	1	0													
14.00																						

SUBTOTAL of Receipts This Page (optional)	72.84
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 637 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GARY D. MITCHELL		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 538 Maple Avenue		Transaction ID: SA11AI.184171
City Madison	State WI	Zip Code 53704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.00	

B.

Full Name (Last, First, Middle Initial) GARY D. MITCHELL		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 538 Maple Avenue		Transaction ID: SA11AI.186111
City Madison	State WI	Zip Code 53704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 459.00	

C.

Full Name (Last, First, Middle Initial) GARY D. MITCHELL		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 538 Maple Avenue		Transaction ID: SA11AI.186110
City Madison	State WI	Zip Code 53704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 473.00	

SUBTOTAL of Receipts This Page (optional)	▶	43.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 638 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) HAROLD F. MITCHELL	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 3999 Kensingwood Drive	Transaction ID: SA11AI.184509
	City State Zip Code Columbus OH 43230	Amount of Each Receipt this Period 113.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8 ASSISTANT ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1244.24	

B.	Full Name (Last, First, Middle Initial) THOMAS R. MITCHELL	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2669 Elizabeth Drive	Transaction ID: SA11AI.183905
	City State Zip Code Avon OH 44011	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/AVON LSD BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.64	

C.	Full Name (Last, First, Middle Initial) THOMAS R. MITCHELL	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 2669 Elizabeth Drive	Transaction ID: SA11AI.186486
	City State Zip Code Avon OH 44011	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/AVON LSD BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.26	

SUBTOTAL of Receipts This Page (optional)	▶	132.66
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 639 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) WILLIAM D. MITCHELL	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.187300
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 9.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.22	

B.	Full Name (Last, First, Middle Initial) DEREK M. MIZUNO	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 888 Mililani Street Suite 601	Transaction ID: SA11AI.183982
	City State Zip Code Honolulu HI 96813-2991	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) VERONICA MO	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183409
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	70.32
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 / 1078
(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

A.

Full Name (Last, First, Middle Initial) VERONICA MO		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185125
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.

Full Name (Last, First, Middle Initial) HARRY MOBLEY		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 2635 Cranberry Circle		Transaction ID: SA11AI.185291
City Harrisburg	State PA	Zip Code 17110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.34
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 ▼ 759.46	

C.

Full Name (Last, First, Middle Initial) KELLY L. MOBLEY		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 3739 Elmlawn Drive		Transaction ID: SA11AI.183832
City Toledo	State OH	Zip Code 43614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	100.84
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 1078
(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

A.	Full Name (Last, First, Middle Initial) KELLY L. MOBLEY		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 3739 Elmlawn Drive		Transaction ID: SA11AI.186391		
	City Toledo	State OH	Zip Code 43614	Amount of Each Receipt this Period 20.00	
	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 ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) LYNDA L. MOBLEY		Date of Receipt MM / DD / YYYY 10 / 14 / 2010		
	Mailing Address 7080 E Street Route 18		Transaction ID: SA11AI.186350		
	City Republic	State OH	Zip Code 44867	Amount of Each Receipt this Period 41.68	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 4	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.56			

C.	Full Name (Last, First, Middle Initial) LYNDA L. MOBLEY		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 7080 E Street Route 18		Transaction ID: SA11AI.186351		
	City Republic	State OH	Zip Code 44867	Amount of Each Receipt this Period 20.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 4	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.40			

SUBTOTAL of Receipts This Page (optional)	▶	82.52
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 642 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LYNDA L. MOBLEY	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 7080 E Street Route 18	Transaction ID: SA11AI.186352
	City Republic State OH Zip Code 44867	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 269.24	

B.	Full Name (Last, First, Middle Initial) DEBORAH MOEN	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1508 309th Avenue NW	Transaction ID: SA11AI.186700
	City Cambridge State MN Zip Code 55008-6939	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00	

C.	Full Name (Last, First, Middle Initial) MATTHEW J. MOLEK	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 29140 Barjode Road	Transaction ID: SA11AI.183906
	City Willowick State OH Zip Code 44095	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/WICKLIFFE CSD Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.40	

SUBTOTAL of Receipts This Page (optional)	65.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
TRINA MOLNAR-BOCK

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 Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 597.76

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183833

Amount of Each Receipt this Period
23.08

B.

Full Name (Last, First, Middle Initial)
TRINA MOLNAR-BOCK

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 Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.84

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186392

Amount of Each Receipt this Period
23.08

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 901.54

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185292

Amount of Each Receipt this Period
84.94

SUBTOTAL of Receipts This Page (optional) ► **131.10**

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 644 / 1078
(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

A.

Full Name (Last, First, Middle Initial) RICHARD A. MONK		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 3020 94th Avenue E.		Transaction ID: SA11AI.183787
City Edgewood	State WA	Zip Code 98371
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WA CN 28/UNIV 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	

B.

Full Name (Last, First, Middle Initial) DELMA MONTEVERDE		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 23900 59th Place W.		Transaction ID: SA11AI.183410
City Mountlake Terra	State WA	Zip Code 98043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) DELMA MONTEVERDE		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 23900 59th Place W.		Transaction ID: SA11AI.185126
City Mountlake Terra	State WA	Zip Code 98043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	41.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 645 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DAVID A. MOODY	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 8 Beacon Street	Transaction ID: SA11AI.185502
	City State Zip Code Boston MA 02108-0000	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MA CN 93 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) APRIL R. MOORE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 841 Saint Andrews Circle	Transaction ID: SA11AI.184406
	City State Zip Code Rantoul IL 61866	Amount of Each Receipt this Period 20.85
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.50	

C.	Full Name (Last, First, Middle Initial) DENNIS L. MOORE	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 4735 E B Avenue	Transaction ID: SA11AI.187468
	City State Zip Code Plainwell MI 49080	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25/LOCAL 1668 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

SUBTOTAL of Receipts This Page (optional)	50.85
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DENNIS L. MOORE

Mailing Address 4735 E B Avenue

City State Zip Code
Plainwell MI 49080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25/LOCAL 1668 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 314.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187469

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
DENNIS L. MOORE

Mailing Address 4735 E B Avenue

City State Zip Code
Plainwell MI 49080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25/LOCAL 1668 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
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187470

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS MOORE

Mailing Address 10176 Foothill Court

City State Zip Code
Spring Valley CA 91977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA LOC 3930 INT'L VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 612.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184235

Amount of Each Receipt this Period
14.00

SUBTOTAL of Receipts This Page (optional) ► **34.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DOUGLAS MOORE

Mailing Address 10176 Foothill Court

City State Zip Code
Spring Valley CA 91977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA LOC 3930 INT'L VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 652.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187799

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
EMILY M. MOORE

Mailing Address 1173 Cedar Avenue

City State Zip Code
Cincinnati OH 45224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8/CINCINNATI CAFETERIA WORKER
CSD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.47

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.187937

Amount of Each Receipt this Period
23.82

C. Full Name (Last, First, Middle Initial)
EMILY M. MOORE

Mailing Address 1173 Cedar Avenue

City State Zip Code
Cincinnati OH 45224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8/CINCINNATI CAFETERIA WORKER
CSD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.29

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.187938

Amount of Each Receipt this Period
23.82

SUBTOTAL of Receipts This Page (optional) ► **87.64**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 1078
(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>A. Full Name (Last, First, Middle Initial) ERIC D. MOORE</p> <p>Mailing Address 810 Wildwood Drive Apt 22</p> <p>City State Zip Code Jefferson City MO 65109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MO CN 72 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 386.73</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186894</p> <p>Amount of Each Receipt this Period 20.42</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) ERIC D. MOORE</p> <p>Mailing Address 810 Wildwood Drive Apt 22</p> <p>City State Zip Code Jefferson City MO 65109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MO CN 72 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 407.15</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186906</p> <p>Amount of Each Receipt this Period 20.42</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) ERIC D. MOORE</p> <p>Mailing Address 810 Wildwood Drive Apt 22</p> <p>City State Zip Code Jefferson City MO 65109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MO CN 72 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 427.57</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186917</p> <p>Amount of Each Receipt this Period 20.42</p>
--	---

SUBTOTAL of Receipts This Page (optional)	61.26
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 649 / 1078
(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>A. Full Name (Last, First, Middle Initial) GLADYS K. MOORE</p> <p>Mailing Address 15104 Joppa Place</p> <p>City State Zip Code Bowie MD 20721</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L LEGAL ASSISTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 262.32</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.183636</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>13.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0	13.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	5		2	0	1	0													
13.00																						

<p>B. Full Name (Last, First, Middle Initial) GLADYS K. MOORE</p> <p>Mailing Address 15104 Joppa Place</p> <p>City State Zip Code Bowie MD 20721</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L LEGAL ASSISTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 275.32</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.183743</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>13.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0	13.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	9		2	0	1	0													
13.00																						

<p>C. Full Name (Last, First, Middle Initial) GLADYS K. MOORE</p> <p>Mailing Address 15104 Joppa Place</p> <p>City State Zip Code Bowie MD 20721</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L LEGAL ASSISTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 288.32</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.185453</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>13.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0	13.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	5		2	0	1	0													
13.00																						

SUBTOTAL of Receipts This Page (optional)	39.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JAMES B. MOORE		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 1330 Broadway Suite #730		Transaction ID: SA11AI.187633
City Oakland	State CA	Zip Code 94612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA LOC 206	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) JAMES B. MOORE		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1330 Broadway Suite #730		Transaction ID: SA11AI.187634
City Oakland	State CA	Zip Code 94612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA LOC 206	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) JULIANE MOORE		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 304 North Wenas Avenue		Transaction ID: SA11AI.183411
City Selah	State WA	Zip Code 98942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	52.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 651 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JULIANE MOORE		Date of Receipt
	Mailing Address 304 North Wenas Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Selah	WA	98942
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185127
		Amount of Each Receipt this Period	
		<input type="text"/> 12.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 252.00	

B.	Full Name (Last, First, Middle Initial) LEONARD T. MOORE		Date of Receipt
	Mailing Address 5656 Echo Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City	State	Zip Code
	Columbus	OH	43230
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183065
		Amount of Each Receipt this Period	
		<input type="text"/> 10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation PAROLE & COMM PROCESSING SPEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) LEONARD T. MOORE		Date of Receipt
	Mailing Address 5656 Echo Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Columbus	OH	43230
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184827
		Amount of Each Receipt this Period	
		<input type="text"/> 10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation PAROLE & COMM PROCESSING SPEC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 32.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 652 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LEONARD T. MOORE	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	Mailing Address 5656 Echo Road	Transaction ID: SA11AI.185794
	City State Zip Code Columbus OH 43230	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PAROLE & COMM PROCESSING SPEC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) MICHELLE MOORE	Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	Mailing Address 190 W. Ostend Street Suite 101	Transaction ID: SA11AI.185526
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MD CN 982 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) STEVEN H. MOORE	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 714 Lickliter	Transaction ID: SA11AI.184407
	City State Zip Code Benton IL 62812	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL CHILD SPECIALIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40	

SUBTOTAL of Receipts This Page (optional)	68.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 1078
(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

A. Full Name (Last, First, Middle Initial)
RICHARD MORAWSKI

Mailing Address 1606 Walnut Street
2nd Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 47 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.186199
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
ROBERT MORCK

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.187302
Amount of Each Receipt this Period: 9.62

C. Full Name (Last, First, Middle Initial)
ROBERT MORCK

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.187303
Amount of Each Receipt this Period: 9.62

SUBTOTAL of Receipts This Page (optional) ► 59.24

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 654 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KAREN E. MORK		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185131
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) FRANCIS MORONEY		Date of Receipt	
	Mailing Address 14 Jamaica Road		M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185503
	Brookline	MA	02146-0000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer AFSCME MA CN 93		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

C.	Full Name (Last, First, Middle Initial) BRENDA MORRIS		Date of Receipt	
	Mailing Address 28 Beth Drive		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185293
	Fairchance	PA	15436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.72	
Name of Employer AFSCME PA CN 13		Occupation ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 572.18		

SUBTOTAL of Receipts This Page (optional)	▶	106.22
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 655 / 1078
(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

A. Full Name (Last, First, Middle Initial)
JEANNE MORRIS

Mailing Address 2315 Reddings Run Road

City State Zip Code
Home PA 15747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 805.48

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2010

Transaction ID: SA11AI.185294

Amount of Each Receipt this Period
75.88

B. Full Name (Last, First, Middle Initial)
JUDY E. MORRIS

Mailing Address 226 Douglass Way

City State Zip Code
Bolingbrook IL 60440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL CHILD SPECIALIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 209.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2010

Transaction ID: SA11AI.184409

Amount of Each Receipt this Period
20.90

C. Full Name (Last, First, Middle Initial)
LOIS MORRIS

Mailing Address 4031 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 368.98

Date of Receipt
M M / D D / Y Y Y Y
11 / 10 / 2010

Transaction ID: SA11AI.185295

Amount of Each Receipt this Period
34.18

SUBTOTAL of Receipts This Page (optional) ► **130.96**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 656 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) SIMONE M. MORRISON		Date of Receipt	
	Mailing Address 2556 North 15th Street		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184173
	Milwaukee	WI	53206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		17.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 374.00		

B.	Full Name (Last, First, Middle Initial) SIMONE M. MORRISON		Date of Receipt	
	Mailing Address 2556 North 15th Street		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186113
	Milwaukee	WI	53206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		17.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 391.00		

C.	Full Name (Last, First, Middle Initial) RACHEL C. MORROW		Date of Receipt	
	Mailing Address 6221 Ssassafra Lane		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183834
	Toledo	OH	43615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.24	
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 ▼ 463.28		

SUBTOTAL of Receipts This Page (optional)	▶	53.24
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 657 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

RACHEL C. MORROW

Mailing Address 6221 Ssassafra Lane

City State Zip Code
Toledo OH 43615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 482.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186393

Amount of Each Receipt this Period

19.24

B.

Full Name (Last, First, Middle Initial)

HILARY MORTENSEN

Mailing Address 105 NE 61st Avenue
Apt. #18

City State Zip Code
Portland OR 97213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OR CN 75 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186282

Amount of Each Receipt this Period

28.00

C.

Full Name (Last, First, Middle Initial)

LORI MORTON

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183414

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)

57.74

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 658 / 1078
(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

A.

Full Name (Last, First, Middle Initial) LORI MORTON		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185132
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.

Full Name (Last, First, Middle Initial) LACRETIA J. MOSS		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 3117 S. 72nd Street		Transaction ID: SA11AI.184174
City Milwaukee	State WI	Zip Code 53219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) LACRETIA J. MOSS		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 3117 S. 72nd Street		Transaction ID: SA11AI.186114
City Milwaukee	State WI	Zip Code 53219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	30.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) LAGRETIA J. MOSS</p> <p>Mailing Address 3117 S. 72nd Street</p> <p>City State Zip Code Milwaukee WI 53219</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI 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 MM / DD / YYYY 11 / 22 / 2010</p> <p>Transaction ID: SA11AI.186115</p> <p>Amount of Each Receipt this Period 10.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) JULIE A. MOUNTS</p> <p>Mailing Address P.O. Box 45355</p> <p>City State Zip Code Tacoma WA 98448</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA 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 ▼ 230.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 25 / 2010</p> <p>Transaction ID: SA11AI.183415</p> <p>Amount of Each Receipt this Period 10.50</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) JULIE A. MOUNTS</p> <p>Mailing Address P.O. Box 45355</p> <p>City State Zip Code Tacoma WA 98448</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28/SOWA 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 ▼ 240.50</p>	<p>Date of Receipt MM / DD / YYYY 11 / 10 / 2010</p> <p>Transaction ID: SA11AI.185133</p> <p>Amount of Each Receipt this Period 10.50</p>
---	--

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
RODRIGO A. MUJICA

Mailing Address 74 Meyer Lane

City State Zip Code
Medford NY 11763

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME NY LOC 1000/OYSTER BAY
Occupation: STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: 10 / 19 / 2010
Transaction ID: SA11AI.187710
 Amount of Each Receipt this Period: 9.62

B. Full Name (Last, First, Middle Initial)
RODRIGO A. MUJICA

Mailing Address 74 Meyer Lane

City State Zip Code
Medford NY 11763

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME NY LOC 1000/OYSTER BAY
Occupation: STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.187711
 Amount of Each Receipt this Period: 9.62

C. Full Name (Last, First, Middle Initial)
MICHELLE MULHERIN

Mailing Address 2462 Cleveland Avenue

City State Zip Code
Reading PA 19609

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME PA CN 13
Occupation: STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 759.46

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.185296
 Amount of Each Receipt this Period: 70.34

SUBTOTAL of Receipts This Page (optional) ► **89.58**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 661 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANDREW J. MULHERN		Date of Receipt																					
	Mailing Address 1437 N 66th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	6		2	0	1	0														
	City State Zip Code Milwaukee WI 53215		Transaction ID: SA11AI.184175																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00																						

B.	Full Name (Last, First, Middle Initial) ANDREW J. MULHERN		Date of Receipt																					
	Mailing Address 1437 N 66th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	1	0														
	City State Zip Code Milwaukee WI 53215		Transaction ID: SA11AI.186116																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00																						

C.	Full Name (Last, First, Middle Initial) ANDREW J. MULHERN		Date of Receipt																					
	Mailing Address 1437 N 66th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		2	2		2	0	1	0														
	City State Zip Code Milwaukee WI 53215		Transaction ID: SA11AI.186117																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00																						

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 662 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) STEVEN C. MULLEN	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 544 Clermont Drive	Transaction ID: SA11AI.185297
	City State Zip Code Harrisburg PA 17112	Amount of Each Receipt this Period 83.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 TRADES LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 895.54	

B.	Full Name (Last, First, Middle Initial) DEBRA L. MULROONEY	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1210 Chestnut Street SE	Transaction ID: SA11AI.186347
	City State Zip Code Albany OR 97322	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OR CN 75/STATE OF OR STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) SAMUEL MUMA	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 1519 Blueberry Lane	Transaction ID: SA11AI.187509
	City State Zip Code Flint MI 48507	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional)	153.56
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 663 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
SAMUEL MUMA

Mailing Address 1519 Blueberry Lane

City State Zip Code
Flint MI 48507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.187510

Amount of Each Receipt this Period
21.00

B. Full Name (Last, First, Middle Initial)
SAMUEL MUMA

Mailing Address 1519 Blueberry Lane

City State Zip Code
Flint MI 48507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.187511

Amount of Each Receipt this Period
21.00

C. Full Name (Last, First, Middle Initial)
JEANNIE MUNNERLYN

Mailing Address 619 Columbian Avenue

City State Zip Code
Columbus OH 43223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.183072

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 52.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
JEANNIE MUNNERLYN

Mailing Address 619 Columbian Avenue

City Columbus State OH Zip Code 43223

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 ▼ 220.00

Date of Receipt 11 / 05 / 2010
Transaction ID: SA11AI.184834
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
JEANNIE MUNNERLYN

Mailing Address 619 Columbian Avenue

City Columbus State OH Zip Code 43223

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 ▼ 230.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185801
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
ELVA MUNOZ

Mailing Address 624 Larkspur Street

City Lompoc State CA Zip Code 93436

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 3930 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 02 / 2010
Transaction ID: SA11AI.187811
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 665 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) DOUGLAS H. MURCH	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 615 W Prospect Street	Transaction ID: SA11AI.187472
	City Marshall State MI Zip Code 49068	Amount of Each Receipt this Period 10.50
	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 ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS H. MURCH	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	Mailing Address 615 W Prospect Street	Transaction ID: SA11AI.187473
	City Marshall State MI Zip Code 49068	Amount of Each Receipt this Period 10.50
	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 ▼ 220.50	

C.	Full Name (Last, First, Middle Initial) KEVIN MURPHY	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	Mailing Address 25 High Gate Road #C-3	Transaction ID: SA11AI.187033
	City Newington State CT Zip Code 06113-0000	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	41.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 666 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MICHAEL P. MURPHY	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 92 Eddington Avenue	Transaction ID: SA11AI.186237
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) JO MUSEL-PARR	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 2488 Woodcrest Drive	Transaction ID: SA11AI.186882
	City State Zip Code Chaska MN 55318	Amount of Each Receipt this Period 18.34
	FEC ID number of contributing federal political committee. C	
	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 ▼ 221.74	

C.	Full Name (Last, First, Middle Initial) BENITA MUSTIN	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183418
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	68.84
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 667 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) BENITA MUSTIN	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185136
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) CATHY MYER	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 3021 S Tacoma	Transaction ID: SA11AI.187014
	City Indianapolis State IN Zip Code 46237	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IN CN 62 Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.00	

C.	Full Name (Last, First, Middle Initial) LORANA J. MYERS	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183419
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	101.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 668 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) LORANA J. MYERS		Date of Receipt		
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0		
	City Olympia	State WA	Zip Code 98501	Transaction ID: SA11AI.185137	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50		
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

B.	Full Name (Last, First, Middle Initial) STEVEN L. MYERS		Date of Receipt		
	Mailing Address 696 Hull Road		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
	City Mansfield	State OH	Zip Code 44907	Transaction ID: SA11AI.183835	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00		
	Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 880.00			

C.	Full Name (Last, First, Middle Initial) STEVEN L. MYERS		Date of Receipt		
	Mailing Address 696 Hull Road		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
	City Mansfield	State OH	Zip Code 44907	Transaction ID: SA11AI.186394	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00		
	Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.00			

SUBTOTAL of Receipts This Page (optional)	▶	90.50
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
PHYLLIS NAIAD

Mailing Address 13304 58th Drive NE

City State Zip Code
Marysville WA 98271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.183251

Amount of Each Receipt this Period
52.26

B. Full Name (Last, First, Middle Initial)
KENNY L. NANCE

Mailing Address 583 Monticello Avenue

City State Zip Code
Riverside OH 45404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/MAD RIVER LS STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183908

Amount of Each Receipt this Period
13.89

C. Full Name (Last, First, Middle Initial)
KENNY L. NANCE

Mailing Address 583 Monticello Avenue

City State Zip Code
Riverside OH 45404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/MAD RIVER LS STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 248.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186488

Amount of Each Receipt this Period
13.89

SUBTOTAL of Receipts This Page (optional) ► **80.04**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 670 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) REBECCA NASSARRE		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1701 S Norfolk Street		Transaction ID: SA11AI.187570
	City State Zip Code San Mateo CA 94403	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
	Name of Employer AFSCME CA CN 57/SAN MATEO CNTY	Occupation SOCIAL WORKER	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) RACHEL E. NAUMAN		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 11021 Horseshoe Drive		Transaction ID: SA11AI.183637
	City State Zip Code Frederick MD 21701-3397	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.95
	Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ASSISTANT	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 658.95	

C.	Full Name (Last, First, Middle Initial) RACHEL E. NAUMAN		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 11021 Horseshoe Drive		Transaction ID: SA11AI.183744
	City State Zip Code Frederick MD 21701-3397	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.95
	Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ASSISTANT	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.90	

SUBTOTAL of Receipts This Page (optional)	131.90
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 671 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) RACHEL E. NAUMAN		Date of Receipt
	Mailing Address 11021 Horseshoe Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Frederick	MD	21701-3397
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185454
Name of Employer AFSCME INT'L		Occupation EXECUTIVE OFFICE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 740.85	<input type="text"/> 40.95

B.	Full Name (Last, First, Middle Initial) JAMES NEBLETT		Date of Receipt
	Mailing Address 17635 Greenview		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 18 / 2010
	City	State	Zip Code
	Detroit	MI	48219-3588
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184043
Name of Employer AFSCME MI CN 25		Occupation ADMINISTRATIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 779.90	<input type="text"/> 39.40

C.	Full Name (Last, First, Middle Initial) JAMES NEBLETT		Date of Receipt
	Mailing Address 17635 Greenview		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
	City	State	Zip Code
	Detroit	MI	48219-3588
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184093
Name of Employer AFSCME MI CN 25		Occupation ADMINISTRATIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 819.30	<input type="text"/> 39.40

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 119.75
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JAMES NEBLETT

Mailing Address **17635 Greenview**

City **Detroit** State **MI** Zip Code **48219-3588**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME MI CN 25** Occupation **ADMINISTRATIVE DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **858.70**

Date of Receipt **11 / 15 / 2010**

Transaction ID: SA11AI.185365

Amount of Each Receipt this Period **39.40**

B.

Full Name (Last, First, Middle Initial)
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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **638.40**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.184305

Amount of Each Receipt this Period **63.84**

C.

Full Name (Last, First, Middle Initial)
JONATHAN M. NEIDERBACH

Mailing Address **642 Polk Blvd.**

City **Des Moines** State **IA** Zip Code **50312**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME IA CN 61/STATE OF IA** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **10 / 20 / 2010**

Transaction ID: SA11AI.187304

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional) ► **128.24**

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 673 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JONATHAN M. NEIDERBACH

Mailing Address 642 Polk Blvd.

City State Zip Code
Des Moines IA 50312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.187305

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
JONATHAN M. NEIDERBACH

Mailing Address 642 Polk Blvd.

City State Zip Code
Des Moines IA 50312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.187306

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
JONATHAN M. NEIDERBACH

Mailing Address 642 Polk Blvd.

City State Zip Code
Des Moines IA 50312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187307

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 1078
(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

A. Full Name (Last, First, Middle Initial)
SA NELSEN-BUSTETTER

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY
10 / 25 / 2010

Transaction ID: SA11AI.183421

Amount of Each Receipt this Period: 10.50

B. Full Name (Last, First, Middle Initial)
SA NELSEN-BUSTETTER

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt: MM / DD / YYYY
11 / 10 / 2010

Transaction ID: SA11AI.185139

Amount of Each Receipt this Period: 10.50

C. Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.81

Date of Receipt: MM / DD / YYYY
10 / 19 / 2010

Transaction ID: SA11AI.186604

Amount of Each Receipt this Period: 40.18

SUBTOTAL of Receipts This Page (optional) ► **61.18**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 675 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CHELSA A. NELSON	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 300 Hardman Avenue South	Transaction ID: SA11AI.186652
	City State Zip Code South St. Paul MN 55075	Amount of Each Receipt this Period 40.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.99	

B.	Full Name (Last, First, Middle Initial) CHRISTI NELSON	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 7424 Iden Avenue So.	Transaction ID: SA11AI.186605
	City State Zip Code Cottage Grove MN 55016	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 272.00	

C.	Full Name (Last, First, Middle Initial) CHRISTI NELSON	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 7424 Iden Avenue So.	Transaction ID: SA11AI.186653
	City State Zip Code Cottage Grove MN 55016	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.00	

SUBTOTAL of Receipts This Page (optional)	▶	80.18
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 676 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
CYNTHIA NELSON

Mailing Address 2648 Garfield Street, N.E.

City State Zip Code
Minneapolis MN 55418

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 729.16

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186606

Amount of Each Receipt this Period
71.14

B.

Full Name (Last, First, Middle Initial)
CYNTHIA NELSON

Mailing Address 2648 Garfield Street, N.E.

City State Zip Code
Minneapolis MN 55418

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186654

Amount of Each Receipt this Period
71.14

C.

Full Name (Last, First, Middle Initial)
MICHAEL NELSON

Mailing Address 2191 110th Lane NW

City State Zip Code
Coon Rapids MN 55433-4173

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186702

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **162.28**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial) DEBRA NEUMAN		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183422
City Olympia	State Zip Code WA 98501	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) DEBRA NEUMAN		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185140
City Olympia	State Zip Code WA 98501	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

C.

Full Name (Last, First, Middle Initial) JESSE NEWCOMER, IV		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 2109 Circle Road		Transaction ID: SA11AI.185298
City Carlisle	State Zip Code PA 17013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.00
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 ▼ 843.34	

SUBTOTAL of Receipts This Page (optional)	97.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 678 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) BRENDA NEWMAN		Date of Receipt
	Mailing Address 1021 Ralph Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Lansing	MI	48906
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184044
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) BRENDA NEWMAN		Date of Receipt
	Mailing Address 1021 Ralph Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Lansing	MI	48906
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184094
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.50	<input type="text"/> 10.50

C.	Full Name (Last, First, Middle Initial) BRENDA NEWMAN		Date of Receipt
	Mailing Address 1021 Ralph Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Lansing	MI	48906
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185366
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 231.00	<input type="text"/> 10.50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 31.50
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 679 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MICHAEL NEWMAN	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 4031 N. Hermitage Avenue	Transaction ID: SA11AI.184306
	City State Zip Code Chicago IL 60613	Amount of Each Receipt this Period 89.36
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 ASSOCIATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 893.60	

B.	Full Name (Last, First, Middle Initial) CATHY L. NEWTON	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 221 E. Mulberry Street	Transaction ID: SA11AI.183077
	City State Zip Code Bryan OH 43506	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) CATHY L. NEWTON	Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 221 E. Mulberry Street	Transaction ID: SA11AI.184839
	City State Zip Code Bryan OH 43506	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	129.36
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 / 1078
(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

A.

Full Name (Last, First, Middle Initial) CATHY L. NEWTON		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 221 E. Mulberry Street		Transaction ID: SA11AI.185806
City Bryan	State OH	Zip Code 43506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

B.

Full Name (Last, First, Middle Initial) TAUNUS O. NEWTON		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185142
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) SHERYL L. NICHOLS		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 2410 East Fifth Street		Transaction ID: SA11AI.184510
City Dayton	State OH	Zip Code 45403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.65
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 ▼ 434.15	

SUBTOTAL of Receipts This Page (optional)	▶	67.65
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 681 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LORI NIELSEN-KANGAS	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 713 6th Street	Transaction ID: SA11AI.186703
	City State Zip Code Moose Lake MN 55767-9747	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation BENEFITS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) NICHOLAS A. NIGHTWINE	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 6655 Jackson Road Unit 214	Transaction ID: SA11AI.187475
	City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MI CN 25/ANN ARBOR	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) NICHOLAS A. NIGHTWINE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 6655 Jackson Road Unit 214	Transaction ID: SA11AI.187476
	City State Zip Code Ann Arbor MI 48103	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MI CN 25/ANN ARBOR	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 1078
(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

A.

Full Name (Last, First, Middle Initial) NICHOLAS A. NIGHTWINE		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 6655 Jackson Road Unit 214		Transaction ID: SA11AI.187477
City Ann Arbor	State Zip Code MI 48103	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME MI CN 25/ANN ARBOR	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

B.

Full Name (Last, First, Middle Initial) JAMES B. NILAND		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 2728 Pleasant Ave		Transaction ID: SA11AI.186608
City Minneapolis	State Zip Code MN 55408	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

C.

Full Name (Last, First, Middle Initial) JAMES B. NILAND		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 2728 Pleasant Ave		Transaction ID: SA11AI.186656
City Minneapolis	State Zip Code MN 55408	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 160.00
Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1760.00	

SUBTOTAL of Receipts This Page (optional)	330.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 683 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOSEPH NILSSON		Date of Receipt
	Mailing Address 3215 Eastland Circle SE		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183426
Name of Employer AFSCME WA CN 28/SOWA		Occupation CLERICAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	<input type="text" value="21.00"/>

B.	Full Name (Last, First, Middle Initial) JOSEPH NILSSON		Date of Receipt
	Mailing Address 3215 Eastland Circle SE		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185144
Name of Employer AFSCME WA CN 28/SOWA		Occupation CLERICAL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="441.00"/>	<input type="text" value="21.00"/>

C.	Full Name (Last, First, Middle Initial) LORI NILSSON		Date of Receipt
	Mailing Address 415 W Ostrander Avenue		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Syracuse	NY	13205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187712
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="202.02"/>	<input type="text" value="9.62"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="51.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 LORI NILSSON
 Mailing Address 415 W Ostrander Avenue
 City State Zip Code
 Syracuse NY 13205
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 4 / 2 0 1 0
Transaction ID: SA11AI.187713
 Amount of Each Receipt this Period
 9.62
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NY LOC 1000/NYS IN-ST. STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 211.64

B. Full Name (Last, First, Middle Initial)
 LORI NILSSON
 Mailing Address 415 W Ostrander Avenue
 City State Zip Code
 Syracuse NY 13205
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.187714
 Amount of Each Receipt this Period
 9.62
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME NY LOC 1000/NYS IN-ST. STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 221.26

C. Full Name (Last, First, Middle Initial)
 GARRY Y NITTA
 Mailing Address 251 Nalani Street
 City State Zip Code
 Makawao HI 96768
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 1 0
Transaction ID: SA11AI.183983
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME HI LOC 152 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

SUBTOTAL of Receipts This Page (optional) ► 44.24
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 685 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JEREMY NOELLE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1421 N 14th Street	Transaction ID: SA11AI.184307
	City State Zip Code Herrin IL 62948	Amount of Each Receipt this Period 50.72
	FEC ID number of contributing federal political committee. C	
	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 ▼ 405.76	

B.	Full Name (Last, First, Middle Initial) ANDREW W. NOLEN	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 407 S. Boston Street	Transaction ID: SA11AI.183078
	City State Zip Code Galion OH 44833	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) ANDREW W. NOLEN	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 407 S. Boston Street	Transaction ID: SA11AI.184840
	City State Zip Code Galion OH 44833	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	70.72
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 686 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ANDREW W. NOLEN		Date of Receipt	
	Mailing Address 407 S. Boston Street		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185807
	Galion	OH	44833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

B.	Full Name (Last, First, Middle Initial) NORA NOMURA		Date of Receipt	
	Mailing Address 2528 Komo Mai Drive		M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183984
	Pearl City	HI	96782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
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 ▼ 550.00		

C.	Full Name (Last, First, Middle Initial) JOHN NOONAH		Date of Receipt	
	Mailing Address 3412 Knipp Drive Suite 102		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186896
	Jefferson City	MO	65109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.17	
Name of Employer AFSCME MO CN 72		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.23		

SUBTOTAL of Receipts This Page (optional)	▶	79.17
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 687 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JOHN NOONAH	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 3412 Knipp Drive Suite 102	Transaction ID: SA11AI.186908
	City State Zip Code Jefferson City MO 65109	Amount of Each Receipt this Period 19.17
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 383.40	

B.	Full Name (Last, First, Middle Initial) JOHN NOONAH	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 3412 Knipp Drive Suite 102	Transaction ID: SA11AI.186919
	City State Zip Code Jefferson City MO 65109	Amount of Each Receipt this Period 19.17
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 402.57	

C.	Full Name (Last, First, Middle Initial) KEVIN NORBIE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2205 John Avenue	Transaction ID: SA11AI.186704
	City State Zip Code Superior WI 54880-4924	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 292.00	

SUBTOTAL of Receipts This Page (optional)	58.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

MARCIA NORTHERN

Mailing Address 1757 N. Rutherford

City State Zip Code
Chicago IL 60707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL PUBLIC SERVICE ADMIN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184411

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

SUZANNE NOTT

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183427

Amount of Each Receipt this Period

10.50

C.

Full Name (Last, First, Middle Initial)

SUZANNE NOTT

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.50

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185145

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional)

47.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 689 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) LEE F. NOVAK		Date of Receipt	
	Mailing Address 14010 SE 35th Street		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183428
	Vancouver	WA	98683	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		21.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		

B.	Full Name (Last, First, Middle Initial) LEE F. NOVAK		Date of Receipt	
	Mailing Address 14010 SE 35th Street		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185146
	Vancouver	WA	98683	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		21.00	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 441.00		

C.	Full Name (Last, First, Middle Initial) JEFFREY NOVOTNY		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187315
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer AFSCME IA CN 61/STATE WRNT		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.40		

SUBTOTAL of Receipts This Page (optional)	▶	62.84
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 690 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEFFREY NOVOTNY		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y 11 / 17 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.187316
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer AFSCME IA CN 61/STATE WRNT		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.24		

B.	Full Name (Last, First, Middle Initial) PAMELA R. NOYER		Date of Receipt	
	Mailing Address 2575 Hazelwood Way		M M / D D / Y Y Y Y 11 / 05 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.187572
	East Palo Alto	CA	94303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME CA CN 57/SAN MATEO CNTY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) KEITH A. NUEHRING		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y 11 / 17 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.187320
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.82	
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 ▼ 206.22		

SUBTOTAL of Receipts This Page (optional)	▶	50.66
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 691 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
TAMIL NULL

Mailing Address 3359 Robin Hill Court W.

City Columbus State OH Zip Code 43223

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 ▼ 210.00

Date of Receipt 11 / 05 / 2010

Transaction ID: SA11AI.184844

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
TAMIL NULL

Mailing Address 3359 Robin Hill Court W.

City Columbus State OH Zip Code 43223

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 ▼ 220.00

Date of Receipt 11 / 19 / 2010

Transaction ID: SA11AI.185811

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
ARLEY J. NUNES

Mailing Address P.O. Box 281

City Dawson State IL Zip Code 62520

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.184412

Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional) ► 41.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 692 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) VICTORIA M. NUZZI	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 26737 Hampton Woods Drive	Transaction ID: SA11AI.183638
	City Elkhart State IN Zip Code 46514	Amount of Each Receipt this Period 26.78
	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 ▼ 500.88	

B.	Full Name (Last, First, Middle Initial) VICTORIA M. NUZZI	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 26737 Hampton Woods Drive	Transaction ID: SA11AI.183745
	City Elkhart State IN Zip Code 46514	Amount of Each Receipt this Period 26.78
	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 ▼ 527.66	

C.	Full Name (Last, First, Middle Initial) VICTORIA M. NUZZI	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 26737 Hampton Woods Drive	Transaction ID: SA11AI.185455
	City Elkhart State IN Zip Code 46514	Amount of Each Receipt this Period 26.78
	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 ▼ 554.44	

SUBTOTAL of Receipts This Page (optional)	80.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 693 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHIRLEY A. NWACHUKWU		Date of Receipt
	Mailing Address 19 Sunset Hill Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Brookfield	CT	06804-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187045
Name of Employer AFSCME CT CN 4/SOCT		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 207.00	<input type="text"/> 9.00

B.	Full Name (Last, First, Middle Initial) DENNIS M. O'BRIEN		Date of Receipt
	Mailing Address 1226 Rout 6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
	City	State	Zip Code
	Rhineland	WI	54501-9813
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186000
Name of Employer AFSCME WI CN 40		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) DENNIS O'NEIL		Date of Receipt
	Mailing Address 124 East Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	Litchfield	CT	06759-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187034
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 54.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 694 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ROWNY M. OBORN	Date of Receipt
	Mailing Address 1212 Jefferson Street SE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City State Zip Code Olympia WA 98501	Transaction ID: SA11AI.186171
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME WA CN 28/WSECU STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

B.	Full Name (Last, First, Middle Initial) CHERYL L. OGBOZO	Date of Receipt
	Mailing Address 438 Pierce Street NE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	City State Zip Code Minneapolis MN 55413	Transaction ID: SA11AI.187533
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME MN CN 5/UNIV OF MN STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

C.	Full Name (Last, First, Middle Initial) CHERYL L. OGBOZO	Date of Receipt
	Mailing Address 438 Pierce Street NE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City State Zip Code Minneapolis MN 55413	Transaction ID: SA11AI.186788
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME MN CN 5/UNIV OF MN STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
KAREN OGDEN
Mailing Address 501 N 12th
City Herrin State IL Zip Code 62948
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 208.40
Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.184413
Amount of Each Receipt this Period 20.84

B. Full Name (Last, First, Middle Initial)
RENEE L. OHL
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 ▼ 206.22
Date of Receipt 11 / 17 / 2010
Transaction ID: SA11AI.187324
Amount of Each Receipt this Period 9.82

C. Full Name (Last, First, Middle Initial)
TRAVIS OHM
Mailing Address 8 Highland Road
City Seven Valleys State PA Zip Code 17360
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 886.71
Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.185299
Amount of Each Receipt this Period 81.68

SUBTOTAL of Receipts This Page (optional) ► 112.34
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
RUSSELL K. OKATA
 Mailing Address **1015 Wilder Avenue #203**
 City **Honolulu** State **HI** Zip Code **96822-2655**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.183985
 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 **EXECUTIVE DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1125.00**

B. Full Name (Last, First, Middle Initial)
LATASHA A. OLIVER
 Mailing Address **1610 Oakwood Avenue**
 City **Columbus** State **OH** Zip Code **43207**
 Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.184511
 Amount of Each Receipt this Period **30.29**
 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 ▼ **352.78**

C. Full Name (Last, First, Middle Initial)
RICHARD ONISHI
 Mailing Address **888 Mililani Street Suite 601**
 City **Honolulu** State **HI** Zip Code **96813-2991**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.183986
 Amount of Each Receipt this Period **20.00**
 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 ▼ **220.00**

SUBTOTAL of Receipts This Page (optional) ► **150.29**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 697 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MARY C. OPENLANDER		Date of Receipt
	Mailing Address 466 Prospect		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Muir	MI	48860
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184045
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 21.00

B.	Full Name (Last, First, Middle Initial) MARY C. OPENLANDER		Date of Receipt
	Mailing Address 466 Prospect		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Muir	MI	48860
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184095
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 441.00	<input type="text"/> 21.00

C.	Full Name (Last, First, Middle Initial) MARY C. OPENLANDER		Date of Receipt
	Mailing Address 466 Prospect		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Muir	MI	48860
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185367
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 462.00	<input type="text"/> 21.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 63.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 698 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) WILLIAM D. ORNER		Date of Receipt
	Mailing Address 1991 Market Street Ext.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Middleton	PA	17057
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186238
Name of Employer AFSCME PA CN 13/STATE OF PA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 210.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) WILLIAM J. OROSZ		Date of Receipt
	Mailing Address 685 Coleman Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mansfield	OH	44903
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183086
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 210.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) WILLIAM J. OROSZ		Date of Receipt
	Mailing Address 685 Coleman Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mansfield	OH	44903
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184848
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 220.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 40.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 1078
(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>A. Full Name (Last, First, Middle Initial) WILLIAM J. OROSZ</p> <p>Mailing Address 685 Coleman Road</p> <p>City State Zip Code Mansfield OH 44903</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: CORRECTION OFFICER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2010</p> <p>Transaction ID: SA11AI.185815</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) VALERIE M. ORR</p> <p>Mailing Address 1926 Torchwood Drive</p> <p>City State Zip Code Columbus OH 43229</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: PROGRAMMER/ANALYST IV</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 10 / 22 / 2010</p> <p>Transaction ID: SA11AI.183087</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) VALERIE M. ORR</p> <p>Mailing Address 1926 Torchwood Drive</p> <p>City State Zip Code Columbus OH 43229</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: PROGRAMMER/ANALYST IV</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 11 / 05 / 2010</p> <p>Transaction ID: SA11AI.184849</p> <p>Amount of Each Receipt this Period 10.00</p>
---	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>30.00</p>
<p>TOTAL 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 700 / 1078
(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

A.

Full Name (Last, First, Middle Initial) VALERIE M. ORR		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 1926 Torchwood Drive		Transaction ID: SA11AI.185816	
City Columbus	State OH	Zip Code 43229	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PROGRAMMER/ANALYST IV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

B.

Full Name (Last, First, Middle Initial) SUSAN ORRIS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 536 Second Street		Transaction ID: SA11AI.185300	
City Steelton	State PA	Zip Code 17113	Amount of Each Receipt this Period 48.18
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 ▼ 511.58		

C.

Full Name (Last, First, Middle Initial) KARMEN ORTLOFF		Date of Receipt MM / DD / YYYY 10 / 29 / 2010	
Mailing Address 3042 N. Christiana		Transaction ID: SA11AI.184308	
City Chicago	State IL	Zip Code 60618	Amount of Each Receipt this Period 63.84
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 ▼ 632.19		

SUBTOTAL of Receipts This Page (optional)	▶	122.02
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 701 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) LISA A. ORTNER		Date of Receipt																					
	Mailing Address 504 1st Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	0		2	0	1	0														
	City State Zip Code Washburn IA 50706		Transaction ID: SA11AI.187326																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 252.00		10.00																						

B.	Full Name (Last, First, Middle Initial) LISA A. ORTNER		Date of Receipt																					
	Mailing Address 504 1st Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	5		2	0	1	0														
	City State Zip Code Washburn IA 50706		Transaction ID: SA11AI.187327																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 262.00		10.00																						

C.	Full Name (Last, First, Middle Initial) LISA A. ORTNER		Date of Receipt																					
	Mailing Address 504 1st Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	1		2	0	1	0														
	City State Zip Code Washburn IA 50706		Transaction ID: SA11AI.187328																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 272.00		10.00																						

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 702 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LISA A. ORTNER	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 504 1st Street	Transaction ID: SA11AI.187329
	City State Zip Code Washburn IA 50706	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 282.00	

B.	Full Name (Last, First, Middle Initial) PETER S. OSHIRO	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 95-1076 Pikokea Street	Transaction ID: SA11AI.183987
	City State Zip Code Mililani Town HI 96789	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 482.00	

C.	Full Name (Last, First, Middle Initial) LINDA M. OSSTIFIN	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address P. O. Box 141362	Transaction ID: SA11AI.187939
	City State Zip Code Toledo OH 43614	Amount of Each Receipt this Period 9.61
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8/CITY OF TOLEDO STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.81	

SUBTOTAL of Receipts This Page (optional)	▶	61.61
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 703 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) LINDA M. OSSTIFIN		Date of Receipt																					
	Mailing Address P. O. Box 141362		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	9	/	2	0	1	0														
	City State Zip Code Toledo OH 43614		Transaction ID: SA11AI.187940																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.61																						
Name of Employer AFSCME OH CN 8/CITY OF TOLEDO		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.42																						

B.	Full Name (Last, First, Middle Initial) LINDA M. OSSTIFIN		Date of Receipt																					
	Mailing Address P. O. Box 141362		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	9	/	2	0	1	0														
	City State Zip Code Toledo OH 43614		Transaction ID: SA11AI.187941																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.61																						
Name of Employer AFSCME OH CN 8/CITY OF TOLEDO		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.03																						

C.	Full Name (Last, First, Middle Initial) CURT A. OSTRANDER		Date of Receipt																					
	Mailing Address 25 J. Braden Thompson Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	1	5	/	2	0	1	0														
	City State Zip Code Forestdale MA 02644-0000		Transaction ID: SA11AI.183639																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.93																						
Name of Employer AFSCME INT'L		Occupation INT'L UNION BARGAINING REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 872.67																						

SUBTOTAL of Receipts This Page (optional)	▶	65.15
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
CURT A. OSTRANDER

Mailing Address 25 J. Braden Thompson Road

City State Zip Code
Forestdale MA 02644-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L INT'L UNION BARGAINING REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 918.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183746

Amount of Each Receipt this Period
45.93

B. Full Name (Last, First, Middle Initial)
CURT A. OSTRANDER

Mailing Address 25 J. Braden Thompson Road

City State Zip Code
Forestdale MA 02644-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L INT'L UNION BARGAINING REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 964.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185456

Amount of Each Receipt this Period
45.93

C. Full Name (Last, First, Middle Initial)
DAVID G. OTT, Jr.

Mailing Address 3436 Swede Hill Road

City State Zip Code
Clinton WA 98236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 2/SNOHOMISH CNTY PLANNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.186181

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **101.86**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DAVID G. OTT, Jr.
Mailing Address 3436 Swede Hill Road
City Clinton State WA Zip Code 98236
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME WA CN 2/SNOHOMISH CNTY Occupation PLANNER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00
Date of Receipt 11 / 17 / 2010
Transaction ID: SA11AI.186182
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
GERALD OTTEN
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 BENEFITS MANAGER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 784.35
Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.183640
Amount of Each Receipt this Period 41.28

C. Full Name (Last, First, Middle Initial)
GERALD OTTEN
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 BENEFITS MANAGER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 825.63
Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.183747
Amount of Each Receipt this Period 41.28

SUBTOTAL of Receipts This Page (optional) ► 92.56
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 706 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GERALD OTTEN		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2905 Evergreen Way		Transaction ID: SA11AI.185457
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.28
Name of Employer AFSCME INT'L	Occupation BENEFITS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 866.91	

B.

Full Name (Last, First, Middle Initial) ROBERT W. OVERTURF		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1318 E. Rockwell Avenue		Transaction ID: SA11AI.183430
City Spokane	State WA	Zip Code 99207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) ROBERT W. OVERTURF		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1318 E. Rockwell Avenue		Transaction ID: SA11AI.185147
City Spokane	State WA	Zip Code 99207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	62.28
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
BARBARA OWENS

Mailing Address 955 Overland Court
Suite 150

City San Dimas State CA Zip Code 91773-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.187603
Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
BARBARA OWENS

Mailing Address 955 Overland Court
Suite 150

City San Dimas State CA Zip Code 91773-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.187604
Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
BARBARA OWENS

Mailing Address 955 Overland Court
Suite 150

City San Dimas State CA Zip Code 91773-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: SA11AI.187605
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 708 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ANDREW E. PADILLA		Date of Receipt
	Mailing Address 4829 GTO Drive		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albuquerque	NM	87105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME NM CN 18/WA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186968
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="422.00"/>	<input type="text" value="17.00"/>

B.	Full Name (Last, First, Middle Initial) ANDREW E. PADILLA		Date of Receipt
	Mailing Address 4829 GTO Drive		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albuquerque	NM	87105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME NM CN 18/WA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186969
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="439.00"/>	<input type="text" value="17.00"/>

C.	Full Name (Last, First, Middle Initial) ANDREW E. PADILLA		Date of Receipt
	Mailing Address 4829 GTO Drive		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albuquerque	NM	87105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME NM CN 18/WA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186970
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="456.00"/>	<input type="text" value="17.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="51.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MOISES PADILLA
 Mailing Address **444 East Main Street**
 City **New Britain** State **CT** Zip Code **06051-0000**
 Date of Receipt MM / DD / YYYY
10 / 26 / 2010
Transaction ID: SA11AI.187046
 Amount of Each Receipt this Period 10.00
 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 ▼ 220.00

B. Full Name (Last, First, Middle Initial)
MOISES PADILLA
 Mailing Address **444 East Main Street**
 City **New Britain** State **CT** Zip Code **06051-0000**
 Date of Receipt MM / DD / YYYY
11 / 15 / 2010
Transaction ID: SA11AI.187047
 Amount of Each Receipt this Period 10.00
 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 ▼ 230.00

C. Full Name (Last, First, Middle Initial)
WILLIAM M. PADISAK, Jr.
 Mailing Address **4886 Pine Trace Drive**
 City **Austintown** State **OH** Zip Code **44515**
 Date of Receipt MM / DD / YYYY
10 / 29 / 2010
Transaction ID: SA11AI.183836
 Amount of Each Receipt this Period 23.24
 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 ▼ 601.28

SUBTOTAL of Receipts This Page (optional) 43.24
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 1078
(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

A. Full Name (Last, First, Middle Initial)
WILLIAM M. PADISAK, Jr.
Mailing Address 4886 Pine Trace Drive

City State Zip Code
Austintown OH 44515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 624.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186395

Amount of Each Receipt this Period
23.24

B. Full Name (Last, First, Middle Initial)
HAROLD A. PALMER
Mailing Address 7565 Liddesdale Blvd.

City State Zip Code
Blacklick OH 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 REGIONAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 920.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183837

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
HAROLD A. PALMER
Mailing Address 7565 Liddesdale Blvd.

City State Zip Code
Blacklick OH 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 REGIONAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186396

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **103.24**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 711 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) PAMELA PARKER		Date of Receipt
	Mailing Address 4814 298th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Toledo	OH	43611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183909
Name of Employer AFSCME OH LOC 4/WASHINGTON LS		Occupation SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64	<input type="text"/> 9.62

B.	Full Name (Last, First, Middle Initial) PAMELA PARKER		Date of Receipt
	Mailing Address 4814 298th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Toledo	OH	43611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186489
Name of Employer AFSCME OH LOC 4/WASHINGTON LS		Occupation SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26	<input type="text"/> 9.62

C.	Full Name (Last, First, Middle Initial) PAMELA PARKER		Date of Receipt
	Mailing Address 4814 298th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Toledo	OH	43611
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186490
Name of Employer AFSCME OH LOC 4/WASHINGTON LS		Occupation SECRETARY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.88	<input type="text"/> 9.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 28.86
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 712 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) EDDIE L. PARKS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 7176 Nightshade Drive	Transaction ID: SA11AI.183089
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 651.00	

B.	Full Name (Last, First, Middle Initial) EDDIE L. PARKS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 7176 Nightshade Drive	Transaction ID: SA11AI.184237
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00	

C.	Full Name (Last, First, Middle Initial) EDDIE L. PARKS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 7176 Nightshade Drive	Transaction ID: SA11AI.184852
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00	

SUBTOTAL of Receipts This Page (optional)	64.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 713 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) EDDIE L. PARKS		Date of Receipt MM / DD / YYYY 11 / 19 / 2010		
	Mailing Address 7176 Nightshade Drive		Transaction ID: SA11AI.185819		
	City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PRESIDENT	Aggregate Year-to-Date 715.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JAMES PARRETT		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 517 Edgewood Drive		Transaction ID: SA11AI.186031		
	City Burlington	State WI	Zip Code 53105	Amount of Each Receipt this Period 58.36	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WI CN 24	Occupation FIELD REPRESENTATIVE	Aggregate Year-to-Date 335.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) GLENN H. PARRISH		Date of Receipt MM / DD / YYYY 11 / 02 / 2010		
	Mailing Address 609 East View Court		Transaction ID: SA11AI.186001		
	City Fitchburg	State WI	Zip Code 53593	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	103.36
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
KEITH PARSONS

Mailing Address 7564 Cindell Street SE

City Canton State OH Zip Code 44730

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 25 / 2010

Transaction ID: SA11AI.187942

Amount of Each Receipt this Period 9.62

B.

Full Name (Last, First, Middle Initial)
KEITH PARSONS

Mailing Address 7564 Cindell Street SE

City Canton State OH Zip Code 44730

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt 11 / 08 / 2010

Transaction ID: SA11AI.187943

Amount of Each Receipt this Period 9.62

C.

Full Name (Last, First, Middle Initial)
KEITH PARSONS

Mailing Address 7564 Cindell Street SE

City Canton State OH Zip Code 44730

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt 11 / 22 / 2010

Transaction ID: SA11AI.187944

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional) ► 28.86

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 715 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ALEJANDRO PASCASIO	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1520 G Avenue	Transaction ID: SA11AI.187812
	City State Zip Code National City CA 91950	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 3930 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) MARY J. PASS	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 3333 W. Broad Street Apt. 16	Transaction ID: SA11AI.183091
	City State Zip Code Columbus OH 43204	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MARY J. PASS	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 3333 W. Broad Street Apt. 16	Transaction ID: SA11AI.184854
	City State Zip Code Columbus OH 43204	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MARY J. PASS
 Mailing Address **3333 W. Broad Street**
Apt. 16
 City **Columbus** State **OH** Zip Code **43204**
 Date of Receipt **11 / 19 / 2010**
Transaction ID: SA11AI.185821
 Amount of Each Receipt this Period **10.00**
 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 **230.00**

B. Full Name (Last, First, Middle Initial)
PERRY J. PATSON
 Mailing Address **1212 Jefferson St., SE**
Suite 300
 City **Olympia** State **WA** Zip Code **98501**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185150
 Amount of Each Receipt this Period **10.00**
 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 **210.00**

C. Full Name (Last, First, Middle Initial)
JAMES B. PATTERSON
 Mailing Address **630 Fountain Street**
 City **Marion** State **OH** Zip Code **43302**
 Date of Receipt **10 / 22 / 2010**
Transaction ID: SA11AI.183092
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **CORRECTION OFFICER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **210.00**

SUBTOTAL of Receipts This Page (optional) ► **30.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 717 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JAMES B. PATTERSON	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 630 Fountain Street	Transaction ID: SA11AI.184855
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) JAMES B. PATTERSON	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 630 Fountain Street	Transaction ID: SA11AI.185822
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) SHERRY A. PATTERSON	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 404 W. Walnut Street	Transaction ID: SA11AI.183910
	City Mt Vernon State OH Zip Code 43050	Amount of Each Receipt this Period 14.71
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 4/MT VERNON	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.97	

SUBTOTAL of Receipts This Page (optional)	▶	34.71
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 / 1078
(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

A. Full Name (Last, First, Middle Initial)
SHERRY A. PATTERSON

Mailing Address 404 W. Walnut Street

City State Zip Code
Mt Vernon OH 43050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/MT VERNON SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.68

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.186491

Amount of Each Receipt this Period
14.71

B. Full Name (Last, First, Middle Initial)
THOMAS E. PATTERSON

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.187330

Amount of Each Receipt this Period
19.23

C. Full Name (Last, First, Middle Initial)
THOMAS E. PATTERSON

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.187331

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **53.17**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 719 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) THOMAS E. PATTERSON	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.187332
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

B.	Full Name (Last, First, Middle Initial) THOMAS E. PATTERSON	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.187333
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

C.	Full Name (Last, First, Middle Initial) DEBORAH JO PATTON	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 29 N Wacker	Transaction ID: SA11AI.184310
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 69.14
	FEC ID number of contributing federal political committee. C	
	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 ▼ 691.40	

SUBTOTAL of Receipts This Page (optional)	▶	107.60
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 720 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TYRONE R. PAULEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 1002 125th Street Court E.	Transaction ID: SA11AI.183434
	City State Zip Code Tacoma WA 98445	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) TYRONE R. PAULEY	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Mailing Address 1002 125th Street Court E.	Transaction ID: SA11AI.185151
	City State Zip Code Tacoma WA 98445	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

C.	Full Name (Last, First, Middle Initial) ROSALYN O. PEACH	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address P.O. Box 79	Transaction ID: SA11AI.184415
	City State Zip Code Robinson IL 62454	Amount of Each Receipt this Period 29.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL CORRECTIONAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional)	50.40
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 721 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) BARRY PEARCE	Date of Receipt
	Mailing Address 130 N. Wilson Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City State Zip Code Bellefonte PA 16823	Transaction ID: SA11AI.185301
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 70.34
	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 ▼ <input type="text"/> 776.53	

B.	Full Name (Last, First, Middle Initial) MELINDA PEARSON	Date of Receipt
	Mailing Address 3908 Hoffman Road Apt. 1B	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City State Zip Code White Bear Lake MN 55110-4652	Transaction ID: SA11AI.186705
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 24.00
	Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 284.00	

C.	Full Name (Last, First, Middle Initial) MARIA F PEDERSEN	Date of Receipt
	Mailing Address 6607 Clearbrook Drive SE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 25 / 2010
	City State Zip Code Lacey WA 98503	Transaction ID: SA11AI.183435
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 257.50	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 114.34
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 1078
(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

A. Full Name (Last, First, Middle Initial)
MARIA F PEDERSEN

Mailing Address 6607 Clearbrook Drive SE

City State Zip Code
Lacey WA 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 277.50

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185152

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
GLORIA A. PEGUES

Mailing Address 1223 Carolwood Avenue

City State Zip Code
Columbus OH 43227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.183094

Amount of Each Receipt this Period
12.00

C. Full Name (Last, First, Middle Initial)
GLORIA A. PEGUES

Mailing Address 1223 Carolwood Avenue

City State Zip Code
Columbus OH 43227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH ADMINISTRATIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.184857

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional) ► **44.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 723 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GLORIA A. PEGUES	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1223 Carolwood Avenue	Transaction ID: SA11AI.185824
	City State Zip Code Columbus OH 43227	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL S. PEGUES	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 263 Goodwin Street	Transaction ID: SA11AI.187048
	City State Zip Code East Hartford CT 06108-0000	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CT CN 4/STATE OF CT STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL S. PEGUES	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 263 Goodwin Street	Transaction ID: SA11AI.187049
	City State Zip Code East Hartford CT 06108-0000	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CT CN 4/STATE OF CT STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	32.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JOANNE M. PELS		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 6987 County 38 NW		Transaction ID: SA11AI.186609
City Walker	State MN	Zip Code 56484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.74
Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1054.40	

B.

Full Name (Last, First, Middle Initial) JOANNE M. PELS		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 6987 County 38 NW		Transaction ID: SA11AI.186657
City Walker	State MN	Zip Code 56484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 81.74
Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1136.14	

C.

Full Name (Last, First, Middle Initial) JEFFERY L. PENNINGTON		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 579 Edgefield Drive		Transaction ID: SA11AI.183095
City Marion	State OH	Zip Code 43302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	173.48
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 725 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JEFFERY L. PENNINGTON	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 579 Edgefield Drive	Transaction ID: SA11AI.184858
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 222.00	

B.	Full Name (Last, First, Middle Initial) JEFFERY L. PENNINGTON	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 579 Edgefield Drive	Transaction ID: SA11AI.185825
	City Marion State OH Zip Code 43302	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 234.00	

C.	Full Name (Last, First, Middle Initial) PATRICIA A. PEOPLES	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 18170 Fleming Street	Transaction ID: SA11AI.187478
	City Detroit State MI Zip Code 48234-1300	Amount of Each Receipt this Period 22.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: AFSCME MI CN 25/SAINT JOS-EPH Occupation: NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	46.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
PATRICIA A. PEOPLES

Mailing Address 18170 Fleming Street

City State Zip Code
Detroit MI 48234-1300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25/SAINT JOS- EPH NURSE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 247.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.187479

Amount of Each Receipt this Period
22.50

B. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L ADMINISTRATIVE ASSISTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 654.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.183641

Amount of Each Receipt this Period
34.42

C. Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME INT'L ADMINISTRATIVE ASSISTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 688.44

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183748

Amount of Each Receipt this Period
34.42

SUBTOTAL of Receipts This Page (optional) ► 91.34

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
PAMELA PERILLO
 Mailing Address **9270 Billingsley Road**
 City **White Plains** State **MD** Zip Code **20695**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.185458
 Amount of Each Receipt this Period **34.42**
 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 **722.86**

B. Full Name (Last, First, Middle Initial)
RANDOLPH P. PERREIRA
 Mailing Address **1044 Mokuhano Street**
 City **Honolulu** State **HI** Zip Code **96825**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184238
 Amount of Each Receipt this Period **14.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME HI LOC 152** Occupation **EXECUTIVE DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1140.00**

C. Full Name (Last, First, Middle Initial)
RANDOLPH P. PERREIRA
 Mailing Address **1044 Mokuhano Street**
 City **Honolulu** State **HI** Zip Code **96825**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.183989
 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 **EXECUTIVE DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **1240.00**

SUBTOTAL of Receipts This Page (optional) ► **148.42**
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 728 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ROBERT E. PERRINE		Date of Receipt
	Mailing Address 15 Pine Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Sherman	IL	62684
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184416
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation CORRECTIONAL OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 38.00

B.	Full Name (Last, First, Middle Initial) ELIZABETH PERROW		Date of Receipt
	Mailing Address 958 N. Harrison Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Arlington	VA	22205
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183642
Name of Employer AFSCME INT'L		Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.28

C.	Full Name (Last, First, Middle Initial) ELIZABETH PERROW		Date of Receipt
	Mailing Address 958 N. Harrison Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Arlington	VA	22205
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183749
Name of Employer AFSCME INT'L		Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.28

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.56
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City State Zip Code
Arlington VA 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 866.91

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185459

Amount of Each Receipt this Period

41.28

B.

Full Name (Last, First, Middle Initial)

BONNIE M. PERRY

Mailing Address 1393 Penhurst Road

City State Zip Code
Cleveland OH 44110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8/CLEVELAND STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.02

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.187947

Amount of Each Receipt this Period

9.62

C.

Full Name (Last, First, Middle Initial)

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 Occupation
AFSCME IL CN 31 DIRECTOR EMP. INV. DEV. & TRAINING

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 691.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184311

Amount of Each Receipt this Period

69.14

SUBTOTAL of Receipts This Page (optional)

120.04

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 730 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DEBORAH PERSINGER	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183436
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) DEBORAH PERSINGER	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185153
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

C.	Full Name (Last, First, Middle Initial) ANNIE P. PERSON	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1909 Scott Valley Drive	Transaction ID: SA11AI.183096
	City Columbus State OH Zip Code 43223	Amount of Each Receipt this Period 10.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 731 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) ANNIE P. PERSON		Date of Receipt	
	Mailing Address 1909 Scott Valley Drive		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184859
	Columbus	OH	43223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation JUVENILE CORRECTION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

B.	Full Name (Last, First, Middle Initial) ANNIE P. PERSON		Date of Receipt	
	Mailing Address 1909 Scott Valley Drive		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185826
	Columbus	OH	43223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation JUVENILE CORRECTION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

C.	Full Name (Last, First, Middle Initial) BOBBIE L. PETERS		Date of Receipt	
	Mailing Address 14999 Wheeler Road		M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186560
	Lagrange	OH	44050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		32.00	
Name of Employer AFSCME OH LOC 11/STATE OF OHIO		Occupation SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.00		

SUBTOTAL of Receipts This Page (optional)	▶	52.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 732 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) IVA PETERS		Date of Receipt	
	Mailing Address 1939 Salem School Road		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183643
	Rineyville	KY	40162-9314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		33.28	
Name of Employer AFSCME INT'L		Occupation LEAD ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 597.26		

B.	Full Name (Last, First, Middle Initial) IVA PETERS		Date of Receipt	
	Mailing Address 1939 Salem School Road		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183750
	Rineyville	KY	40162-9314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		33.28	
Name of Employer AFSCME INT'L		Occupation LEAD ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 630.54		

C.	Full Name (Last, First, Middle Initial) IVA PETERS		Date of Receipt	
	Mailing Address 1939 Salem School Road		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185460
	Rineyville	KY	40162-9314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		33.28	
Name of Employer AFSCME INT'L		Occupation LEAD ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 663.82		

SUBTOTAL of Receipts This Page (optional)	▶	99.84
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
MARYANN Z. PETERS

Mailing Address P.O. Box 57037

City State Zip Code
Los Angeles CA 90057

FEC ID number of contributing federal political committee. C

Name of Employer
AFSCME CA CN 36/CITY OF LA

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.187552

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
MARYANN Z. PETERS

Mailing Address P.O. Box 57037

City State Zip Code
Los Angeles CA 90057

FEC ID number of contributing federal political committee. C

Name of Employer
AFSCME CA CN 36/CITY OF LA

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	1	0

Transaction ID: SA11AI.187553

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
MARYANN Z. PETERS

Mailing Address P.O. Box 57037

City State Zip Code
Los Angeles CA 90057

FEC ID number of contributing federal political committee. C

Name of Employer
AFSCME CA CN 36/CITY OF LA

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.187554

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) 30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 734 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TY PETERSEN	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 370 Crescent Loop	Transaction ID: SA11AI.184312
	City State Zip Code Vienna IL 62995	Amount of Each Receipt this Period 59.84
	FEC ID number of contributing federal political committee. C	
	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 ▼ 470.00	

B.	Full Name (Last, First, Middle Initial) JANE ANN PETERSON	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 2179 Shoreham Road	Transaction ID: SA11AI.183838
	City State Zip Code Upper Arlington OH 43220	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 887.00	

C.	Full Name (Last, First, Middle Initial) JANE ANN PETERSON	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 2179 Shoreham Road	Transaction ID: SA11AI.186397
	City State Zip Code Upper Arlington OH 43220	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.50	

SUBTOTAL of Receipts This Page (optional)	▶	136.84
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 735 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) LESLIE H. PETERSON		Date of Receipt
	Mailing Address 2179 Shoreham Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 08 / 2010
	City	State	Zip Code
	Columbus	OH	43220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184512
Name of Employer AFSCME OH CN 8		Occupation ACCOUNTING SUPERVISOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 830.95	<input type="text"/> 76.12

B.	Full Name (Last, First, Middle Initial) GAY G. PETRICH		Date of Receipt
	Mailing Address 860 Henn Hyde Road NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 19 / 2010
	City	State	Zip Code
	Warren	OH	44484
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187948
Name of Employer AFSCME OH CN 8/WARREN OH RH		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02	<input type="text"/> 9.62

C.	Full Name (Last, First, Middle Initial) GAY G. PETRICH		Date of Receipt
	Mailing Address 860 Henn Hyde Road NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 03 / 2010
	City	State	Zip Code
	Warren	OH	44484
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187949
Name of Employer AFSCME OH CN 8/WARREN OH RH		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64	<input type="text"/> 9.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 95.36
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 736 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GAY G. PETRICH	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 860 Henn Hyde Road NE	Transaction ID: SA11AI.187950
	City Warren State OH Zip Code 44484	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH CN 8/WARREN OH RH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26	

B.	Full Name (Last, First, Middle Initial) DANIEL J. PETRUSO	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183438
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) DANIEL J. PETRUSO	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185155
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	30.62
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 737 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) JESSICA T. PETTAWAY		Date of Receipt	
	Mailing Address 4321 Shawn Terrace		M M / D D / Y Y Y Y Y 10 / 15 / 2010	
	City State Zip Code Toledo OH 43615		Transaction ID: SA11AI.187951	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.61	
	Name of Employer AFSCME OH CN 8/CITY OF TOLEDO		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.81		

B.	Full Name (Last, First, Middle Initial) JESSICA T. PETTAWAY		Date of Receipt	
	Mailing Address 4321 Shawn Terrace		M M / D D / Y Y Y Y Y 10 / 29 / 2010	
	City State Zip Code Toledo OH 43615		Transaction ID: SA11AI.187952	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.61	
	Name of Employer AFSCME OH CN 8/CITY OF TOLEDO		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.42		

C.	Full Name (Last, First, Middle Initial) JESSICA T. PETTAWAY		Date of Receipt	
	Mailing Address 4321 Shawn Terrace		M M / D D / Y Y Y Y Y 11 / 09 / 2010	
	City State Zip Code Toledo OH 43615		Transaction ID: SA11AI.187953	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.61	
	Name of Employer AFSCME OH CN 8/CITY OF TOLEDO		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.03		

SUBTOTAL of Receipts This Page (optional)	▶	28.83
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 738 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) URSULA PETERS		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183439
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) URSULA PETERS		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185156
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.50	
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50		

C.	Full Name (Last, First, Middle Initial) RICHARD L. PETTIT		Date of Receipt	
	Mailing Address 1957 Coppermine Road		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183644
	Buchanan	GA	30113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		38.19	
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 ▼ 675.65		

SUBTOTAL of Receipts This Page (optional)	▶	59.19
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 / 1078
(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

A.

Full Name (Last, First, Middle Initial) RICHARD L. PETTIT		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1957 Coppermine Road		Transaction ID: SA11AI.183751
City Buchanan	State GA	Zip Code 30113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.19
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 ▼ 713.84	

B.

Full Name (Last, First, Middle Initial) RICHARD L. PETTIT		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1957 Coppermine Road		Transaction ID: SA11AI.185461
City Buchanan	State GA	Zip Code 30113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.19
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 ▼ 752.03	

C.

Full Name (Last, First, Middle Initial) STACY PFLUGMACHER		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 4679 Timberview Drive		Transaction ID: SA11AI.184313
City Auburn	State IL	Zip Code 62615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.34
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 ▼ 633.40	

SUBTOTAL of Receipts This Page (optional)	139.72
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 740 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) CATHERINE PHILLIPS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Mailing Address 15707 Manning Street	Transaction ID: SA11AI.184046
	City State Zip Code Detroit MI 48205	Amount of Each Receipt this Period 29.76
	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 ▼ 595.20	

B.	Full Name (Last, First, Middle Initial) CATHERINE PHILLIPS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 15707 Manning Street	Transaction ID: SA11AI.184096
	City State Zip Code Detroit MI 48205	Amount of Each Receipt this Period 29.76
	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 ▼ 624.96	

C.	Full Name (Last, First, Middle Initial) CATHERINE PHILLIPS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 15707 Manning Street	Transaction ID: SA11AI.185368
	City State Zip Code Detroit MI 48205	Amount of Each Receipt this Period 29.76
	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 ▼ 654.72	

SUBTOTAL of Receipts This Page (optional)	▶	89.28
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
KELLY PHILLIPS

Mailing Address 390 Worthington Road

City State Zip Code
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186561

Amount of Each Receipt this Period
66.00

B.

Full Name (Last, First, Middle Initial)
PEGGY A. PHIPPS

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE WRNT 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 Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187339

Amount of Each Receipt this Period
19.24

C.

Full Name (Last, First, Middle Initial)
KEVIN L. PIATT

Mailing Address 308 4th Street NE

City State Zip Code
New Prague MN 56071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.186706

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **115.24**

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 742 / 1078
(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

A.	Full Name (Last, First, Middle Initial) STEVAN P. PICKARD		Date of Receipt MM / DD / YYYY 11 / 08 / 2010		
	Mailing Address 3325 Capricio Street, NE		Transaction ID: SA11AI.184513		
	City Canton	State OH	Zip Code 44721-2702	Amount of Each Receipt this Period 63.24	
	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 ▼ 693.75			

B.	Full Name (Last, First, Middle Initial) DONA PIERCEY		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183440		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) DONA PIERCEY		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185157		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

SUBTOTAL of Receipts This Page (optional)

84.24

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 743 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LINDA PIERSON	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.187343
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 9.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.22	

B.	Full Name (Last, First, Middle Initial) RONALD W PITTS	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2001-A Industrial Drive	Transaction ID: SA11AI.184314
	City State Zip Code Marion IL 62959	Amount of Each Receipt this Period 73.16
	FEC ID number of contributing federal political committee. C	
	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 ▼ 731.60	

C.	Full Name (Last, First, Middle Initial) MARY J. PLEASANT	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address P.O. Box 19116	Transaction ID: SA11AI.183100
	City State Zip Code Cleveland OH 44119	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS EXTERNAL AUDITOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	92.98
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 744 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MARY J. PLEASANT		Date of Receipt																					
	Mailing Address P.O. Box 19116		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	5	/	2	0	1	0														
	City State Zip Code Cleveland OH 44119		Transaction ID: SA11AI.184863																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS EXTERNAL AUDITOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00																						

B.	Full Name (Last, First, Middle Initial) MARY J. PLEASANT		Date of Receipt																					
	Mailing Address P.O. Box 19116		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	1	0														
	City State Zip Code Cleveland OH 44119		Transaction ID: SA11AI.185830																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ODJFS EXTERNAL AUDITOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00																						

C.	Full Name (Last, First, Middle Initial) GREGORY M. PLOTZ		Date of Receipt																					
	Mailing Address 10177 Emerson Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	2	/	2	0	1	0														
	City State Zip Code Columbia Station OH 44028		Transaction ID: SA11AI.183101																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
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 ▼ 210.00																						

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
GREGORY M. PLOTZ

Mailing Address 10177 Emerson Drive

City State Zip Code
Columbia Station OH 44028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.184864

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
GREGORY M. PLOTZ

Mailing Address 10177 Emerson Drive

City State Zip Code
Columbia Station OH 44028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185831

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 638.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184315

Amount of Each Receipt this Period

63.84

SUBTOTAL of Receipts This Page (optional)

83.84

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 746 / 1078 (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

<p>A. Full Name (Last, First, Middle Initial) KEVAN L. PLUMLEE</p> <p>Mailing Address 14039 Allen Road</p> <hr/> <p>City State Zip Code Carterville IL 62918</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 638.40</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184316</p> <p>Amount of Each Receipt this Period 63.84</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) CLIFFORD T. POEHLER</p> <p>Mailing Address 565 Glendale Street</p> <hr/> <p>City State Zip Code Minneapolis MN 55104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/HENNEPIN COUNTY LEGAL ASSISTANT</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 585.30</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186789</p> <p>Amount of Each Receipt this Period 24.15</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) CLIFFORD T. POEHLER</p> <p>Mailing Address 565 Glendale Street</p> <hr/> <p>City State Zip Code Minneapolis MN 55104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/HENNEPIN COUNTY LEGAL ASSISTANT</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 609.45</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186790</p> <p>Amount of Each Receipt this Period 24.15</p>
--	---

SUBTOTAL of Receipts This Page (optional)	112.14
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 747 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) NICOLE R. POLLARD			Date of Receipt		
	Mailing Address 9404 Nicklaus Lane			M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.183645		
	Laurel	MD	20708	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C			55.94		
Name of Employer AFSCME INT'L		Occupation ASSOCIATE GENERAL COUNSEL I				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1062.85				

B.	Full Name (Last, First, Middle Initial) NICOLE R. POLLARD			Date of Receipt		
	Mailing Address 9404 Nicklaus Lane			M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.183752		
	Laurel	MD	20708	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C			55.94		
Name of Employer AFSCME INT'L		Occupation ASSOCIATE GENERAL COUNSEL I				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1118.79				

C.	Full Name (Last, First, Middle Initial) NICOLE R. POLLARD			Date of Receipt		
	Mailing Address 9404 Nicklaus Lane			M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.185462		
	Laurel	MD	20708	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C			55.94		
Name of Employer AFSCME INT'L		Occupation ASSOCIATE GENERAL COUNSEL I				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1174.73				

SUBTOTAL of Receipts This Page (optional)	▶	167.82
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 748 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) GREGORY POPEK	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 29 N. Wacker Drive Suite 800	Transaction ID: SA11AI.184317
	City Chicago State IL Zip Code 60606	Amount of Each Receipt this Period 43.82
	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 ▼ 422.36	

B.	Full Name (Last, First, Middle Initial) GEORGE POPYACK	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 919 Ocean Drive	Transaction ID: SA11AI.187573
	City Mass Beach State CA Zip Code 94038	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA CN 57 Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 311.00	

C.	Full Name (Last, First, Middle Initial) GEORGE POPYACK	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 919 Ocean Drive	Transaction ID: SA11AI.184239
	City Mass Beach State CA Zip Code 94038	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA CN 57 Occupation VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	67.82
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 749 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MARY L. PORTER	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1625 L. Street NW	Transaction ID: SA11AI.183646
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 29.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L INT'L UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.44	

B.	Full Name (Last, First, Middle Initial) MARY L. PORTER	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1625 L. Street NW	Transaction ID: SA11AI.183753
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 29.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L INT'L UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.64	

C.	Full Name (Last, First, Middle Initial) MARY L. PORTER	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1625 L. Street NW	Transaction ID: SA11AI.185463
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 29.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L INT'L UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.84	

SUBTOTAL of Receipts This Page (optional)	87.60
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 LYNNE L. POTHAST
 Mailing Address 4320 NW Second Avenue
 City State Zip Code
 Des Moines IA 50313
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 7 / 2 0 1 0
Transaction ID: SA11AI.187349
 Amount of Each Receipt this Period
 9.62
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 202.02

B. Full Name (Last, First, Middle Initial)
 EDWARD POTTS
 Mailing Address 240 Bentz Mill Road
 City State Zip Code
 Wellsville PA 17365
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.185302
 Amount of Each Receipt this Period
 62.18
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 CLERK
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 659.64

C. Full Name (Last, First, Middle Initial)
 GREGORY POWELL
 Mailing Address 11505 Circle Drive
 City State Zip Code
 Austin TX 78748
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 1 0
Transaction ID: SA11AI.186187
 Amount of Each Receipt this Period
 20.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME TX LOC 1624 VICE PRESIDENT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1355.00

SUBTOTAL of Receipts This Page (optional) ► **91.80**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 751 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) GREGORY POWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Mailing Address 11505 Circle Drive	Transaction ID: SA11AI.187444
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME TX LOC 1624 VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

B.	Full Name (Last, First, Middle Initial) GREGORY POWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 11505 Circle Drive	Transaction ID: SA11AI.184240
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME TX LOC 1624 VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1475.00	

C.	Full Name (Last, First, Middle Initial) GREGORY POWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Mailing Address 11505 Circle Drive	Transaction ID: SA11AI.186188
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME TX LOC 1624 VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1495.00	

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 1078
(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

A.

Full Name (Last, First, Middle Initial) M. POWELL		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183441
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) M. POWELL		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185160
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

C.

Full Name (Last, First, Middle Initial) REBECCA POWELL		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson Street SE		Transaction ID: SA11AI.183442
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	41.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) REBECCA POWELL</p> <p>Mailing Address 1212 Jefferson Street SE</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/SOWA 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 ▼ 320.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.185161</p> <p>Amount of Each Receipt this Period 20.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	0	/	2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) SALLY A. POWLESS</p> <p>Mailing Address 2410 Westbrook Drive</p> <p>City Toledo State OH Zip Code 43613-3921</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH CN 8 Occupation LEAD STAFF ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 936.22</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.184514</p> <p>Amount of Each Receipt this Period 86.02</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	8	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	8	/	2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) STEVE PREBLE</p> <p>Mailing Address P.O. Box 204</p> <p>City Colerain State MN Zip Code 55722</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME MN CN 65 Occupation 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 ▼ 924.60</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: SA11AI.186884</p> <p>Amount of Each Receipt this Period 90.46</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	5	/	2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	196.48
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 754 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
KATHRYN J. PRESTON
 Mailing Address **4517 Santa Clara Drive**
 City **Springfield** State **IL** Zip Code **62711**
 Date of Receipt: **10 / 29 / 2010**
Transaction ID: SA11AI.184418
 Amount of Each Receipt this Period: **20.84**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AFSCME IL CN 31/STATE OF IL** Occupation: **INFORMATION SYSTEMS TECH**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date: 208.40**

B. Full Name (Last, First, Middle Initial)
JENNIFER PRESTON-KOGELMAN
 Mailing Address **1900 Embarcadero Suite 305**
 City **Oakland** State **CA** Zip Code **94606-5300**
 Date of Receipt: **10 / 20 / 2010**
Transaction ID: SA11AI.187574
 Amount of Each Receipt this Period: **30.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AFSCME CA CN 57/EAST BAY PARKS** Occupation: **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) **Aggregate Year-to-Date: 300.00**

C. Full Name (Last, First, Middle Initial)
REBECCA A. PRICE
 Mailing Address **79652 Second Lake Road**
 City **Willow River** State **MN** Zip Code **55795**
 Date of Receipt: **10 / 29 / 2010**
Transaction ID: SA11AI.186707
 Amount of Each Receipt this Period: **33.24**
 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: 385.64**

SUBTOTAL of Receipts This Page (optional) **84.08**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 755 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ROBYN PRICE		Date of Receipt
	Mailing Address 1034 N. Washington Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lansing	MI	48906
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184047
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) ROBYN PRICE		Date of Receipt
	Mailing Address 1034 N. Washington Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lansing	MI	48906
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184097
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) ROBYN PRICE		Date of Receipt
	Mailing Address 1034 N. Washington Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lansing	MI	48906
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185369
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 610.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 / 1078
(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

A.	Full Name (Last, First, Middle Initial) AMANDA M. PRINCE	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 4894 Birchview Drive	Transaction ID: SA11AI.186611
	City State Zip Code Moose Lake MN 55767	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

B.	Full Name (Last, First, Middle Initial) AMANDA M. PRINCE	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 4894 Birchview Drive	Transaction ID: SA11AI.186659
	City State Zip Code Moose Lake MN 55767	Amount of Each Receipt this Period 31.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.00	

C.	Full Name (Last, First, Middle Initial) MARCIA PROVOST	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 555 Third Street SE	Transaction ID: SA11AI.186708
	City State Zip Code Milaca MN 56353	Amount of Each Receipt this Period 48.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 757 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) EDWARD M. PRUITT		Date of Receipt
	Mailing Address 514 Quail Hollow Avenue NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Canton	OH	44704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183103
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation JUVENILE CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 10.00
		<input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) EDWARD M. PRUITT		Date of Receipt
	Mailing Address 514 Quail Hollow Avenue NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Canton	OH	44704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184866
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation JUVENILE CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 10.00
		<input type="text"/> 220.00	

C.	Full Name (Last, First, Middle Initial) EDWARD M. PRUITT		Date of Receipt
	Mailing Address 514 Quail Hollow Avenue NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Canton	OH	44704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185833
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation JUVENILE CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/>	<input type="text"/> 10.00
		<input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
BRENDA J. PUGH

Mailing Address 110 Pugh Road

City State Zip Code
Stockport OH 43787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/WOLF CREEK LSD BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183911

Amount of Each Receipt this Period
9.62

B.

Full Name (Last, First, Middle Initial)
BRENDA J. PUGH

Mailing Address 110 Pugh Road

City State Zip Code
Stockport OH 43787

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/WOLF CREEK LSD BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.26

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186493

Amount of Each Receipt this Period
9.62

C.

Full Name (Last, First, Middle Initial)
CONSTANCE J. PULIDO

Mailing Address 1470 Mahiole Street

City State Zip Code
Honolulu HI 96819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME HI LOC 152 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.183990

Amount of Each Receipt this Period
22.00

SUBTOTAL of Receipts This Page (optional) ► **41.24**

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 759 / 1078
(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

A.	Full Name (Last, First, Middle Initial) JANET PULLEN		Date of Receipt
	Mailing Address 8003 Alcoa Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Fort Washington	MD	20744
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183647
Name of Employer AFSCME INT'L		Occupation ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 722.02	<input type="text"/> 34.42

B.	Full Name (Last, First, Middle Initial) JANET PULLEN		Date of Receipt
	Mailing Address 8003 Alcoa Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Fort Washington	MD	20744
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183754
Name of Employer AFSCME INT'L		Occupation ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 756.44	<input type="text"/> 34.42

C.	Full Name (Last, First, Middle Initial) JANET PULLEN		Date of Receipt
	Mailing Address 8003 Alcoa Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Fort Washington	MD	20744
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185464
Name of Employer AFSCME INT'L		Occupation ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 790.86	<input type="text"/> 34.42

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 103.26
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 760 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) PHEDRA QUINCEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Mailing Address 1212 Jefferson St. SE Suite 300	Transaction ID: SA11AI.183254
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) DAVID A. RAINS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 17603 S. Cardinal Road	Transaction ID: SA11AI.183446
	City Chaney State WA Zip Code 99004	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) DAVID A. RAINS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Mailing Address 17603 S. Cardinal Road	Transaction ID: SA11AI.185164
	City Chaney State WA Zip Code 99004	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	63.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 1078
(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

A.

Full Name (Last, First, Middle Initial) LLOYD L. RAINS		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 15829 Narraganset Oval		Transaction ID: SA11AI.183839
City Middleburg Hts	State OH	Zip Code 44130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 970.00	

B.

Full Name (Last, First, Middle Initial) LLOYD L. RAINS		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 15829 Narraganset Oval		Transaction ID: SA11AI.186398
City Middleburg Hts	State OH	Zip Code 44130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1010.00	

C.

Full Name (Last, First, Middle Initial) CHAD RAISH		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183447
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 762 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) CHAD RAISH	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185165
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) HOLLY A RAKOCY	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 7250 Green Ridge Drive	Transaction ID: SA11AI.186791
	City Eden Prairie State MN Zip Code 55346	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) HOLLY A RAKOCY	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 7250 Green Ridge Drive	Transaction ID: SA11AI.186792
	City Eden Prairie State MN Zip Code 55346	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 763 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LISA M. RANDLETTE	Date of Receipt
	Mailing Address 3424 Overhulse Road NW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City State Zip Code Olympia WA 98502	Transaction ID: SA11AI.183450
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 21.00
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 399.00	

B.	Full Name (Last, First, Middle Initial) LISA M. RANDLETTE	Date of Receipt
	Mailing Address 3424 Overhulse Road NW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City State Zip Code Olympia WA 98502	Transaction ID: SA11AI.185168
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 21.00
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 420.00	

C.	Full Name (Last, First, Middle Initial) JONI C. RANG	Date of Receipt
	Mailing Address 5948 Whiteford Road	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City State Zip Code Sylvania OH 43560	Transaction ID: SA11AI.183912
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 19.24
	Name of Employer Occupation AFSCME OH LOC 4/SYLVANIA SCHOOLS SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 221.14	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 61.24
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
SUSIE ANN RATHKE

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 25 / 2010

Transaction ID: SA11AI.183453

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
SUSIE ANN RATHKE

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 10 / 2010

Transaction ID: SA11AI.185170

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
MICHAEL D. RAUSCHER

Mailing Address 2135 Cotter Road

City Mansfield State OH Zip Code 44903

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/ASHLAND Occupation CUSTODIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.02

Date of Receipt 10 / 29 / 2010

Transaction ID: SA11AI.183914

Amount of Each Receipt this Period 9.62

SUBTOTAL of Receipts This Page (optional) ► 49.62

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 765 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MICHAEL D. RAUSCHER		Date of Receipt
	Mailing Address 2135 Cotter Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Mansfield	OH	44903
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186495
Name of Employer AFSCME OH LOC 4/ASHLAND		Occupation CUSTODIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 251.64	<input type="text"/> 9.62

B.	Full Name (Last, First, Middle Initial) PAMELA L. RAY		Date of Receipt
	Mailing Address 1625 L. Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183648
Name of Employer AFSCME INT'L		Occupation INT'L UNION REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 878.36	<input type="text"/> 42.44

C.	Full Name (Last, First, Middle Initial) PAMELA L. RAY		Date of Receipt
	Mailing Address 1625 L. Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183755
Name of Employer AFSCME INT'L		Occupation INT'L UNION REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.80	<input type="text"/> 42.44

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 94.50
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 766 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PAMELA L. RAY		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1625 L. Street NW		Transaction ID: SA11AI.185465		
	City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 42.44	
	FEC ID number of contributing federal political committee. 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 ▼ 963.24			

B.	Full Name (Last, First, Middle Initial) THOMAS RAYMOND		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address P.O. Box 474		Transaction ID: SA11AI.186847		
	City Oxford	State MD	Zip Code 21654	Amount of Each Receipt this Period 30.76	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MD CN 67	Occupation TRANSIT SUPERVISOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 338.36			

C.	Full Name (Last, First, Middle Initial) THOMAS RAYMOND		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address P.O. Box 474		Transaction ID: SA11AI.186872		
	City Oxford	State MD	Zip Code 21654	Amount of Each Receipt this Period 30.76	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MD CN 67	Occupation TRANSIT SUPERVISOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 369.12			

SUBTOTAL of Receipts This Page (optional)	▶	103.96
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
ZOLLIE RAYNER

Mailing Address P.O. Box 51

City State Zip Code
Albion PA 16401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 759.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185303

Amount of Each Receipt this Period
70.34

B. Full Name (Last, First, Middle Initial)
BARB S. REARDON

Mailing Address 109 Gregory Road

City State Zip Code
Murphysboro IL 62966

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL CASEWORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 388.40

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184419

Amount of Each Receipt this Period
20.84

C. Full Name (Last, First, Middle Initial)
CHRISTY C REED

Mailing Address P.O. Box 842

City State Zip Code
Toledo WA 98591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183455

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **101.68**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 768 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CHRISTY C REED		Date of Receipt
	Mailing Address P.O. Box 842		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Toledo	WA	98591
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185172
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.50	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) RICKY E. REED		Date of Receipt
	Mailing Address 9733 Linwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	La Rue	OH	43332
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183105
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) RICKY E. REED		Date of Receipt
	Mailing Address 9733 Linwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	La Rue	OH	43332
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184868
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 769 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RICKY E. REED	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 9733 Linwood Road	Transaction ID: SA11AI.185835
	City State Zip Code La Rue OH 43332	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 230.00	

B.	Full Name (Last, First, Middle Initial) ROBERT W. REED	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 100 Lauren Court	Transaction ID: SA11AI.187575
	City State Zip Code Winter CA 95694	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME CA CN 57/SAN MATEO CNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) TERRY M. REED	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 2737 Yellowoak Place	Transaction ID: SA11AI.184515
	City State Zip Code Hilliard OH 43026	Amount of Each Receipt this Period 97.04
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH CN 8	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.63	

SUBTOTAL of Receipts This Page (optional)	127.04
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 770 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) MICHELLE L. REESE		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187350
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
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 ▼ 315.00		

B.	Full Name (Last, First, Middle Initial) MICHELLE L. REESE		Date of Receipt	
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187351
	Des Moines	IA	50313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
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 ▼ 330.00		

C.	Full Name (Last, First, Middle Initial) SHARON REESE		Date of Receipt	
	Mailing Address 390 Worthington Road		M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186563
	Westerville	OH	43082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME OH LOC 11		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 1078
(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

A.

Full Name (Last, First, Middle Initial) EMMANUEL L. REEVES		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2010
Mailing Address 6615 150th Street SW Apt. 28		Transaction ID: SA11AI.183456
City Lakewood	State WA	Zip Code 98439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.

Full Name (Last, First, Middle Initial) EMMANUEL L. REEVES		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2010
Mailing Address 6615 150th Street SW Apt. 28		Transaction ID: SA11AI.185173
City Lakewood	State WA	Zip Code 98439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.00	

C.

Full Name (Last, First, Middle Initial) STEVEN C. REEVES		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2010
Mailing Address 2566 Stillwater Road		Transaction ID: SA11AI.186793
City Maplewood Road	State MN	Zip Code 55119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY	Occupation MAINTENANCE WORKER I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	52.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 1078
(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>A. Full Name (Last, First, Middle Initial) STEVEN C. REEVES</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. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/RAMSEY COUNTY MAINTENANCE WORKER I</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186794</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) NICOLE R. REFFITT</p> <p>Mailing Address 35395 Ponetown Road</p> <p>City State Zip Code Ray OH 45672</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NURSE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.183108</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) NICOLE R. REFFITT</p> <p>Mailing Address 35395 Ponetown Road</p> <p>City State Zip Code Ray OH 45672</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NURSE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184871</p> <p>Amount of Each Receipt this Period 10.00</p>
--	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>30.00</p>
<p>TOTAL 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 773 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
NICOLE R. REFFITT

Mailing Address 35395 Ponetown Road

City State Zip Code
Ray OH 45672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185838

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
PATRICK D. REGAN

Mailing Address 1730 37th Avenue NE

City State Zip Code
Minneapolis MN 55421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.186795

Amount of Each Receipt this Period
14.00

C.

Full Name (Last, First, Middle Initial)
PATRICK D. REGAN

Mailing Address 1730 37th Avenue NE

City State Zip Code
Minneapolis MN 55421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 337.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186796

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **39.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 774 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DARRYL REID	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 611 Pierce Street	Transaction ID: SA11AI.186193
	City Philadelphia State PA Zip Code 19148	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 33/CITY OF PA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00	

B.	Full Name (Last, First, Middle Initial) LAURA REISDORPH	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1212 Jefferson St. SE	Transaction ID: SA11AI.183255
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) DEAN REYNOLDS, III	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1025 Delaware Avenue	Transaction ID: SA11AI.185304
	City Crawford State PA Zip Code 17740	Amount of Each Receipt this Period 70.34
	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 ▼ 759.46	

SUBTOTAL of Receipts This Page (optional)	124.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 775 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) SANDRA L. REYNOLDS		Date of Receipt
	Mailing Address P.O. Box 573		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wauna	WA	98395
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.183457
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="420.00"/>	<input type="text" value="21.00"/>

B.	Full Name (Last, First, Middle Initial) SANDRA L. REYNOLDS		Date of Receipt
	Mailing Address P.O. Box 573		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wauna	WA	98395
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.185174
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="441.00"/>	<input type="text" value="21.00"/>

C.	Full Name (Last, First, Middle Initial) HARRY RHODES		Date of Receipt
	Mailing Address 4031 Executive Park Drive		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Harrisburg	PA	17111
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.185305
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="479.88"/>	<input type="text" value="46.96"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="88.96"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 776 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TERRY A. RHODES	Date of Receipt
	Mailing Address 10907 Lower Twin Raod	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City State Zip Code South Salem OH 45681	Transaction ID: SA11AI.183915
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.42
Name of Employer AFSCME OH LOC 4/BEXLEY CI-TY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 208.40	

B.	Full Name (Last, First, Middle Initial) TERRY A. RHODES	Date of Receipt
	Mailing Address 10907 Lower Twin Raod	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City State Zip Code South Salem OH 45681	Transaction ID: SA11AI.186497
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.42
Name of Employer AFSCME OH LOC 4/BEXLEY CI-TY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 218.82	

C.	Full Name (Last, First, Middle Initial) COLLEN M. RICE-LOZENSKY	Date of Receipt
	Mailing Address 4510 SW Austin Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City State Zip Code Seattle WA 98136	Transaction ID: SA11AI.183458
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 215.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 31.34
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 777 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) COLLEN M. RICE-LOZENSKY		Date of Receipt																					
	Mailing Address 4510 SW Austin Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	1	0														
	City State Zip Code Seattle WA 98136		Transaction ID: SA11AI.185175																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50																						
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.50																						

B.	Full Name (Last, First, Middle Initial) PATTY RICH		Date of Receipt																					
	Mailing Address 2867 W. 10545 So.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City State Zip Code South Jordan UT 84102		Transaction ID: SA11AI.186183																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00																						
Name of Employer AFSCME UT LOC 1004		Occupation EXECUTIVE DIRECTOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 757.00																						

C.	Full Name (Last, First, Middle Initial) PATTY RICH		Date of Receipt																					
	Mailing Address 2867 W. 10545 So.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	6		2	0	1	0														
	City State Zip Code South Jordan UT 84102		Transaction ID: SA11AI.186184																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00																						
Name of Employer AFSCME UT LOC 1004		Occupation EXECUTIVE DIRECTOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 807.00																						

SUBTOTAL of Receipts This Page (optional)	▶	110.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 1078
(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

A.

Full Name (Last, First, Middle Initial) SHAWN E. RICHARDSON		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 6688 Markwood Street		Transaction ID: SA11AI.183111
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

B.

Full Name (Last, First, Middle Initial) SHAWN E. RICHARDSON		Date of Receipt MM / DD / YYYY 11 / 05 / 2010
Mailing Address 6688 Markwood Street		Transaction ID: SA11AI.184874
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

C.

Full Name (Last, First, Middle Initial) SHAWN E. RICHARDSON		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 6688 Markwood Street		Transaction ID: SA11AI.185841
City Worthington	State OH	Zip Code 43085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MICHELLE RIDER

Mailing Address 4031 Executive Park Drive

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 959.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185306

Amount of Each Receipt this Period
93.94

B. Full Name (Last, First, Middle Initial)
CHARLES RIDGELL

Mailing Address 2201 Broadway Stree

City State Zip Code
Oakland CA 94612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA LOC 3299 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.187767

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
BRUCE RIDLEY

Mailing Address 1212 Jefferson St., SE
Suite 300

City State Zip Code
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.183459

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **144.44**

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 780 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) BRUCE RIDLEY		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.185176
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 220.50	<input type="text"/> 10.50

B.	Full Name (Last, First, Middle Initial) MARVIN RIFE		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.183460
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 420.00	<input type="text"/> 21.00

C.	Full Name (Last, First, Middle Initial) MARVIN RIFE		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.185177
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 441.00	<input type="text"/> 21.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 52.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JERRY RIGNEY		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 111 N Lindale Street		Transaction ID: SA11AI.186710
City Luverne	State MN	Zip Code 56156-1159
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) LUNDA K. RIMER		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 1008 Walker Drive NE		Transaction ID: SA11AI.186971
City Albuquerque	State NM	Zip Code 87112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00
Name of Employer AFSCME NM CN 18/ALBUQUERQ-UE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

C.

Full Name (Last, First, Middle Initial) LUNDA K. RIMER		Date of Receipt MM / DD / YYYY 11 / 01 / 2010
Mailing Address 1008 Walker Drive NE		Transaction ID: SA11AI.186972
City Albuquerque	State NM	Zip Code 87112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00
Name of Employer AFSCME NM CN 18/ALBUQUERQ-UE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

SUBTOTAL of Receipts This Page (optional)	46.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 1078
(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

A.

Full Name (Last, First, Middle Initial) LUNDA K. RIMER		Date of Receipt MM / DD / YYYY 11 / 16 / 2010
Mailing Address 1008 Walker Drive NE		Transaction ID: SA11AI.186973
City Albuquerque	State NM	Zip Code 87112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.00
Name of Employer AFSCME NM CN 18/ALBUQUERQUE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.00	

B.

Full Name (Last, First, Middle Initial) LARRY ANTHONY RINCON		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.187355
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) JOY L. RING		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 1334 Haloa Drive		Transaction ID: SA11AI.183991
City Honolulu	State HI	Zip Code 96818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 267.00	

SUBTOTAL of Receipts This Page (optional)	53.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 1078
(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

A. Full Name (Last, First, Middle Initial)
ALLISON R. RITCHIE

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187359

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
RUTH R. RITCHIE

Mailing Address 1644 Spaulding Road

City State Zip Code
Dayton OH 45432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8 ACCOUNTING CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.184540

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
RUTH R. RITCHIE

Mailing Address 1644 Spaulding Road

City State Zip Code
Dayton OH 45432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8 ACCOUNTING CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 334.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.184541

Amount of Each Receipt this Period
4.17

SUBTOTAL of Receipts This Page (optional) ► 19.17

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 784 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RUTH R. RITCHIE	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 1644 Spaulding Road	Transaction ID: SA11AI.184542
	City State Zip Code Dayton OH 45432	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8 ACCOUNTING CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.70	

B.	Full Name (Last, First, Middle Initial) RUTH R. RITCHIE	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 1644 Spaulding Road	Transaction ID: SA11AI.184516
	City State Zip Code Dayton OH 45432	Amount of Each Receipt this Period 9.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8 ACCOUNTING CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.20	

C.	Full Name (Last, First, Middle Initial) THOMAS J. RITCHIE, Sr.	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 1644 Spaulding Road	Transaction ID: SA11AI.184517
	City State Zip Code Dayton OH 45432	Amount of Each Receipt this Period 98.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8 REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1130.44	

SUBTOTAL of Receipts This Page (optional)	112.80
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 1078
(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
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial) JAMES RITTER		Date of Receipt
Mailing Address 411 N 40th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
City State Zip Code Seattle WA 98103		Transaction ID: SA11AI.183788
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 21.00
Name of Employer AFSCME WA CN 28/UNIV OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 231.00	

B.

Full Name (Last, First, Middle Initial) GLADYS RIVERA		Date of Receipt
Mailing Address P.O. Box 1414		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
City State Zip Code Lancaster PA 17608-1414		Transaction ID: SA11AI.186241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation INSPECTION SAFETY PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 960.00	

C.

Full Name (Last, First, Middle Initial) HOBERTA ROACH		Date of Receipt
Mailing Address 491 Vanco Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
City State Zip Code Gallipolis OH 45631		Transaction ID: SA11AI.183916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <input type="text"/> 19.24
Name of Employer AFSCME OH LOC 4/GALLIPOLIS CS	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 463.28	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 1078
(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

A. Full Name (Last, First, Middle Initial)
HOBERTA ROACH

Mailing Address **491 Vanco Road**

City **Gallipolis** State **OH** Zip Code **45631**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME OH LOC 4/GALLIPOLIS CS** Occupation **BUS DRIVER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **482.52**

Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.186498
 Amount of Each Receipt this Period **19.24**

B. Full Name (Last, First, Middle Initial)
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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **893.60**

Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184318
 Amount of Each Receipt this Period **89.36**

C. Full Name (Last, First, Middle Initial)
JOHN C. ROBERT

Mailing Address **15 Chaplin Place**

City **Hartford** State **CT** Zip Code **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 ▼ **220.00**

Date of Receipt **10 / 26 / 2010**
Transaction ID: SA11AI.187050
 Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional) ► **118.60**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 787 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOHN C. ROBERT		Date of Receipt
	Mailing Address 15 Chaplin Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Hartford	CT	06114-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187051
Name of Employer AFSCME CT CN 4/STATE OF CT		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) DALE ROBERTS		Date of Receipt
	Mailing Address 1212 Jefferson St. SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 27 / 2010
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183256
Name of Employer AFSCME WA CN 28		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) DEANNA L. ROBERTS		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187363
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02	<input type="text"/> 9.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 69.62
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 788 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) STEPHEN M. ROBERTS	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 5661 Windsor Woods Drive	Transaction ID: SA11AI.184518
	City State Zip Code Columbus OH 43230	Amount of Each Receipt this Period 64.48
	FEC ID number of contributing federal political committee. C	
	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 ▼ 707.44	

B.	Full Name (Last, First, Middle Initial) TIMOTHY W. ROBERTS	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 5033 Ridgewood Road E.	Transaction ID: SA11AI.183114
	City State Zip Code Springfield OH 45503	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) TIMOTHY W. ROBERTS	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 5033 Ridgewood Road E.	Transaction ID: SA11AI.184877
	City State Zip Code Springfield OH 45503	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	▶	104.48
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 789 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TIMOTHY W. ROBERTS	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 5033 Ridgewood Road E.	Transaction ID: SA11AI.185844
	City State Zip Code Springfield OH 45503	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

B.	Full Name (Last, First, Middle Initial) KATHRYN ROBINSON	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 29 N. Wacker Drive Suite 800	Transaction ID: SA11AI.184319
	City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 46.84
	FEC ID number of contributing federal political committee. C	
	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 ▼ 464.80	

C.	Full Name (Last, First, Middle Initial) YVONNE T. ROBINSON	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 501 Pulliam Street NW	Transaction ID: SA11AI.183649
	City State Zip Code Atlanta GA 30312	Amount of Each Receipt this Period 39.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.94	

SUBTOTAL of Receipts This Page (optional)	106.08
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
YVONNE T. ROBINSON

Mailing Address 501 Pulliam Street NW

City Atlanta State GA Zip Code 30312

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 ▼ 771.18

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183756
 Amount of Each Receipt this Period 39.24

B. Full Name (Last, First, Middle Initial)
YVONNE T. ROBINSON

Mailing Address 501 Pulliam Street NW

City Atlanta State GA Zip Code 30312

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 ▼ 810.42

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.185466
 Amount of Each Receipt this Period 39.24

C. Full Name (Last, First, Middle Initial)
JOSEPHINE ROBLES

Mailing Address 13018 101st Lane NE Apt. 1

City Kirkland State WA Zip Code 98034

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 ▼ 231.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183789
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional) ► 99.48

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 791 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) LYNN ANN RODENHUIS		Date of Receipt	
	Mailing Address 9135 Cowenton Avenue		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183650
	Perry Hall	MD	21128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		48.29	
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 ▼ 917.46		

B.	Full Name (Last, First, Middle Initial) LYNN ANN RODENHUIS		Date of Receipt	
	Mailing Address 9135 Cowenton Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183757
	Perry Hall	MD	21128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		48.29	
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 ▼ 965.75		

C.	Full Name (Last, First, Middle Initial) LYNN ANN RODENHUIS		Date of Receipt	
	Mailing Address 9135 Cowenton Avenue		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185467
	Perry Hall	MD	21128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		49.61	
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 ▼ 1015.36		

SUBTOTAL of Receipts This Page (optional)	▶	146.19
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 792 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LAURENCE RODENSTEIN	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 8033 Excelsior Drive Suite B	Transaction ID: SA11AI.186003
	City Madison State WI Zip Code 53717-1903	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) CHRISTINA D. RODMAN	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1011 Piedmont Road	Transaction ID: SA11AI.183115
	City Columbus State OH Zip Code 43224	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UTILITIES TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00	

C.	Full Name (Last, First, Middle Initial) CHRISTINA D. RODMAN	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1011 Piedmont Road	Transaction ID: SA11AI.184878
	City Columbus State OH Zip Code 43224	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UTILITIES TECHNICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
CHRISTINA D. RODMAN

Mailing Address 1011 Piedmont Road

City Columbus State OH Zip Code 43224

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UTILITIES TECHNICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185845
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE RODRIQUEZ

Mailing Address 1342 Fairhaven SW

City Albuquerque State NM Zip Code 87105

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NM CN 18 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 03 / 2010
Transaction ID: SA11AI.186974
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City Lindon State MI Zip Code 48451

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2944.24

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.184048
Amount of Each Receipt this Period 112.51

SUBTOTAL of Receipts This Page (optional) ► 142.51

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City Lindon State MI Zip Code 48451

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3014.24

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184243
Amount of Each Receipt this Period: 70.00

B.

Full Name (Last, First, Middle Initial)
LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City Lindon State MI Zip Code 48451

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3126.75

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.184098
Amount of Each Receipt this Period: 112.51

C.

Full Name (Last, First, Middle Initial)
LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City Lindon State MI Zip Code 48451

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3239.26

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.185370
Amount of Each Receipt this Period: 112.51

SUBTOTAL of Receipts This Page (optional) ► 295.02

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 795 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ALICE M ROGERS		Date of Receipt
	Mailing Address 1111 Sturm Avenue		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Walla Walla	WA	99362
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183461
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	<input type="text" value="21.00"/>

B.	Full Name (Last, First, Middle Initial) ALICE M ROGERS		Date of Receipt
	Mailing Address 1111 Sturm Avenue		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Walla Walla	WA	99362
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185180
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="441.00"/>	<input type="text" value="21.00"/>

C.	Full Name (Last, First, Middle Initial) KATHRYN ROGERS		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183462
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	<input type="text" value="10.50"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="52.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 / 1078
(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

<p>A. Full Name (Last, First, Middle Initial) KATHRYN ROGERS</p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME WA CN 28/SOWA 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 ▼ 220.50</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.185181</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>10.50</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0	10.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	1	0													
10.50																						

<p>B. Full Name (Last, First, Middle Initial) CHARLES ROGINSKI</p> <p>Mailing Address 6124 Crystal Valley Drive</p> <p>City Galena State OH Zip Code 43021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 920.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.183840</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>40.00</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0	40.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	1	0													
40.00																						

<p>C. Full Name (Last, First, Middle Initial) CHARLES ROGINSKI</p> <p>Mailing Address 6124 Crystal Valley Drive</p> <p>City Galena State OH Zip Code 43021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 960.00</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: SA11AI.186399</p> <p>Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr><td>40.00</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0	40.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	5	/	2	0	1	0													
40.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width:100%;"><tr><td>90.50</td></tr></table>	90.50
90.50		
TOTAL This Period (last page this line number only)	<table border="1" style="width:100%;"><tr><td> </td></tr></table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 797 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) VICTORIA ROHRIG	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 6220 E Fairbrook Street	Transaction ID: SA11AI.187607
	City State Zip Code Long Beach CA 90815	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 1199/COPE ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) VICTORIA ROHRIG	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 6220 E Fairbrook Street	Transaction ID: SA11AI.187608
	City State Zip Code Long Beach CA 90815	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 1199/COPE ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) VICTORIA ROHRIG	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 6220 E Fairbrook Street	Transaction ID: SA11AI.187609
	City State Zip Code Long Beach CA 90815	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 1199/COPE ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 798 / 1078
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) RAY RONEY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 1624 Monument Road NW	Transaction ID: SA11AI.187954
	City State Zip Code Canton OH 44703	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64	

B.	Full Name (Last, First, Middle Initial) RAY RONEY	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Mailing Address 1624 Monument Road NW	Transaction ID: SA11AI.187955
	City State Zip Code Canton OH 44703	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26	

C.	Full Name (Last, First, Middle Initial) RAY RONEY	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	Mailing Address 1624 Monument Road NW	Transaction ID: SA11AI.187956
	City State Zip Code Canton OH 44703	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH CN 8/CANTON Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.88	

SUBTOTAL of Receipts This Page (optional)	▶	28.86
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 / 1078
(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

A. Full Name (Last, First, Middle Initial)
YOLANDA E. ROPER

Mailing Address 5103 Juniper Avenue

City State Zip Code
Cincinnati OH 45238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8/CINCINNATI STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.187957
Amount of Each Receipt this Period: 19.24

B. Full Name (Last, First, Middle Initial)
DIONISIO ROSARIO

Mailing Address 1242 Holman Road

City State Zip Code
Oakland CA 94610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA CN 57/EAST BAY PARKS PARK SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: SA11AI.187576
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
MICHAEL C. ROSS

Mailing Address 9432 S. Harding

City State Zip Code
Evergreen Park IL 60805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 638.40

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184320
Amount of Each Receipt this Period: 63.84

SUBTOTAL of Receipts This Page (optional) ► **103.08**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 800 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) SAM J. ROSSI, III	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Mailing Address 346 Holbrook circle	Transaction ID: SA11AI.188021
	City State Zip Code Chicago Heights IL 60411	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL REVENUE SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.56	

B.	Full Name (Last, First, Middle Initial) SAM J. ROSSI, III	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 346 Holbrook circle	Transaction ID: SA11AI.184420
	City State Zip Code Chicago Heights IL 60411	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL REVENUE SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.40	

C.	Full Name (Last, First, Middle Initial) KEITH ROTH	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Mailing Address 1907 CO Road 53	Transaction ID: SA11AI.183917
	City State Zip Code Kitts Hill OH 45645	Amount of Each Receipt this Period 10.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/SO. POINT LSD BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	

SUBTOTAL of Receipts This Page (optional)	51.26
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 801 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) KEITH ROTH		Date of Receipt
	Mailing Address 1907 CO Road 53		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Kitts Hill	OH	45645
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186499
Name of Employer AFSCME OH LOC 4/SO. POINT LSD		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.82	<input type="text"/> 10.42

B.	Full Name (Last, First, Middle Initial) STEVE ROTH		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 09 / 2010
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187074
Name of Employer AFSCME IA CN 61		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 446.60	<input type="text"/> 40.60

C.	Full Name (Last, First, Middle Initial) TANYA M. RUDE		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 08 / 2010
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187366
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 76.02
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 802 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TANYA M. RUDE		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187365
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA		Date of Receipt
	Mailing Address 4771 Powderhorn Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183841
Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2366.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA		Date of Receipt
	Mailing Address 4771 Powderhorn Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184244
Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2380.00	<input type="text"/> 14.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 139.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 803 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA		Date of Receipt
	Mailing Address 4771 Powderhorn Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186400
Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2480.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) VICKY S. RUPPERT		Date of Receipt
	Mailing Address 1016 W Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Watertown	WI	53098
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184184
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 484.00	<input type="text"/> 22.00

C.	Full Name (Last, First, Middle Initial) VICKY S. RUPPERT		Date of Receipt
	Mailing Address 1016 W Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Watertown	WI	53098
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186123
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 506.00	<input type="text"/> 22.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 144.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 1078
(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

A.

Full Name (Last, First, Middle Initial) VICKY S. RUPPERT		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 1016 W Main Street		Transaction ID: SA11AI.186124
City Watertown	State WI	Zip Code 53098
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00	

B.

Full Name (Last, First, Middle Initial) DAVIDA RUSSELL		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 3691 Fenley Road		Transaction ID: SA11AI.183918
City Cleveland Hgts.	State OH	Zip Code 44121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.70
Name of Employer AFSCME OH LOC 4/CUYAHOCA CNTY	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.20	

C.

Full Name (Last, First, Middle Initial) DAVIDA RUSSELL		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 3691 Fenley Road		Transaction ID: SA11AI.186500
City Cleveland Hgts.	State OH	Zip Code 44121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.70
Name of Employer AFSCME OH LOC 4/CUYAHOCA CNTY	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.90	

SUBTOTAL of Receipts This Page (optional)	37.40
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 805 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) VERA SAADE			Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address 1309 Vine Street			Transaction ID: SA11AI.184049		
	City Lansing	State MI	Zip Code 48912	Amount of Each Receipt this Period 26.05		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME MI CN 25		Occupation ASSISTANT DIRECTOR	Aggregate Year-to-Date 515.72		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

B.	Full Name (Last, First, Middle Initial) VERA SAADE			Date of Receipt MM / DD / YYYY 11 / 02 / 2010		
	Mailing Address 1309 Vine Street			Transaction ID: SA11AI.184099		
	City Lansing	State MI	Zip Code 48912	Amount of Each Receipt this Period 26.05		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME MI CN 25		Occupation ASSISTANT DIRECTOR	Aggregate Year-to-Date 541.77		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

C.	Full Name (Last, First, Middle Initial) VERA SAADE			Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1309 Vine Street			Transaction ID: SA11AI.185371		
	City Lansing	State MI	Zip Code 48912	Amount of Each Receipt this Period 26.05		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME MI CN 25		Occupation ASSISTANT DIRECTOR	Aggregate Year-to-Date 567.82		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

SUBTOTAL of Receipts This Page (optional)	▶	78.15
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 JEFFREY C. SABIN
 Mailing Address 624 Celeveland Street
 City State Zip Code
 Eveleth MN 55734
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.186612
 Amount of Each Receipt this Period
 49.94
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.40

B. Full Name (Last, First, Middle Initial)
 JEFFREY C. SABIN
 Mailing Address 624 Celeveland Street
 City State Zip Code
 Eveleth MN 55734
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 1 0
Transaction ID: SA11AI.186660
 Amount of Each Receipt this Period
 49.94
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 549.34

C. Full Name (Last, First, Middle Initial)
 GEORGE SACHARIAN
 Mailing Address 126 S. Lynn Blvd.
 City State Zip Code
 Upper Darby PA 19082
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.185307
 Amount of Each Receipt this Period
 70.34
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 759.46

SUBTOTAL of Receipts This Page (optional) ► 170.22
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 807 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KATHY SACKMAN		Date of Receipt
	Mailing Address 13029 Baltimore Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 18 / 2010
	City	State	Zip Code
	Chino	CA	91710
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187610
Name of Employer AFSCME CA LOC 1199		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 1040.00	

B.	Full Name (Last, First, Middle Initial) KATHY SACKMAN		Date of Receipt
	Mailing Address 13029 Baltimore Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City	State	Zip Code
	Chino	CA	91710
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187611
Name of Employer AFSCME CA LOC 1199		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 1090.00	

C.	Full Name (Last, First, Middle Initial) KATHY SACKMAN		Date of Receipt
	Mailing Address 13029 Baltimore Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Chino	CA	91710
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184245
Name of Employer AFSCME CA LOC 1199		Occupation VICE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 28.00
		<input type="text"/> 1118.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 128.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 808 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KATHY SACKMAN		Date of Receipt MM / DD / YYYY 11 / 02 / 2010		
	Mailing Address 13029 Baltimore Court		Transaction ID: SA11AI.187612		
	City Chino	State CA	Zip Code 91710	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME CA LOC 1199		Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1168.00			

B.	Full Name (Last, First, Middle Initial) KATHY SACKMAN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 13029 Baltimore Court		Transaction ID: SA11AI.187613		
	City Chino	State CA	Zip Code 91710	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME CA LOC 1199		Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1218.00			

C.	Full Name (Last, First, Middle Initial) ELIGA SACKS		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 1212 Jefferson Street SE		Transaction ID: SA11AI.183464		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 11.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.50			

SUBTOTAL of Receipts This Page (optional)	▶	111.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ELIGA SACKS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 1212 Jefferson Street SE		Transaction ID: SA11AI.185183	
City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 11.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50		

B.

Full Name (Last, First, Middle Initial) CLEOPHAS H. SADDLER		Date of Receipt MM / DD / YYYY 10 / 22 / 2010	
Mailing Address P.O. Box 14270		Transaction ID: SA11AI.183124	
City Columbus	State OH	Zip Code 43214	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.

Full Name (Last, First, Middle Initial) CLEOPHAS H. SADDLER		Date of Receipt MM / DD / YYYY 11 / 05 / 2010	
Mailing Address P.O. Box 14270		Transaction ID: SA11AI.184887	
City Columbus	State OH	Zip Code 43214	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 810 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CLEOPHAS H. SADDLER		Date of Receipt
	Mailing Address P.O. Box 14270		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43214
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185854
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CUSTOMER SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 230.00	

B.	Full Name (Last, First, Middle Initial) KHALILAH SALEEM		Date of Receipt
	Mailing Address 1060 Lafayette Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11221
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186982
Name of Employer AFSCME NY CN 1707/UIAC		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 39.00
		<input type="text"/> 239.00	

C.	Full Name (Last, First, Middle Initial) CURTIS C. SALOW		Date of Receipt
	Mailing Address 317 4th Avenue S E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Independence	IA	50644
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187367
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 360.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 69.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 811 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CURTIS C. SALOW	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 317 4th Avenue S E	Transaction ID: SA11AI.187368
	City State Zip Code Independence IA 50644	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) CURTIS C. SALOW	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Mailing Address 317 4th Avenue S E	Transaction ID: SA11AI.187369
	City State Zip Code Independence IA 50644	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) CURTIS C. SALOW	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0
	Mailing Address 317 4th Avenue S E	Transaction ID: SA11AI.187370
	City State Zip Code Independence IA 50644	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
KYM S. SALOW

Mailing Address 317 4th Avenue S E

City Independence State IA Zip Code 50644

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 11 / 17 / 2010
Transaction ID: SA11AI.187374
Amount of Each Receipt this Period 9.62

B. Full Name (Last, First, Middle Initial)
PATRIAL SAMPSON

Mailing Address 2700 Maple Street Unit C121

City Bremerton State WA Zip Code 98310

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 25 / 2010
Transaction ID: SA11AI.183467
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
PATRIAL SAMPSON

Mailing Address 2700 Maple Street Unit C121

City Bremerton State WA Zip Code 98310

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.185185
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 49.62

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 813 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) WILLIAM SAMS	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 17 South Plains Road	Transaction ID: SA11AI.184519
	City State Zip Code The Plains OH 45780	Amount of Each Receipt this Period 86.02
	FEC ID number of contributing federal political committee. C	
	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 ▼ 944.73	

B.	Full Name (Last, First, Middle Initial) JOHN ROB SANBORN, JR.	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 13334 Silverod Court NW	Transaction ID: SA11AI.186799
	City State Zip Code Andover MN 55304	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/MRA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) JOHN ROB SANBORN, JR.	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 13334 Silverod Court NW	Transaction ID: SA11AI.186800
	City State Zip Code Andover MN 55304	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/MRA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	126.02
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 814 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOHN ROB SANBORN, JR.	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 13334 Silverod Court NW	Transaction ID: SA11AI.186801
	City State Zip Code Andover MN 55304	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/MRA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

B.	Full Name (Last, First, Middle Initial) ATHA L. SANDERS	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 189 Park Avenue Apt. 1	Transaction ID: SA11AI.183125
	City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) ATHA L. SANDERS	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 189 Park Avenue Apt. 1	Transaction ID: SA11AI.184888
	City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
ATHAL L. SANDERS

Mailing Address 189 Park Avenue
Apt. 1

City State Zip Code
Delaware OH 43015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185855

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
BETHANY E. SANDERS

Mailing Address 836 Harrison Avenue
Apt. #3

City State Zip Code
Columbus OH 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184520

Amount of Each Receipt this Period
59.68

C.

Full Name (Last, First, Middle Initial)
HERBERT SANDERS

Mailing Address 1034 N Washington Avenue

City State Zip Code
Lansing MI 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.184050

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► **80.18**

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 816 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
HERBERT SANDERS

Mailing Address 1034 N Washington Avenue

City State Zip Code
Lansing MI 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.50

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 02 / 2010

Transaction ID: SA11AI.184100

Amount of Each Receipt this Period
10.50

B. Full Name (Last, First, Middle Initial)
HERBERT SANDERS

Mailing Address 1034 N Washington Avenue

City State Zip Code
Lansing MI 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 15 / 2010

Transaction ID: SA11AI.185372

Amount of Each Receipt this Period
10.50

C. Full Name (Last, First, Middle Initial)
JUNE E. SANDERSON

Mailing Address 4304 Independence Road

City State Zip Code
Sunnyside WA 98944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2010

Transaction ID: SA11AI.183468

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► 31.50

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
JUNE E. SANDERSON
 Mailing Address **4304 Independence Road**
 City **Sunnyside** State **WA** Zip Code **98944**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185186
 Amount of Each Receipt this Period **10.50**
 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 **220.50**

B. Full Name (Last, First, Middle Initial)
EDWARD SASSO
 Mailing Address **50 Knollwood Road**
 City **New Britain** State **CT** Zip Code **06052-0000**
 Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.187035
 Amount of Each Receipt this Period **38.49**
 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 **453.55**

C. Full Name (Last, First, Middle Initial)
WILBERT R. SATTLER
 Mailing Address **73981 Morgan Hill Road**
 City **Adena** State **OH** Zip Code **43901**
 Date of Receipt **10 / 22 / 2010**
Transaction ID: SA11AI.183127
 Amount of Each Receipt this Period **20.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **CORRECTION OFFICER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **420.00**

SUBTOTAL of Receipts This Page (optional) ► **68.99**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 1078
(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

A.

Full Name (Last, First, Middle Initial) WILBERT R. SATTLER		Date of Receipt MM / DD / YYYY 11 / 05 / 2010	
Mailing Address 73981 Morgan Hill Road		Transaction ID: SA11AI.184890	
City Adena	State OH	Zip Code 43901	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	Aggregate Year-to-Date 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) WILBERT R. SATTLER		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 73981 Morgan Hill Road		Transaction ID: SA11AI.185857	
City Adena	State OH	Zip Code 43901	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	Aggregate Year-to-Date 460.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) MARIANNE SAUNDERS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010	
Mailing Address 48 Mullen Street		Transaction ID: SA11AI.185308	
City Uniontown	State PA	Zip Code 15401-4060	Amount of Each Receipt this Period 70.34
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 759.46	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	110.34
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 819 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) SHELLIE A. SAVAGE	Date of Receipt
	Mailing Address 11540 Waddell Creek Rd. SW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City State Zip Code Olympia WA 98512	Transaction ID: SA11AI.183469
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 286.00	

B.	Full Name (Last, First, Middle Initial) SHELLIE A. SAVAGE	Date of Receipt
	Mailing Address 11540 Waddell Creek Rd. SW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City State Zip Code Olympia WA 98512	Transaction ID: SA11AI.185187
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 306.00	

C.	Full Name (Last, First, Middle Initial) RICHARD SAWRANSKY	Date of Receipt
	Mailing Address 800 Innes Avenue #8	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City State Zip Code San Francisco CA 94124	Transaction ID: SA11AI.187768
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 25.00
	Name of Employer Occupation AFSCME CA LOC 3299/UNIV OF CA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 820 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RICHARD SAWRANSKY	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 800 Innes Avenue #8	Transaction ID: SA11AI.187769
	City State Zip Code San Francisco CA 94124	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 3299/UNIV OF CA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) MARY ANN SAYTAR	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 609 Penn Street	Transaction ID: SA11AI.185309
	City State Zip Code Steelton PA 17113	Amount of Each Receipt this Period 48.18
	FEC ID number of contributing federal political committee. C	
	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 ▼ 534.75	

C.	Full Name (Last, First, Middle Initial) JENNIFER L. SCHMITZ	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address P.O. Box 7925	Transaction ID: SA11AI.184185
	City State Zip Code Madison WI 53707	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	83.18
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 821 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JENNIFER L. SCHMITZ	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address P.O. Box 7925	Transaction ID: SA11AI.186125
	City State Zip Code Madison WI 53707	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) JENNIFER L. SCHMITZ	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address P.O. Box 7925	Transaction ID: SA11AI.186126
	City State Zip Code Madison WI 53707	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) KURT J. SCHNEIDER	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1024 Township Road 1682	Transaction ID: SA11AI.183128
	City State Zip Code Ashland OH 44805	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ARSON INVESTIGATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 822 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) KURT J. SCHNEIDER	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1024 Township Road 1682	Transaction ID: SA11AI.184891
	City State Zip Code Ashland OH 44805	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ARSON INVESTIGATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00	

B.	Full Name (Last, First, Middle Initial) KURT J. SCHNEIDER	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1024 Township Road 1682	Transaction ID: SA11AI.185858
	City State Zip Code Ashland OH 44805	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ARSON INVESTIGATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00	

C.	Full Name (Last, First, Middle Initial) CARLA J. SCHOCH	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 5730 Sinclair Road	Transaction ID: SA11AI.183129
	City State Zip Code Columbus OH 43229	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TAX COMMISSIONER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
CARLA J. SCHOCH

Mailing Address 5730 Sinclair Road

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TAX COMMISSIONER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 05 / 2010

Transaction ID: SA11AI.184892

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
CARLA J. SCHOCH

Mailing Address 5730 Sinclair Road

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TAX COMMISSIONER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 19 / 2010

Transaction ID: SA11AI.185859

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
DANIEL SCHOONOVER

Mailing Address 1811 Fairview Street NE

City Olympia State WA Zip Code 98506

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 ▼ 210.00

Date of Receipt 11 / 12 / 2010

Transaction ID: SA11AI.188000

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 824 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DAWN M. SCHOTT		Date of Receipt																					
	Mailing Address 405 E Holum Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	6	/	2	0	1	0														
	City State Zip Code De Forest WI 53532		Transaction ID: SA11AI.184186																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WI CN 24/STATE OF WI Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>		20.00																				
20.00																								

B.	Full Name (Last, First, Middle Initial) DAWN M. SCHOTT		Date of Receipt																					
	Mailing Address 405 E Holum Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	0	/	2	0	1	0														
	City State Zip Code De Forest WI 53532		Transaction ID: SA11AI.186127																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WI CN 24/STATE OF WI Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>		20.00																				
20.00																								

C.	Full Name (Last, First, Middle Initial) DAWN M. SCHOTT		Date of Receipt																					
	Mailing Address 405 E Holum Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	2	/	2	0	1	0														
	City State Zip Code De Forest WI 53532		Transaction ID: SA11AI.186128																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WI CN 24/STATE OF WI Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>		20.00																				
20.00																								

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>60.00</td></tr></table>	60.00
60.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 825 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) PAUL SCHROEDER		Date of Receipt	
	Mailing Address 14 Gaskill Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187001
	Trenton	NJ	08610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME NJ CN 73		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00		

B.	Full Name (Last, First, Middle Initial) PAUL SCHROEDER		Date of Receipt	
	Mailing Address 14 Gaskill Avenue		M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187002
	Trenton	NJ	08610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME NJ CN 73		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) PAUL SCHROEDER		Date of Receipt	
	Mailing Address 14 Gaskill Avenue		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187003
	Trenton	NJ	08610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME NJ CN 73		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00		

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

ERIC SCHUBERT

Mailing Address 132 College Avenue

City State Zip Code
Elmhurst PA 18416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 572.18

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185310

Amount of Each Receipt this Period
55.72

B.

Full Name (Last, First, Middle Initial)

HOWARD V. SCHUCK

Mailing Address 6617 Old Sauk Road

City State Zip Code
Madison WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.184187

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)

HOWARD V. SCHUCK

Mailing Address 6617 Old Sauk Road

City State Zip Code
Madison WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 24/STATE OF WI 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.184188

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)

85.72

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
HOWARD V. SCHUCK

Mailing Address 6617 Old Sauk Road

City Madison State WI Zip Code 53705

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 ▼ 345.00

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.186129
Amount of Each Receipt this Period 15.00

B. Full Name (Last, First, Middle Initial)
JULIE SCHULTZ

Mailing Address 1325 Meadowiew Apt. #1

City Marioun State IA Zip Code 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 297.78

Date of Receipt 10 / 26 / 2010
Transaction ID: SA11AI.187379
Amount of Each Receipt this Period 14.18

C. Full Name (Last, First, Middle Initial)
JULIE SCHULTZ

Mailing Address 1325 Meadowiew Apt. #1

City Marioun State IA Zip Code 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/DOCS Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 311.96

Date of Receipt 11 / 09 / 2010
Transaction ID: SA11AI.187380
Amount of Each Receipt this Period 14.18

SUBTOTAL of Receipts This Page (optional) ► 43.36

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 1078
(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

A.

Full Name (Last, First, Middle Initial) LINDSAY M. SCHWAB		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1532 Hague Avenue		Transaction ID: SA11AI.186802
City St. Paul	State MN	Zip Code 55104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.00
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

B.

Full Name (Last, First, Middle Initial) LINDSAY M. SCHWAB		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 1532 Hague Avenue		Transaction ID: SA11AI.186803
City St. Paul	State MN	Zip Code 55104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	

C.

Full Name (Last, First, Middle Initial) MARY SCHWANGER		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 419 Valley Street		Transaction ID: SA11AI.185311
City Marysville	State PA	Zip Code 17053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 114.54
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 ▼ 1352.94	

SUBTOTAL of Receipts This Page (optional)	▶	133.54
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) EDWARD SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2010
Mailing Address 205 N. Michigan Avenue		Transaction ID: SA11AI.184421
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CHILD PROTECTION SPED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.40	

B.

Full Name (Last, First, Middle Initial) RICHARD D. SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2010
Mailing Address 8300 Phillips Rd., SW #7		Transaction ID: SA11AI.183471
City Lakewood	State WA	Zip Code 98498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) RICHARD D. SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2010
Mailing Address 8300 Phillips Rd., SW #7		Transaction ID: SA11AI.185189
City Lakewood	State WA	Zip Code 98498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.50	

SUBTOTAL of Receipts This Page (optional)	41.84
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 830 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MARY SCOON		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 8033 Excelsior Drive #B		Transaction ID: SA11AI.186004
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) CATHERINE SCOTT		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 1005 Chandler Street		Transaction ID: SA11AI.186200
City Philadelphia	State PA	Zip Code 19111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME PA CN 47	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) GAIL M. SCOTT		Date of Receipt MM / DD / YYYY 11 / 08 / 2010
Mailing Address 751 Bulen Avenue		Transaction ID: SA11AI.184521
City Columbus	State OH	Zip Code 43205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.16
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 ▼ 448.18	

SUBTOTAL of Receipts This Page (optional)	▶	89.16
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 831 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JESSIE M. SCOTT	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address P.O. Box 13886	Transaction ID: SA11AI.183130
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.00	

B.	Full Name (Last, First, Middle Initial) JESSIE M. SCOTT	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address P.O. Box 13886	Transaction ID: SA11AI.184893
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.00	

C.	Full Name (Last, First, Middle Initial) JESSIE M. SCOTT	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address P.O. Box 13886	Transaction ID: SA11AI.185860
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 18.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ACCOUNT CLERK I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

SUBTOTAL of Receipts This Page (optional)	54.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 832 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MERVIS SCOTT	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Mailing Address 41 West New Street	Transaction ID: SA11AI.186957
	City State Zip Code Rockaway NJ 07866-0000	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NJ CN 52 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B.	Full Name (Last, First, Middle Initial) VIRGINIA L. SCOTT	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 513 Navaho Drive	Transaction ID: SA11AI.183920
	City State Zip Code Loveland OH 45140	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/SYCAMORE CCSD BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.64	

C.	Full Name (Last, First, Middle Initial) VIRGINIA L. SCOTT	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 513 Navaho Drive	Transaction ID: SA11AI.186502
	City State Zip Code Loveland OH 45140	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/SYCAMORE CCSD BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.26	

SUBTOTAL of Receipts This Page (optional)	▶	49.24
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 833 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHARON A SCROGGINS		Date of Receipt
	Mailing Address 626 Greenway Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Henderson	NV	89002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183651
Name of Employer AFSCME INT'L		Occupation FIELD ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 494.34	<input type="text"/> 26.71

B.	Full Name (Last, First, Middle Initial) SHARON A SCROGGINS		Date of Receipt
	Mailing Address 626 Greenway Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Henderson	NV	89002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183758
Name of Employer AFSCME INT'L		Occupation FIELD ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 521.05	<input type="text"/> 26.71

C.	Full Name (Last, First, Middle Initial) SHARON A SCROGGINS		Date of Receipt
	Mailing Address 626 Greenway Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Henderson	NV	89002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185468
Name of Employer AFSCME INT'L		Occupation FIELD ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 547.76	<input type="text"/> 26.71

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 80.13
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 834 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) SHELLEY K. SEEBERG		Date of Receipt
	Mailing Address 13096 Charlston Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rosemount	MN	55068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183652
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1020.21	<input type="text"/> 44.91

B.	Full Name (Last, First, Middle Initial) SHELLEY K. SEEBERG		Date of Receipt
	Mailing Address 13096 Charlston Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rosemount	MN	55068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183759
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1065.12	<input type="text"/> 44.91

C.	Full Name (Last, First, Middle Initial) SHELLEY K. SEEBERG		Date of Receipt
	Mailing Address 13096 Charlston Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rosemount	MN	55068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185469
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1110.03	<input type="text"/> 44.91

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 134.73
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 835 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) STEVEN SEGALL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183472
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) STEVEN SEGALL	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185190
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

C.	Full Name (Last, First, Middle Initial) RUTH SEID	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Mailing Address 8036 Noble Avenue	Transaction ID: SA11AI.187555
	City Van Nuys State CA Zip Code 91402	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	31.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 836 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RUTH SEID		Date of Receipt	
	Mailing Address 8036 Noble Avenue		M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187556
	Van Nuys	CA	91402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME CA CN 36/CITY OF LA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

B.	Full Name (Last, First, Middle Initial) RUTH SEID		Date of Receipt	
	Mailing Address 8036 Noble Avenue		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187557
	Van Nuys	CA	91402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME CA CN 36/CITY OF LA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

C.	Full Name (Last, First, Middle Initial) ELIOT A. SEIDE		Date of Receipt	
	Mailing Address 300 Hardman Avenue South		M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186613
	South St. Paul	MN	55075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		92.82	
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 ▼ 1074.20		

SUBTOTAL of Receipts This Page (optional)	▶	112.82
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 1078
(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>A. Full Name (Last, First, Middle Initial) ELIOT A. SEIDE</p> <p>Mailing Address 300 Hardman Avenue South</p> <p>City State Zip Code <u>South St. Paul</u> MN 55075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1088.20</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.184246</p> <p>Amount of Each Receipt this Period 14.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) ELIOT A. SEIDE</p> <p>Mailing Address 300 Hardman Avenue South</p> <p>City State Zip Code <u>South St. Paul</u> MN 55075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1181.02</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186661</p> <p>Amount of Each Receipt this Period 92.82</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) DELLA SELNER</p> <p>Mailing Address 757 Mickey Inn Lane</p> <p>City State Zip Code <u>Chambersburg</u> PA 17202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.186244</p> <p>Amount of Each Receipt this Period 20.00</p>
---	--

SUBTOTAL of Receipts This Page (optional)	126.82
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 838 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) STEPHEN G. SEQUIN	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 715 N Seventh Street	Transaction ID: SA11AI.186130
	City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 9.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

B.	Full Name (Last, First, Middle Initial) STEPHEN G. SEQUIN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 715 N Seventh Street	Transaction ID: SA11AI.186131
	City State Zip Code Manitowoc WI 54220	Amount of Each Receipt this Period 9.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

C.	Full Name (Last, First, Middle Initial) TANYA C. SERRELL	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 2327 Dunkirk Drive	Transaction ID: SA11AI.183131
	City State Zip Code Columbus OH 43219	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	▶	43.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 / 1078
(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

A.

Full Name (Last, First, Middle Initial) TANYA C. SERRELL		Date of Receipt
Mailing Address 2327 Dunkirk Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
City	State	Zip Code
Columbus	OH	43219
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184894
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 550.00	

B.

Full Name (Last, First, Middle Initial) TANYA C. SERRELL		Date of Receipt
Mailing Address 2327 Dunkirk Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
City	State	Zip Code
Columbus	OH	43219
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185861
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 575.00	

C.

Full Name (Last, First, Middle Initial) DOMINIC SGRO		Date of Receipt
Mailing Address 144 Stormer Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
City	State	Zip Code
Indiana	PA	15701-0144
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185312
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 114.54
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 ▼	
	<input type="text"/> 1243.47	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 164.54
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
TIMOTHY P. SHAFER

Mailing Address P. O. Box 322

City State Zip Code
Waverly OH 45690

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186566

Amount of Each Receipt this Period
70.00

B.

Full Name (Last, First, Middle Initial)
DONALD G. SHAFFER

Mailing Address R. D. #5, Box 82

City State Zip Code
Brookeville PA 15825-9501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 759.46

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185313

Amount of Each Receipt this Period
70.34

C.

Full Name (Last, First, Middle Initial)
DIANE SHANNON

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 ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.185504

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **170.34**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 841 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.

Full Name (Last, First, Middle Initial) JOE E. SHANNON, III		Date of Receipt
Mailing Address 1614 Omar Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Columbus OH 43207		<input type="text"/> 1 0 / <input type="text"/> 2 2 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183132
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICE REP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 11.00
Aggregate Year-to-Date ▼		<input type="text"/> 211.00

B.

Full Name (Last, First, Middle Initial) JOE E. SHANNON, III		Date of Receipt
Mailing Address 1614 Omar Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Columbus OH 43207		<input type="text"/> 1 1 / <input type="text"/> 0 5 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184895
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICE REP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 11.00
Aggregate Year-to-Date ▼		<input type="text"/> 222.00

C.

Full Name (Last, First, Middle Initial) JOE E. SHANNON, III		Date of Receipt
Mailing Address 1614 Omar Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Columbus OH 43207		<input type="text"/> 1 1 / <input type="text"/> 1 9 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185862
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICE REP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 11.00
Aggregate Year-to-Date ▼		<input type="text"/> 233.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 33.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 / 1078
(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

A.

Full Name (Last, First, Middle Initial) SABRINA SHAPIRO		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 123 Newport Bridge Road		Transaction ID: SA11AI.187717
City Warwick	State NY	Zip Code 10990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME NY LOC 1000/ORANGE CNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) SABRINA SHAPIRO		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 123 Newport Bridge Road		Transaction ID: SA11AI.187718
City Warwick	State NY	Zip Code 10990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME NY LOC 1000/ORANGE CNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) SABRINA SHAPIRO		Date of Receipt MM / DD / YYYY 11 / 16 / 2010
Mailing Address 123 Newport Bridge Road		Transaction ID: SA11AI.187719
City Warwick	State NY	Zip Code 10990
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME NY LOC 1000/ORANGE CNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 843 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) STEVEN A. SHAW		Date of Receipt	
	Mailing Address N4017 Olson Road		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184192
	Elroy	WI	53929	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

B.	Full Name (Last, First, Middle Initial) STEVEN A. SHAW		Date of Receipt	
	Mailing Address N4017 Olson Road		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186133
	Elroy	WI	53929	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00		

C.	Full Name (Last, First, Middle Initial) STEVEN A. SHAW		Date of Receipt	
	Mailing Address N4017 Olson Road		M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186134
	Elroy	WI	53929	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 844 / 1078
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) PAMELA J. SHEAR		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 60 Fairview Avenue		Transaction ID: SA11AI.187721		
	City Binghamton	State NY	Zip Code 13904	Amount of Each Receipt this Period 9.62	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME NY LOC 1000/BROOME CNTY		
Occupation STAFF REPRESENTATIVE		Aggregate Year-to-Date 202.02			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) PAMELA J. SHEAR		Date of Receipt MM / DD / YYYY 11 / 16 / 2010		
	Mailing Address 60 Fairview Avenue		Transaction ID: SA11AI.187722		
	City Binghamton	State NY	Zip Code 13904	Amount of Each Receipt this Period 9.62	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME NY LOC 1000/BROOME CNTY		
Occupation STAFF REPRESENTATIVE		Aggregate Year-to-Date 211.64			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) TIMOTHY A. SHEARES		Date of Receipt MM / DD / YYYY 10 / 19 / 2010		
	Mailing Address 83 MacDougal Street		Transaction ID: SA11AI.187723		
	City Brooklyn	State NY	Zip Code 11233	Amount of Each Receipt this Period 9.62	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME NY LOC 1000/NASSAU CNTY		
Occupation STAFF REPRESENTATIVE		Aggregate Year-to-Date 202.02			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	28.86
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 845 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) TIMOTHY A. SHEARES		Date of Receipt																					
	Mailing Address 83 MacDougal Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	2	/	2	0	1	0														
	City State Zip Code Brooklyn NY 11233		Transaction ID: SA11AI.187724																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																						
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64																						

B.	Full Name (Last, First, Middle Initial) TIMOTHY A. SHEARES		Date of Receipt																					
	Mailing Address 83 MacDougal Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	6	/	2	0	1	0														
	City State Zip Code Brooklyn NY 11233		Transaction ID: SA11AI.187725																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																						
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26																						

C.	Full Name (Last, First, Middle Initial) BETHANY D. SHEETS		Date of Receipt																					
	Mailing Address 570 Friendly Ridge Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	2	/	2	0	1	0														
	City State Zip Code Crown City OH 45623		Transaction ID: SA11AI.183133																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation THERAPUTIC PROGRAM TECH																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00																						

SUBTOTAL of Receipts This Page (optional)	▶	39.24
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 846 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Road

City State Zip Code
Crown City OH 45623

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 ▼ 440.00

Date of Receipt: 11 / 05 / 2010
Transaction ID: SA11AI.184896
Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Road

City State Zip Code
Crown City OH 45623

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 ▼ 460.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.185863
Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
TAWNA S. SHELDRIK

Mailing Address 14787 Hannah Road

City State Zip Code
Bowling Green OH 43402

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME OH LOC 4/ANTHONY WAYNE BOE
Occupation: BUS DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 319.24

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.186503
Amount of Each Receipt this Period: 20.84

SUBTOTAL of Receipts This Page (optional) ► **60.84**

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 847 / 1078
(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>A. Full Name (Last, First, Middle Initial) PAMELA S. SHELTON</p> <p>Mailing Address 4471 North Leavitt Road NW</p> <p>City Warren State OH Zip Code 44485</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 300.05</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187981</p> <p>Amount of Each Receipt this Period 9.62</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) PAMELA S. SHELTON</p> <p>Mailing Address 4471 North Leavitt Road NW</p> <p>City Warren State OH Zip Code 44485</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 309.67</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187982</p> <p>Amount of Each Receipt this Period 9.62</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) PAMELA S. SHELTON</p> <p>Mailing Address 4471 North Leavitt Road NW</p> <p>City Warren State OH Zip Code 44485</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 319.29</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 1 0</p> <p>Transaction ID: SA11AI.187983</p> <p>Amount of Each Receipt this Period 9.62</p>
---	--

SUBTOTAL of Receipts This Page (optional)	28.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 / 1078
(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

A. Full Name (Last, First, Middle Initial)
PAMELA S. SHELTON

Mailing Address 4471 North Leavitt Road NW

City Warren State OH Zip Code 44485

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.92

Date of Receipt: 11 / 08 / 2010
Transaction ID: SA11AI.184522
Amount of Each Receipt this Period: 12.63

B. Full Name (Last, First, Middle Initial)
PAMELA S. SHELTON

Mailing Address 4471 North Leavitt Road NW

City Warren State OH Zip Code 44485

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.54

Date of Receipt: 11 / 17 / 2010
Transaction ID: SA11AI.187984
Amount of Each Receipt this Period: 9.62

C. Full Name (Last, First, Middle Initial)
SANDRA SHELTON

Mailing Address 1090 Irongate Lane

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 TAX COMMISSIONER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.185865
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► **32.25**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
KATHLEEN SHERRILL

Mailing Address 2396 Niagara

City State Zip Code
Troy MI 48083

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.184051

Amount of Each Receipt this Period
10.50

B.

Full Name (Last, First, Middle Initial)
KATHLEEN SHERRILL

Mailing Address 2396 Niagara

City State Zip Code
Troy MI 48083

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 ▼ 220.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.184101

Amount of Each Receipt this Period
10.50

C.

Full Name (Last, First, Middle Initial)
KATHLEEN SHERRILL

Mailing Address 2396 Niagara

City State Zip Code
Troy MI 48083

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
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185373

Amount of Each Receipt this Period
10.50

SUBTOTAL of Receipts This Page (optional) ► 31.50

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 1078
(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

A.	Full Name (Last, First, Middle Initial) GARY SHIMER		Date of Receipt
	Mailing Address 5421 Marcy Street		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Warren	MI	48091
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184052
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="533.42"/>	<input type="text" value="27.74"/>

B.	Full Name (Last, First, Middle Initial) GARY SHIMER		Date of Receipt
	Mailing Address 5421 Marcy Street		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Warren	MI	48091
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184102
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="561.16"/>	<input type="text" value="27.74"/>

C.	Full Name (Last, First, Middle Initial) GARY SHIMER		Date of Receipt
	Mailing Address 5421 Marcy Street		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Warren	MI	48091
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185374
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="588.90"/>	<input type="text" value="27.74"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="83.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 851 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JOSEPH M. SHIMKO		Date of Receipt
	Mailing Address P.O. Box 645		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Grindstone	PA	15442
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186245
Name of Employer AFSCME PA CN 13/STATE OF PA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) ANN S. SHIREY		Date of Receipt
	Mailing Address P.O. Box 211		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Minford	OH	45653
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183921
Name of Employer AFSCME OH LOC 4/MINFORD LSD		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 208.40	<input type="text"/> 20.84

C.	Full Name (Last, First, Middle Initial) SHANE E. SHOOK		Date of Receipt
	Mailing Address P.O. Box 8212		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Des Moines	IA	50301
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187387
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.84
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 1078
(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

A. Full Name (Last, First, Middle Initial)
CRYSTAL SHREFFLER

Mailing Address **4031 Executive Park Drive**

City **Harrisburg** State **PA** Zip Code **17111-1599**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME PA CN 13** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **368.98**

Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185314
 Amount of Each Receipt this Period **34.18**

B. Full Name (Last, First, Middle Initial)
TRACY L. SHULL

Mailing Address **126 Milford Street**

City **Toledo** State **OH** Zip Code **43605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME OH LOC 4/OREGON BOE** Occupation **CUSTODIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.40**

Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183922
 Amount of Each Receipt this Period **20.84**

C. Full Name (Last, First, Middle Initial)
JASON T. SIDENER

Mailing Address **5583 Bantry Lane #1**

City **Madison** State **WI** Zip Code **53717**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME WI CN 40** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **605.00**

Date of Receipt **11 / 02 / 2010**
Transaction ID: SA11AI.186005
 Amount of Each Receipt this Period **55.00**

SUBTOTAL of Receipts This Page (optional) ► **110.02**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
STEVE SIEGEL
 Mailing Address **411 North Court**
 City **Ottumwa** State **IA** Zip Code **52501**
 Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.187075
 Amount of Each Receipt this Period **24.00**
 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 **264.00**

B. Full Name (Last, First, Middle Initial)
ROWENA L. SILVA
 Mailing Address **888 Mililani Street Suite 601**
 City **Honolulu** State **HI** Zip Code **96813-2991**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.183994
 Amount of Each Receipt this Period **20.00**
 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 **230.00**

C. Full Name (Last, First, Middle Initial)
CARLA SIMMONS
 Mailing Address **444 East Main Street**
 City **New Britain** State **CT** Zip Code **06051-0000**
 Date of Receipt **11 / 09 / 2010**
Transaction ID: SA11AI.187036
 Amount of Each Receipt this Period **20.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME CT CN 4** Occupation **ADMINISTRATIVE ASSISTANT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **240.00**

SUBTOTAL of Receipts This Page (optional) ► **64.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 1078
(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

A.

Full Name (Last, First, Middle Initial) KATRINA W. SIMMONS		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183473
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.

Full Name (Last, First, Middle Initial) KATRINA W. SIMMONS		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185191
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.00	

C.

Full Name (Last, First, Middle Initial) CONNIE J. SIMPSON		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 11910 Kenyon Road		Transaction ID: SA11AI.183137
City Mount Vernon	State OH	Zip Code 43050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	62.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 855 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CONNIE J. SIMPSON		Date of Receipt
	Mailing Address 11910 Kenyon Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Mount Vernon	OH	43050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184900
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation THERAPUTIC PROGRAM TECH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) CONNIE J. SIMPSON		Date of Receipt
	Mailing Address 11910 Kenyon Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Mount Vernon	OH	43050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185867
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation THERAPUTIC PROGRAM TECH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) ISSA J. SIMPSON		Date of Receipt
	Mailing Address 1139 S.E. 16th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Portland	OR	97214-3705
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186285
Name of Employer AFSCME OR CN 75		Occupation OFFICE SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 60.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 856 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) APRIL SIMS	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Mailing Address 1212 Jefferson St. SE Suite 300	Transaction ID: SA11AI.183257
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 48.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) CAROL ANN SIMS	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 7337 S. Shore Drive #724	Transaction ID: SA11AI.184321
	City Chicago State IL Zip Code 60649	Amount of Each Receipt this Period 65.76
	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 ▼ 657.60	

C.	Full Name (Last, First, Middle Initial) KELLY E. SIMS	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	Mailing Address 1270 Vine Street	Transaction ID: SA11AI.187958
	City Coshocton State OH Zip Code 43812	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH CN 8/COSHOCTON Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 202.02	

SUBTOTAL of Receipts This Page (optional)	123.38
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 857 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) KELLY E. SIMS		Date of Receipt
Mailing Address 1270 Vine Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Coshocton OH 43812		<input type="text"/> 1 1 / <input type="text"/> 0 3 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187959
Name of Employer Occupation AFSCME OH CN 8/COSHOCTON STAFF REPRESENTATIVE		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 9.62
Aggregate Year-to-Date ▼		
<input type="text"/> 211.64		

B.

Full Name (Last, First, Middle Initial) KELLY E. SIMS		Date of Receipt
Mailing Address 1270 Vine Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Coshocton OH 43812		<input type="text"/> 1 1 / <input type="text"/> 1 7 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187960
Name of Employer Occupation AFSCME OH CN 8/COSHOCTON STAFF REPRESENTATIVE		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 9.62
Aggregate Year-to-Date ▼		
<input type="text"/> 221.26		

C.

Full Name (Last, First, Middle Initial) TODD L. SINGER		Date of Receipt
Mailing Address 1030 6th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Steelton PA 17113		<input type="text"/> 1 0 / <input type="text"/> 2 9 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186247
Name of Employer Occupation AFSCME PA CN 13/STATE OF PA ADMINISTRATIVE/CLERICAL		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 40.00
Aggregate Year-to-Date ▼		
<input type="text"/> 420.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 59.24
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
TODD L. SINGER
 Mailing Address **1030 6th Avenue**
 City **Steelton** State **PA** Zip Code **17113**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185315
 Amount of Each Receipt this Period **19.58**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME PA CN 13/STATE OF PA** Occupation **ADMINISTRATIVE/CLERICAL**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **439.58**

B. Full Name (Last, First, Middle Initial)
ANDREW D. SKAAR
 Mailing Address **308 S. Douglas Avenue**
 City **Springfield** State **IL** Zip Code **62704**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184422
 Amount of Each Receipt this Period **21.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IL CN 31/STATE OF IL** Occupation **ENGINEER**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **220.50**

C. Full Name (Last, First, Middle Initial)
ROBERTA J. SKOK
 Mailing Address **775 Township Road #2204**
 City **Perrysville** State **OH** Zip Code **44864**
 Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.184523
 Amount of Each Receipt this Period **86.02**
 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 **943.73**

SUBTOTAL of Receipts This Page (optional) **126.60**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 859 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TERRY SKULTETY	Date of Receipt
	Mailing Address 222 Meade Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City State Zip Code Homer City PA 15748	Transaction ID: SA11AI.185316
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 55.72
	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 ▼ <input type="text"/> 597.13	

B.	Full Name (Last, First, Middle Initial) SUSAN J. SLABAUGH	Date of Receipt
	Mailing Address 2135 Michelle Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City State Zip Code Grove City OH 43123	Transaction ID: SA11AI.183842
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	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 ▼ <input type="text"/> 220.00	

C.	Full Name (Last, First, Middle Initial) SUSAN J. SLABAUGH	Date of Receipt
	Mailing Address 2135 Michelle Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City State Zip Code Grove City OH 43123	Transaction ID: SA11AI.186401
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	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 ▼ <input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.72
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 860 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BETTY SMITH		Date of Receipt
	Mailing Address 19292 Archer		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48219
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184053
Name of Employer AFSCME MI CN 25		Occupation ASSISTANT TO THE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.01
		<input type="text"/> 693.06	

B.	Full Name (Last, First, Middle Initial) BETTY SMITH		Date of Receipt
	Mailing Address 19292 Archer		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48219
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184103
Name of Employer AFSCME MI CN 25		Occupation ASSISTANT TO THE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.01
		<input type="text"/> 728.07	

C.	Full Name (Last, First, Middle Initial) BETTY SMITH		Date of Receipt
	Mailing Address 19292 Archer		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Detroit	MI	48219
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185375
Name of Employer AFSCME MI CN 25		Occupation ASSISTANT TO THE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.01
		<input type="text"/> 763.08	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 105.03
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 861 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CHARLESETTA M. SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
	Mailing Address 2606 Heritage Drive		Transaction ID: SA11AI.184423		
	City Champaign	State IL	Zip Code 61822	Amount of Each Receipt this Period 20.85	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SECRETARY III	Aggregate Year-to-Date 208.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) CONNIE SMITH		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0		
	Mailing Address 1739 E 24th Street		Transaction ID: SA11AI.187077		
	City Capitol Heights	State IA	Zip Code 50317	Amount of Each Receipt this Period 45.10	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 496.10		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) DEBORAH A. SMITH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0		
	Mailing Address 872 Lincoln Blvd.		Transaction ID: SA11AI.183140		
	City Bedford	State OH	Zip Code 44146	Amount of Each Receipt this Period 11.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST	Aggregate Year-to-Date 231.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	76.95
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 862 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) DEBORAH A. SMITH		Date of Receipt
	Mailing Address 872 Lincoln Blvd.		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bedford	OH	44146
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.184903
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="242.00"/>	<input type="text" value="11.00"/>

B.	Full Name (Last, First, Middle Initial) DEBORAH A. SMITH		Date of Receipt
	Mailing Address 872 Lincoln Blvd.		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bedford	OH	44146
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.185870
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="253.00"/>	<input type="text" value="11.00"/>

C.	Full Name (Last, First, Middle Initial) DEREK L. SMITH		Date of Receipt
	Mailing Address 1625 L. Street NW		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20036
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.183653
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, GENERAL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="767.56"/>	<input type="text" value="41.28"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="63.28"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 863 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) DEREK L. SMITH		Date of Receipt	
	Mailing Address 1625 L. Street NW		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183760
	Washington	DC	20036	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		41.28		
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, GENERAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 808.84		

B.	Full Name (Last, First, Middle Initial) DEREK L. SMITH		Date of Receipt	
	Mailing Address 1625 L. Street NW		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185470
	Washington	DC	20036	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		41.28		
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, GENERAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.12		

C.	Full Name (Last, First, Middle Initial) DIANA SMITH		Date of Receipt	
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183475
	Olympia	WA	98501	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		10.50		
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	93.06
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 864 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) DIANA SMITH	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185193
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 220.50	

B.	Full Name (Last, First, Middle Initial) FREIDA R. SMITH	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 2000 Bairsford Drive	Transaction ID: SA11AI.183141
	City Columbus State OH Zip Code 43232	Amount of Each Receipt this Period 10.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

C.	Full Name (Last, First, Middle Initial) FREIDA R. SMITH	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 2000 Bairsford Drive	Transaction ID: SA11AI.184904
	City Columbus State OH Zip Code 43232	Amount of Each Receipt this Period 11.00
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 221.00	

SUBTOTAL of Receipts This Page (optional)	31.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 865 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) FREIDA R. SMITH	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 2000 Bairsford Drive	Transaction ID: SA11AI.185871
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 232.00	

B.	Full Name (Last, First, Middle Initial) NEFERTITI SMITH	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2013 S. 16th Avenue	Transaction ID: SA11AI.184322
	City State Zip Code Broadview IL 60155	Amount of Each Receipt this Period 78.86
	FEC ID number of contributing federal political committee. C	
	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 ▼ 683.46	

C.	Full Name (Last, First, Middle Initial) PHYLLIS SMITH	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183477
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	100.36
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 866 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) PHYLLIS SMITH	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185195
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) SCOTT W. SMRIGA	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 500 S. Lincoln Street	Transaction ID: SA11AI.186148
	City Thorpe State WI Zip Code 54771	Amount of Each Receipt this Period 39.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 11 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.31	

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER SMUDDE	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1821 Clearview Drive	Transaction ID: SA11AI.184323
	City Springfield State IL Zip Code 62704	Amount of Each Receipt this Period 69.14
	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 ▼ 691.40	

SUBTOTAL of Receipts This Page (optional)	118.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 BESSIE SNIDER
 Mailing Address 1034 N Washington Avenue
 City State Zip Code
 Lansing MI 48906
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.184054
 Amount of Each Receipt this Period
 21.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

B. Full Name (Last, First, Middle Initial)
 BESSIE SNIDER
 Mailing Address 1034 N Washington Avenue
 City State Zip Code
 Lansing MI 48906
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: SA11AI.184104
 Amount of Each Receipt this Period
 21.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 441.00

C. Full Name (Last, First, Middle Initial)
 BESSIE SNIDER
 Mailing Address 1034 N Washington Avenue
 City State Zip Code
 Lansing MI 48906
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.185376
 Amount of Each Receipt this Period
 21.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 462.00

SUBTOTAL of Receipts This Page (optional) ► 63.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JOYCE SNYDER		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 3145 S. 3B's & K Road		Transaction ID: SA11AI.183843
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) JOYCE SNYDER		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 3145 S. 3B's & K Road		Transaction ID: SA11AI.186402
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) NORMAN L. SNYDER		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 139 Sycamore Street East #4		Transaction ID: SA11AI.186806
City St. Paul	State MN	Zip Code 55117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY	Occupation COUNSELOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
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 ▼
690.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 17 / 2010

Transaction ID: SA11AI.186807

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
SHARON SOBER

Mailing Address 212 5th Street

City State Zip Code
Catawissa PA 17820

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 ▼
1215.94

Date of Receipt

M M / D D / Y Y Y Y
11 / 10 / 2010

Transaction ID: SA11AI.185317

Amount of Each Receipt this Period

114.54

C.

Full Name (Last, First, Middle Initial)
JOHN SOKATCH

Mailing Address 1242 Jessie Street

City State Zip Code
St. Paul MN 55130-3547

FEC ID number of contributing federal political committee. **C**

Name of Employer
AFSCME MN CN 5/STATE OF MN

Occupation
STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 29 / 2010

Transaction ID: SA11AI.186711

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

164.54

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 870 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RANDY R. SORDEN		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187392
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) DANICA SORENSEN		Date of Receipt
	Mailing Address 8033 Excelsior Drive Suite A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
	City	State	Zip Code
	Madison	WI	53717-1903
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186149
Name of Employer AFSCME WI CN 11		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.38	<input type="text"/> 47.64

C.	Full Name (Last, First, Middle Initial) PEPITO F. SORIANO		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185196
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 67.64
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 / 1078
(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
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
HARRY R. SOUCY

Mailing Address 158 May Street

City Naugatuck State CT Zip Code 06770-0000

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 ▼ 352.00

Date of Receipt: 10 / 26 / 2010

Transaction ID: SA11AI.187052

Amount of Each Receipt this Period: 16.00

B.

Full Name (Last, First, Middle Initial)
HARRY R. SOUCY

Mailing Address 158 May Street

City Naugatuck State CT Zip Code 06770-0000

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 ▼ 368.00

Date of Receipt: 11 / 15 / 2010

Transaction ID: SA11AI.187053

Amount of Each Receipt this Period: 16.00

C.

Full Name (Last, First, Middle Initial)
DARRIN SPANN

Mailing Address 6130 Springford Drive #C6

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1048.07

Date of Receipt: 11 / 10 / 2010

Transaction ID: SA11AI.185318

Amount of Each Receipt this Period: 94.46

SUBTOTAL of Receipts This Page (optional) ► 126.46

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 872 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) EDITHIA M. SPEARS	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 4690 Ascot Drive	Transaction ID: SA11AI.184525
	City State Zip Code Columbus OH 43229	Amount of Each Receipt this Period 59.24
	FEC ID number of contributing federal political committee. C	
	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 ▼ 649.87	

B.	Full Name (Last, First, Middle Initial) MARY SPELTZ	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address W364 Palubicki Road	Transaction ID: SA11AI.185979
	City State Zip Code Fountain City WI 54629	Amount of Each Receipt this Period 37.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 40/LOCAL 2484 SOCIAL WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 409.00	

C.	Full Name (Last, First, Middle Initial) MARY SPELTZ	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address W364 Palubicki Road	Transaction ID: SA11AI.185980
	City State Zip Code Fountain City WI 54629	Amount of Each Receipt this Period 37.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 40/LOCAL 2484 SOCIAL WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 446.00	

SUBTOTAL of Receipts This Page (optional)	133.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 1078
(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

A.

Full Name (Last, First, Middle Initial) TAMMI SPENCE		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 190 W. Ostend Street Suite 101		Transaction ID: SA11AI.185527
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.82
Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.46	

B.

Full Name (Last, First, Middle Initial) HARRIETT SPENCER		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 49 Fulliam Circle		Transaction ID: SA11AI.185505
City Allenstown	State NH	Zip Code 03275-0000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME MA CN 93	Occupation COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 388.00	

C.

Full Name (Last, First, Middle Initial) BEVERLY J. SPETZ		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 112 Elmwood Street		Transaction ID: SA11AI.183844
City Delta	State OH	Zip Code 43515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.48
Name of Employer AFSCME OH LOC 4	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1126.56	

SUBTOTAL of Receipts This Page (optional)	124.30
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 874 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BEVERLY J. SPETZ	Date of Receipt
	Mailing Address 112 Elmwood Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City State Zip Code Delta OH 43515	Transaction ID: SA11AI.186403
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 58.48
	Name of Employer Occupation AFSCME OH LOC 4 ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1185.04	

B.	Full Name (Last, First, Middle Initial) JOHN SPIEGELHOFF	Date of Receipt
	Mailing Address 8033 Excelsior Drive Suite A	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 02 / 2010
	City State Zip Code Madison WI 53717-1903	Transaction ID: SA11AI.186006
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer Occupation AFSCME WI CN 40 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

C.	Full Name (Last, First, Middle Initial) JAMES W. SPILLMAN	Date of Receipt
	Mailing Address 646 Lexington Avenue	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 22 / 2010
	City State Zip Code Marion OH 43302	Transaction ID: SA11AI.183149
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 88.48
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 875 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JAMES W. SPILLMAN		Date of Receipt
	Mailing Address 646 Lexington Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Marion	OH	43302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184913
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) JAMES W. SPILLMAN		Date of Receipt
	Mailing Address 646 Lexington Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Marion	OH	43302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185880
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) LARRY SPIVACK		Date of Receipt
	Mailing Address 733 S. Lombard Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Oak Park	IL	60304-1607
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184324
Name of Employer AFSCME IL CN 31		Occupation COLLECTIVE BARGAINING SUPERVISOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 788.60	<input type="text"/> 78.86

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.86
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 876 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHIRLEY A. SPIVEY		Date of Receipt
	Mailing Address P. O. Box 090365		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brown Deer	WI	53209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185961
Name of Employer AFSCME WI CN 48/MILWAUKEE CITY		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) JAMES SPRAGUE		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183479
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	<input type="text" value="11.00"/>

C.	Full Name (Last, First, Middle Initial) JAMES SPRAGUE		Date of Receipt
	Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185197
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="226.00"/>	<input type="text" value="11.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="42.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
JUDITH SPRAGUE

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183480
Amount of Each Receipt this Period: 10.50

B. Full Name (Last, First, Middle Initial)
JUDITH SPRAGUE

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/SOWA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.50

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.185198
Amount of Each Receipt this Period: 10.50

C. Full Name (Last, First, Middle Initial)
JENNIFER SPRINGER

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 ▼ 330.00

Date of Receipt: 11 / 09 / 2010
Transaction ID: SA11AI.185506
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ► 51.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 878 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) KAMALA B. SRIKAR		Date of Receipt
	Mailing Address 9908 Colebrook Avenue		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183654
Name of Employer AFSCME INT'L		Occupation MANAGER, CONFERENCE & TRAVEL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="892.38"/>	<input type="text" value="45.75"/>

B.	Full Name (Last, First, Middle Initial) KAMALA B. SRIKAR		Date of Receipt
	Mailing Address 9908 Colebrook Avenue		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183761
Name of Employer AFSCME INT'L		Occupation MANAGER, CONFERENCE & TRAVEL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="938.13"/>	<input type="text" value="45.75"/>

C.	Full Name (Last, First, Middle Initial) KAMALA B. SRIKAR		Date of Receipt
	Mailing Address 9908 Colebrook Avenue		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Potomac	MD	20854
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185471
Name of Employer AFSCME INT'L		Occupation MANAGER, CONFERENCE & TRAVEL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="983.88"/>	<input type="text" value="45.75"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="137.25"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) JEFFREY M. STAFFORD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 1050 Laren Lane		Transaction ID: SA11AI.183655	
City Clinton	State MD	Zip Code 20735	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation SYSTEMS SUPPORT ANALYST II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

B.

Full Name (Last, First, Middle Initial) JEFFREY M. STAFFORD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1050 Laren Lane		Transaction ID: SA11AI.183762	
City Clinton	State MD	Zip Code 20735	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation SYSTEMS SUPPORT ANALYST II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

C.

Full Name (Last, First, Middle Initial) JEFFREY M. STAFFORD		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
Mailing Address 1050 Laren Lane		Transaction ID: SA11AI.185472	
City Clinton	State MD	Zip Code 20735	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation SYSTEMS SUPPORT ANALYST II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 880 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
BEATRICE E. STANLEY

Mailing Address P.O. Box 116

City State Zip Code
Dwight IL 60420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL LIBRARIAN I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184425

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
DAVID M. STARK

Mailing Address 8003 Excelsior Drive
#B

City State Zip Code
Madison WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 40 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186007

Amount of Each Receipt this Period
21.00

C.

Full Name (Last, First, Middle Initial)
MATTHEW P. STAUDENMAIER

Mailing Address 8003 Excelsior Drive
#B

City State Zip Code
Madison WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WI CN 40 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.186008

Amount of Each Receipt this Period
47.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 881 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MARIANNE STEGER		Date of Receipt	
	Mailing Address 2930 Woodson Drive		M M / D D / Y Y Y Y 11 / 08 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.184526
	Hilliard	OH	43026-1925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		87.94	
Name of Employer AFSCME OH CN 8		Occupation DIRECTOR OF ADMINISTRATIVE SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 964.74		

B.	Full Name (Last, First, Middle Initial) DENISE LYNN STEHMAN		Date of Receipt	
	Mailing Address 131 W Oley Street		M M / D D / Y Y Y Y 11 / 10 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.186268
	Reading	PA	19601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer AFSCME PA CN 13/NSP		Occupation AUDITOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) KATHY A. STEICHEN		Date of Receipt	
	Mailing Address 830 W. 18th Street 3rd Fl.		M M / D D / Y Y Y Y 10 / 29 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.184325
	Chicago	IL	60608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		52.66	
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 ▼ 501.74		

SUBTOTAL of Receipts This Page (optional)	▶	160.60
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 882 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) MICHELE STELOVICH	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 21114 77th Place West Apt. #102	Transaction ID: SA11AI.183481
	City Edmonds State WA Zip Code 98026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MICHELE STELOVICH	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Mailing Address 21114 77th Place West Apt. #102	Transaction ID: SA11AI.185199
	City Edmonds State WA Zip Code 98026	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

C.	Full Name (Last, First, Middle Initial) CAROL STEMLER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 891 Park Street #201	Transaction ID: SA11AI.185976
	City Oregon State WI Zip Code 53575	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40/DANE COUNTY Occupation LPN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 883 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CAROL STEMLER		Date of Receipt	
	Mailing Address 891 Park Street #201		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185977
	Oregon	WI	53575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME WI CN 40/DANE COUNTY		Occupation LPN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		330.00		

B.	Full Name (Last, First, Middle Initial) CAROL STEMLER		Date of Receipt	
	Mailing Address 891 Park Street #201		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185978
	Oregon	WI	53575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		15.00	
Name of Employer AFSCME WI CN 40/DANE COUNTY		Occupation LPN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		345.00		

C.	Full Name (Last, First, Middle Initial) BECKY STEPHENS		Date of Receipt	
	Mailing Address 4637 Olympia Way		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.186164
	Longview	WA	98632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer AFSCME WA CN 28		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	55.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
BECKY STEPHENS

Mailing Address 4637 Olympia Way

City State Zip Code
Longview WA 98632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.186165

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
VICKIE R. STEPHENS

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187398

Amount of Each Receipt this Period
9.62

C. Full Name (Last, First, Middle Initial)
ROSEMARY STERLING

Mailing Address 2315 Lincoln Street

City State Zip Code
Bellingham WA 98225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA 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
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.188001

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional) ► 45.62

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 885 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
ROSEMARY STERLING
 Mailing Address **2315 Lincoln Street**
 City **Bellingham** State **WA** Zip Code **98225**
 Date of Receipt **11 / 12 / 2010**
Transaction ID: SA11AI.188002
 Amount of Each Receipt this Period **11.00**
 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 **231.00**

B. Full Name (Last, First, Middle Initial)
FAY D STEWART
 Mailing Address **P.O. Box 1228**
 City **Rochester** State **WA** Zip Code **98579-1228**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.185473
 Amount of Each Receipt this Period **10.00**
 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 **210.00**

C. Full Name (Last, First, Middle Initial)
JAMES STEWART
 Mailing Address **180 Grand Avenue**
 City **Oakland** State **CA** Zip Code **94612**
 Date of Receipt **11 / 15 / 2010**
Transaction ID: SA11AI.187820
 Amount of Each Receipt this Period **16.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME CA LOC 206** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **208.00**

SUBTOTAL of Receipts This Page (optional) ► **37.00**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 886 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) KATHLEEN M. STEWART		Date of Receipt
	Mailing Address 7326 State Route 19		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mount Gilead	OH	43338
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER	Transaction ID: SA11AI.183156
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="531.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) KATHLEEN M. STEWART		Date of Receipt
	Mailing Address 7326 State Route 19		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mount Gilead	OH	43338
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER	Transaction ID: SA11AI.184920
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="551.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) KATHLEEN M. STEWART		Date of Receipt
	Mailing Address 7326 State Route 19		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mount Gilead	OH	43338
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER	Transaction ID: SA11AI.185887
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="571.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 887 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) NEAL STEWART		Date of Receipt		
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0		
	City Olympia	State WA	Zip Code 98501	Transaction ID: SA11AI.183482	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50		
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

B.	Full Name (Last, First, Middle Initial) NEAL STEWART		Date of Receipt		
	Mailing Address 1212 Jefferson St., SE Suite 300		M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0		
	City Olympia	State WA	Zip Code 98501	Transaction ID: SA11AI.185200	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.50		
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

C.	Full Name (Last, First, Middle Initial) MITCHELL STILLE		Date of Receipt		
	Mailing Address 4320 NW Second Avenue		M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 1 0		
	City Des Moines	State IA	Zip Code 50313	Transaction ID: SA11AI.187078	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00		
	Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 924.00			

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 / 1078
(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

A.

Full Name (Last, First, Middle Initial) STEVEN STOKES		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1249 W. Chase		Transaction ID: SA11AI.184326
City Chicago	State IL	Zip Code 60626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 51.90
Name of Employer AFSCME IL CN 31	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.85	

B.

Full Name (Last, First, Middle Initial) ROY STONE		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1119 Congwood Place		Transaction ID: SA11AI.187558
City Los Angeles	State CA	Zip Code 90019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

C.

Full Name (Last, First, Middle Initial) ROY STONE		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 1119 Congwood Place		Transaction ID: SA11AI.187559
City Los Angeles	State CA	Zip Code 90019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

SUBTOTAL of Receipts This Page (optional)	75.90
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
ROY STONE
 Mailing Address **1119 Congwood Place**
 City **Los Angeles** State **CA** Zip Code **90019**
 Date of Receipt **11 / 19 / 2010**
Transaction ID: SA11AI.187560
 Amount of Each Receipt this Period **12.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME CA CN 36/CITY OF LA** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **276.00**

B. Full Name (Last, First, Middle Initial)
WILLIAM STOUFFER
 Mailing Address **29B - 2nd Street**
 City **North Irwin** State **PA** Zip Code **15642**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185320
 Amount of Each Receipt this Period **70.34**
 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 **759.46**

C. Full Name (Last, First, Middle Initial)
CHUCK B. STOUT
 Mailing Address **3073 Twin Lakes Drive**
 City **Springfield** State **IL** Zip Code **62707-9312**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184327
 Amount of Each Receipt this Period **22.00**
 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 **282.76**

SUBTOTAL of Receipts This Page (optional) ► **104.34**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 890 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) VIVIAN STOVALL	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 4600 W. 9th Avenue #304	Transaction ID: SA11AI.187022
	City State Zip Code Denver CO 80204	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CO CN 76 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) VIVIAN STOVALL	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 4600 W. 9th Avenue #304	Transaction ID: SA11AI.187023
	City State Zip Code Denver CO 80204	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME CO CN 76 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) TIMOTHY J. STRECKER	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1603 E Street, SE	Transaction ID: SA11AI.183657
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 50.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1143.74	

SUBTOTAL of Receipts This Page (optional)	▶	100.97
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 891 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TIMOTHY J. STRECKER		Date of Receipt																					
	Mailing Address 1603 E Street, SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Washington DC 20003		Transaction ID: SA11AI.183764																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1194.71		50.97																						

B.	Full Name (Last, First, Middle Initial) TIMOTHY J. STRECKER		Date of Receipt																					
	Mailing Address 1603 E Street, SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	5		2	0	1	0														
	City State Zip Code Washington DC 20003		Transaction ID: SA11AI.185474																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: PROJECT MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1245.68		50.97																						

C.	Full Name (Last, First, Middle Initial) MICHELE S. STREET		Date of Receipt																					
	Mailing Address 16808 Westbourne Terrace		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City State Zip Code Gaithersburg MD 20878		Transaction ID: SA11AI.183658																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 644.26		34.42																						

SUBTOTAL of Receipts This Page (optional)	▶	136.36
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MICHELE S. STREET		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2010
Mailing Address 16808 Westbourne Terrace		Transaction ID: SA11AI.183765
City Gaithersburg	State MD	Zip Code 20878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.42
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 ▼ 678.68	

B.

Full Name (Last, First, Middle Initial) MICHELE S. STREET		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2010
Mailing Address 16808 Westbourne Terrace		Transaction ID: SA11AI.185475
City Gaithersburg	State MD	Zip Code 20878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.42
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 ▼ 713.10	

C.

Full Name (Last, First, Middle Initial) GYNO STRONG-WOODFORD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2010
Mailing Address P.O. Box 48		Transaction ID: SA11AI.183157
City Reynoldsburg	State OH	Zip Code 43068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation FISCAL SPECIALIST I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	78.84
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 893 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) GYNO STRONG-WOODFORD		Date of Receipt
	Mailing Address P.O. Box 48		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Reynoldsburg	OH	43068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184921
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation FISCAL SPECIALIST I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) GYNO STRONG-WOODFORD		Date of Receipt
	Mailing Address P.O. Box 48		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City	State	Zip Code
	Reynoldsburg	OH	43068
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185888
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation FISCAL SPECIALIST I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 230.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) MARVA J. STROUD		Date of Receipt
	Mailing Address 1055 5th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Aurora	IL	60505
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184427
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation SPECIAL THERAPY AIDE I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 262.39	<input type="text"/> 27.62

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 47.62
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 894 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BARBARA STRUNGE	Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2010
	Mailing Address P.O. Box 1068	Transaction ID: SA11AI.186714
	City Anoka State MN Zip Code 55303	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

B.	Full Name (Last, First, Middle Initial) MARY J. STUCKERT	Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2010
	Mailing Address 814 S. Spring Street	Transaction ID: SA11AI.183158
	City Bucyrus State OH Zip Code 44820	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICE REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) MARY J. STUCKERT	Date of Receipt M M / D D / Y Y Y Y 11 / 05 / 2010
	Mailing Address 814 S. Spring Street	Transaction ID: SA11AI.184922
	City Bucyrus State OH Zip Code 44820	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICE REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	46.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MARY J. STUCKERT
Mailing Address 814 S. Spring Street
City Bucyrus State OH Zip Code 44820
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICE REP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 242.00
Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185889
Amount of Each Receipt this Period 11.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 210.00
Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.185476
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
SHIRLEY E. SUDDOTH-LEWIS
Mailing Address 261 Carol Road
City N. Plainfield State NJ Zip Code 07062
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME NJ CN 1/CN73 LOCAL 979 Occupation NURSE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00
Date of Receipt 10 / 19 / 2010
Transaction ID: SA11AI.187004
Amount of Each Receipt this Period 10.50

SUBTOTAL of Receipts This Page (optional) ► 31.50
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 896 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) SHIRLEY E. SUDDOTH-LEWIS		Date of Receipt
	Mailing Address 261 Carol Road		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	N. Plainfield	NJ	07062
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187005
Name of Employer AFSCME NJ CN 1/CN73 LOCAL 979		Occupation NURSE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.50"/>
		<input type="text" value="241.50"/>	

B.	Full Name (Last, First, Middle Initial) SHIRLEY E. SUDDOTH-LEWIS		Date of Receipt
	Mailing Address 261 Carol Road		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	N. Plainfield	NJ	07062
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.187006
Name of Employer AFSCME NJ CN 1/CN73 LOCAL 979		Occupation NURSE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.50"/>
		<input type="text" value="252.00"/>	

C.	Full Name (Last, First, Middle Initial) KEITH C. S. SUI		Date of Receipt
	Mailing Address 888 Mililani Street Suite 601		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Honolulu	HI	96813-2991
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.183995
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
		<input type="text" value="231.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="42.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
MARY E. SULLIVAN

Mailing Address 61 Woodside Drive

City Albany State NY Zip Code 12208-1157

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1607.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.187729
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MARY E. SULLIVAN

Mailing Address 61 Woodside Drive

City Albany State NY Zip Code 12208-1157

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1707.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184247
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MARY E. SULLIVAN

Mailing Address 61 Woodside Drive

City Albany State NY Zip Code 12208-1157

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1732.00

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.187730
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 898 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SARA SUMMERS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Mailing Address 3418 Weyburn Court	Transaction ID: SA11AI.183160
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 13.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.26	

B.	Full Name (Last, First, Middle Initial) SARA SUMMERS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	Mailing Address 3418 Weyburn Court	Transaction ID: SA11AI.184924
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 13.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.32	

C.	Full Name (Last, First, Middle Initial) SARA SUMMERS	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	Mailing Address 3418 Weyburn Court	Transaction ID: SA11AI.185891
	City State Zip Code Columbus OH 43232	Amount of Each Receipt this Period 13.06
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.38	

SUBTOTAL of Receipts This Page (optional)	▶	39.18
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 899 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JACKIE L. SURBER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 1900 SW Campus Dr. Apt.33-103	Transaction ID: SA11AI.183483
	City State Zip Code Federal Way WA 98023	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) RICHARD J. SURBER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 6449 N Seeley Avenue Unit B1	Transaction ID: SA11AI.184328
	City State Zip Code Chicago IL 60645	Amount of Each Receipt this Period 53.42
	FEC ID number of contributing federal political committee. C	
	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 ▼ 525.08	

C.	Full Name (Last, First, Middle Initial) BRYAN K. SUTTON	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	Mailing Address 7481 S 25th Street	Transaction ID: SA11AI.187481
	City State Zip Code Kalamazoo MI 49048	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25/LOCAL 1668 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	74.42
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 900 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
BRYAN K. SUTTON

Mailing Address 7481 S 25th Street

City State Zip Code
Kalamazoo MI 49048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25/LOCAL 1668 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
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.187482

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
BRYAN K. SUTTON

Mailing Address 7481 S 25th Street

City State Zip Code
Kalamazoo MI 49048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MI CN 25/LOCAL 1668 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187483

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 479.88

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185321

Amount of Each Receipt this Period
46.96

SUBTOTAL of Receipts This Page (optional) ► **66.96**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 / 1078
(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

A.	Full Name (Last, First, Middle Initial) STEPHANIE SWAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
	Mailing Address 11850 S.E. Broyles Court		Transaction ID: SA11AI.186286		
	City Clackamas	State OR	Zip Code 97015	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OR CN 75	Occupation EXECUTIVE ASSISTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			

B.	Full Name (Last, First, Middle Initial) MATTHEW C. SWARTZ		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
	Mailing Address 11760 Alspach Road		Transaction ID: SA11AI.183925		
	City Canal Winchester	State OH	Zip Code 43110	Amount of Each Receipt this Period 10.42	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 4/GROVEPORT	Occupation CUSTODIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.40			

C.	Full Name (Last, First, Middle Initial) MATTHEW C. SWARTZ		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
	Mailing Address 11760 Alspach Road		Transaction ID: SA11AI.186504		
	City Canal Winchester	State OH	Zip Code 43110	Amount of Each Receipt this Period 10.42	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 4/GROVEPORT	Occupation CUSTODIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 258.82			

SUBTOTAL of Receipts This Page (optional)

45.84

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 902 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
TERESA SWICK

Mailing Address 3630 L Street

City Bakersfield State CA Zip Code 93301

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 ▼ 220.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.187815
 Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
YVONNE J. SYPHAX

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 Occupation ASSISTANT DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 892.99

Date of Receipt: 10 / 15 / 2010
Transaction ID: SA11AI.183660
 Amount of Each Receipt this Period: 47.00

C. Full Name (Last, First, Middle Initial)
YVONNE J. SYPHAX

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 Occupation ASSISTANT DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 939.99

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183767
 Amount of Each Receipt this Period: 47.00

SUBTOTAL of Receipts This Page (optional) ► **114.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 903 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) YVONNE J. SYPHAX		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 1625 L. Street NW		Transaction ID: SA11AI.185477		
	City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 47.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 986.99			

B.	Full Name (Last, First, Middle Initial) JAMES R. TACKETT		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 517 S. High Street		Transaction ID: SA11AI.183845		
	City Yellow Springs	State OH	Zip Code 45387	Amount of Each Receipt this Period 28.85	
	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 ▼ 634.70			

C.	Full Name (Last, First, Middle Initial) JAMES R. TACKETT		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 517 S. High Street		Transaction ID: SA11AI.186404		
	City Yellow Springs	State OH	Zip Code 45387	Amount of Each Receipt this Period 28.85	
	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 ▼ 663.55			

SUBTOTAL of Receipts This Page (optional)	▶	104.70
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 904 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART		Date of Receipt	
	Mailing Address 12001 Market Street Unit 450		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183661
	Reston	VA	20190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		110.56	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2100.64		

B.	Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART		Date of Receipt	
	Mailing Address 12001 Market Street Unit 450		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183768
	Reston	VA	20190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		110.56	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2211.20		

C.	Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART		Date of Receipt	
	Mailing Address 12001 Market Street Unit 450		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185478
	Reston	VA	20190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		110.56	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2321.76		

SUBTOTAL of Receipts This Page (optional)	▶	331.68
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 905 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MIGUEL TAMAYO		Date of Receipt
	Mailing Address 2201 Broadway Suite 715		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Oakland	CA	94612
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME LOC 3299, HED		Occupation REPRESENTATIVE	Transaction ID: SA11AI.187770
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 715.00	<input type="text"/> 65.00

B.	Full Name (Last, First, Middle Initial) AMANDA TANDBERG		Date of Receipt
	Mailing Address 421 14th Avenue North		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	South St. Paul	MN	55075
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.186715
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 220.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) ANN M. TANNER		Date of Receipt
	Mailing Address 816 Wilder Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Elyria	OH	44035
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.184527
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 688.73	<input type="text"/> 63.24

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 148.24
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
ANNETTE C. TASHIRO

Mailing Address 45-455 Nukoli Place

City Kaneohe State HI Zip Code 96744

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 ▼ 220.00

Date of Receipt: 11 / 03 / 2010
Transaction ID: SA11AI.183996
Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
CHERILYN M. TATE

Mailing Address 12103 SE 164th Street

City Renton State WA Zip Code 98058

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 ▼ 300.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183484
Amount of Each Receipt this Period: 15.00

C.

Full Name (Last, First, Middle Initial)
CHERILYN M. TATE

Mailing Address 12103 SE 164th Street

City Renton State WA Zip Code 98058

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 ▼ 315.00

Date of Receipt: 11 / 10 / 2010
Transaction ID: SA11AI.185203
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 / 1078
(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

A.

Full Name (Last, First, Middle Initial) DALE TAYLOR		Date of Receipt MM / DD / YYYY 10 / 14 / 2010
Mailing Address 1513 Edgewood Drive P.O. Box 2274		Transaction ID: SA11AI.187577
City Lodi	State Zip Code CA 95240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA CN 57/LOCAL 146	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) DALE TAYLOR		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 1513 Edgewood Drive P.O. Box 2274		Transaction ID: SA11AI.187578
City Lodi	State Zip Code CA 95240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA CN 57/LOCAL 146	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) DALE TAYLOR		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 1513 Edgewood Drive P.O. Box 2274		Transaction ID: SA11AI.187579
City Lodi	State Zip Code CA 95240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CA CN 57/LOCAL 146	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 / 1078
(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

A. Full Name (Last, First, Middle Initial)
JANEEN D. TAYLOR

Mailing Address 1428 Hartford Avenue

City Akron State OH Zip Code 44320

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.94

Date of Receipt 11 / 08 / 2010

Transaction ID: SA11AI.184528

Amount of Each Receipt this Period 30.61

B. Full Name (Last, First, Middle Initial)
THEREZA TAYLOR

Mailing Address 25861 Eton Avenue

City Dearborn Heights State MI Zip Code 48125

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 ▼ 220.00

Date of Receipt 11 / 02 / 2010

Transaction ID: SA11AI.187486

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
TODD TAYLOR

Mailing Address P.O. Box 9457

City Cedar Rapids State IA Zip Code 52409-9457

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 09 / 2010

Transaction ID: SA11AI.187079

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.61

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 909 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) TORIANO TAYLOR		Date of Receipt
	Mailing Address 650 Cherry Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Marion	OH	43302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185894
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION SERGEANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) MOHAMMED TEHRANI		Date of Receipt
	Mailing Address 1424 Wakeforest Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
	City	State	Zip Code
	Gaithersburg	MD	20879
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183662
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 842.48	<input type="text"/> 44.53

C.	Full Name (Last, First, Middle Initial) MOHAMMED TEHRANI		Date of Receipt
	Mailing Address 1424 Wakeforest Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Gaithersburg	MD	20879
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183769
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 887.01	<input type="text"/> 44.53

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 99.06
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 910 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MOHAMMED TEHRANI	Date of Receipt
	Mailing Address 1424 Wakeforest Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City State Zip Code Gaithersburg MD 20879	Transaction ID: SA11AI.185479
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 44.53
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 931.54	

B.	Full Name (Last, First, Middle Initial) DAVID TESTER	Date of Receipt
	Mailing Address 6955 H New Oxford Road	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City State Zip Code Harrisburg PA 17112	Transaction ID: SA11AI.185322
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 55.72
	Name of Employer Occupation AFSCME PA CN 13 TRANSPORTATION EQUIPMENT OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 572.18	

C.	Full Name (Last, First, Middle Initial) COLIN M. THEIS	Date of Receipt
	Mailing Address 2406 W Farragut Avenue #3B	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City State Zip Code Chicago IL 60625	Transaction ID: SA11AI.184329
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 44.46
	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 ▼ <input type="text"/> 444.60	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 144.71
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 / 1078
(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

A. Full Name (Last, First, Middle Initial)
EDWARD THIBODEAU

Mailing Address 444 East Main Street

City State Zip Code
New Britain CT 06051-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CT CN 4 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
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.187037

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
GARY R. THOMANN

Mailing Address 22 Fairelm Lane

City State Zip Code
South Cheektowa NY 14227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NY LOC 1000/NYS AD-MIN. 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
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.187731

Amount of Each Receipt this Period
9.62

C. Full Name (Last, First, Middle Initial)
GARY R. THOMANN

Mailing Address 22 Fairelm Lane

City State Zip Code
South Cheektowa NY 14227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NY LOC 1000/NYS AD-MIN. STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.187732

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional) ► **39.24**

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 912 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) BARBARA A. THOMAS		Date of Receipt
	Mailing Address 3185 Elmreeb Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Columbus	OH	43219
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184928
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation COMPUTER OPERATOR III	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.00	<input type="text"/> 12.00

B.	Full Name (Last, First, Middle Initial) BARBARA A. THOMAS		Date of Receipt
	Mailing Address 3185 Elmreeb Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Columbus	OH	43219
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185895
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation COMPUTER OPERATOR III	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.00	<input type="text"/> 12.00

C.	Full Name (Last, First, Middle Initial) BETTY A. THOMAS		Date of Receipt
	Mailing Address 2006 Faycrest Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 08 / 2010
	City	State	Zip Code
	Cincinnati	OH	45238
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184530
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 489.93	<input type="text"/> 44.60

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 68.60
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 913 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) JOHN THOMAS	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1034 N Washington Avenue	Transaction ID: SA11AI.184055
	City State Zip Code Lansing MI 48906	Amount of Each Receipt this Period 30.66
	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 ▼ 588.95	

B.	Full Name (Last, First, Middle Initial) JOHN THOMAS	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1034 N Washington Avenue	Transaction ID: SA11AI.184105
	City State Zip Code Lansing MI 48906	Amount of Each Receipt this Period 30.66
	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 ▼ 619.61	

C.	Full Name (Last, First, Middle Initial) JOHN THOMAS	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 1034 N Washington Avenue	Transaction ID: SA11AI.185377
	City State Zip Code Lansing MI 48906	Amount of Each Receipt this Period 30.66
	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 ▼ 650.27	

SUBTOTAL of Receipts This Page (optional)	91.98
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 914 / 1078
(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

A. Full Name (Last, First, Middle Initial)
PATRICK S. THOMASSON

Mailing Address 1347 Marot Drive

City State Zip Code
Trotwood OH 45427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH CN 8 LEAD STAFF ORGANIZER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 693.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184531

Amount of Each Receipt this Period
63.24

B. Full Name (Last, First, Middle Initial)
BRUCE E. THOMPSON

Mailing Address 531 Tanya Avenue NW

City State Zip Code
Massillon OH 44646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.183166

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
BRUCE E. THOMPSON

Mailing Address 531 Tanya Avenue NW

City State Zip Code
Massillon OH 44646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.184930

Amount of Each Receipt this Period
10.00

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 Detailed Summary Page	FOR LINE NUMBER:	PAGE 915 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) BRUCE E. THOMPSON		Date of Receipt																					
	Mailing Address 531 Tanya Avenue NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	1	0														
	City State Zip Code Massillon OH 44646		Transaction ID: SA11AI.185897																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation JUVENILE CORRECTION OFFICER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00																						

B.	Full Name (Last, First, Middle Initial) GLENN M. THOMPSON		Date of Receipt																					
	Mailing Address 1310 Township Road 653		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	9	/	2	0	1	0														
	City State Zip Code Ashland OH 44805		Transaction ID: SA11AI.183929																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																						
Name of Employer AFSCME OH LOC 4/ASHLAND		Occupation BUS DRIVER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.02																						

C.	Full Name (Last, First, Middle Initial) GLENN M. THOMPSON		Date of Receipt																					
	Mailing Address 1310 Township Road 653		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	5	/	2	0	1	0														
	City State Zip Code Ashland OH 44805		Transaction ID: SA11AI.186508																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																						
Name of Employer AFSCME OH LOC 4/ASHLAND		Occupation BUS DRIVER																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 251.64																						

SUBTOTAL of Receipts This Page (optional)	▶	29.24
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 916 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
LAWRANCE W. THOMPSON

Mailing Address 3662 Bridgeport Way W.
Apt. D1

City State Zip Code
University Place WA 98466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.185204

Amount of Each Receipt this Period
10.50

B.

Full Name (Last, First, Middle Initial)
MARY E. THOMPSON

Mailing Address 1310 Township Road 653

City State Zip Code
Ashland OH 44805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/ASHLAND BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.86

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183930

Amount of Each Receipt this Period
9.62

C.

Full Name (Last, First, Middle Initial)
MARY E. THOMPSON

Mailing Address 1310 Township Road 653

City State Zip Code
Ashland OH 44805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/ASHLAND BUS DRIVER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.48

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186509

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional) ► 29.74

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 917 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) MARY E. THOMPSON		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187403
Name of Employer AFSCME IA CN 61/STATE WRNT		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 208.40

B.	Full Name (Last, First, Middle Initial) PAULETTE E. THOMPSON		Date of Receipt
	Mailing Address 3902 154th Street E.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Tacoma	WA	98446
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183486
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 420.00

C.	Full Name (Last, First, Middle Initial) PAULETTE E. THOMPSON		Date of Receipt
	Mailing Address 3902 154th Street E.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Tacoma	WA	98446
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185205
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 441.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 62.84
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 918 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
RENO THOMPSON

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.184106

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
RENO THOMPSON

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 ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185378

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 943.73

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184532

Amount of Each Receipt this Period
86.02

SUBTOTAL of Receipts This Page (optional) ► 106.02

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 919 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) RUTHANNE THOMPSON	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.187407
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 9.82
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.22	

B.	Full Name (Last, First, Middle Initial) PETER THOR	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 4 Betts Place	Transaction ID: SA11AI.187038
	City State Zip Code East Norwalk CT 06855-0000	Amount of Each Receipt this Period 42.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CT CN 4 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.30	

C.	Full Name (Last, First, Middle Initial) FRANK THORNTON, JR.	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 190 W. Ostend Street Suite 101	Transaction ID: SA11AI.185529
	City State Zip Code Baltimore MD 21230	Amount of Each Receipt this Period 44.16
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MD CN 982 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.51	

SUBTOTAL of Receipts This Page (optional)	96.38
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 920 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
HELEN THORNTON
 Mailing Address **500 N. Elmwood**
 City **Oak Park** State **IL** Zip Code **60302**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184330
 Amount of Each Receipt this Period **71.02**
 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 ▼ **710.20**

B. Full Name (Last, First, Middle Initial)
MONTY R. THORNTON
 Mailing Address **4320 NW Second Avenue**
 City **Des Moines** State **IA** Zip Code **50313**
 Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.187411
 Amount of Each Receipt this Period **9.62**
 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 ▼ **202.02**

C. Full Name (Last, First, Middle Initial)
JOHN THORSON
 Mailing Address **555 Selby Avenue**
 City **Saint Paul** State **MN** Zip Code **55102**
 Date of Receipt **10 / 19 / 2010**
Transaction ID: SA11AI.186614
 Amount of Each Receipt this Period **71.14**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MN CN 5/CN14** Occupation **POLITICAL ACTION REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **709.16**

SUBTOTAL of Receipts This Page (optional) ► **151.78**
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 921 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JOHN THORSON	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 555 Selby Avenue	Transaction ID: SA11AI.186662
	City State Zip Code Saint Paul MN 55102	Amount of Each Receipt this Period 71.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/CN14 POLITICAL ACTION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.30	

B.	Full Name (Last, First, Middle Initial) GINGER THRASHER	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 13807 Oink Joint Road	Transaction ID: SA11AI.186885
	City State Zip Code Wadena MN 56482	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) JAMES V. THROWER	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 7061 Kester Avenue	Transaction ID: SA11AI.187565
	City State Zip Code Van Nuys CA 91405	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA CN 36/LOCAL 685 PROBATION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	116.14
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 922 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) JAMES V. THROWER		Date of Receipt
	Mailing Address 7061 Kester Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Van Nuys	CA	91405
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187561
Name of Employer AFSCME CA CN 36/LOCAL 685		Occupation PROBATION OFFICER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) CECIL TIBBETTS		Date of Receipt
	Mailing Address 1212 Jefferson St. SE Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Olympia	WA	98501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183258
Name of Employer AFSCME WA CN 28		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) PAUL TIDMARSH		Date of Receipt
	Mailing Address 1676 Larpenteur Avenue E.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	St. Paul	MN	55109-4608
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186717
Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 923 / 1078
(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>A. Full Name (Last, First, Middle Initial) KENNETH A. TILLEMAN</p> <p>Mailing Address 476 Linden Street</p> <hr/> <p>City State Zip Code Fond du Lac WI 54935</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 220.00</p>	<p>Date of Receipt <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 26 / 2010</p> <p>Transaction ID: SA11AI.184194</p> <p>Amount of Each Receipt this Period <input type="text"/> 10.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) KENNETH A. TILLEMAN</p> <p>Mailing Address 476 Linden Street</p> <hr/> <p>City State Zip Code Fond du Lac WI 54935</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 230.00</p>	<p>Date of Receipt <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 10 / 2010</p> <p>Transaction ID: SA11AI.186136</p> <p>Amount of Each Receipt this Period <input type="text"/> 10.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) KENNETH A. TILLEMAN</p> <p>Mailing Address 476 Linden Street</p> <hr/> <p>City State Zip Code Fond du Lac WI 54935</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00</p>	<p>Date of Receipt <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 22 / 2010</p> <p>Transaction ID: SA11AI.186137</p> <p>Amount of Each Receipt this Period <input type="text"/> 10.00</p>
--	---

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 924 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MATTHEW K. TINAY		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 1544 Kewalo Street Unit 203		Transaction ID: SA11AI.183997
City Honolulu	State HI	Zip Code 96822-4248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
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 ▼ 462.00	

B.

Full Name (Last, First, Middle Initial) AUDREY L. TISDALE		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 5900 Bridge Road 502		Transaction ID: SA11AI.187487
City Ypsilanti	State MI	Zip Code 48197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer AFSCME MI CN 25/WASHTENAW CNTY	Occupation OFFICE COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) PAUL E. TOALSTON		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 1750 Miday Avenue NE		Transaction ID: SA11AI.186511
City East Canton	State OH	Zip Code 44730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.86
Name of Employer AFSCME OH LOC 4/OSNABURG LSD	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.88	

SUBTOTAL of Receipts This Page (optional)	▶	130.86
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 925 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DAPHNE M. TODD	Date of Receipt
	Mailing Address 6716 North Court	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City State Zip Code Columbus OH 43229	Transaction ID: SA11AI.183168
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PUBLICATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) DAPHNE M. TODD	Date of Receipt
	Mailing Address 6716 North Court	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 1 0
	City State Zip Code Columbus OH 43229	Transaction ID: SA11AI.184932
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PUBLICATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

C.	Full Name (Last, First, Middle Initial) DAPHNE M. TODD	Date of Receipt
	Mailing Address 6716 North Court	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 1 0
	City State Zip Code Columbus OH 43229	Transaction ID: SA11AI.185899
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PUBLICATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 926 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) ADDLEY TOLE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Mailing Address 41628 Mountain View Place E	Transaction ID: SA11AI.183259
	City State Zip Code Gold Bar WA 98251	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) LEIGH TOMLINSON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Mailing Address 930 Stag Thicket Lane	Transaction ID: SA11AI.184057
	City State Zip Code Mason MI 48854-1400	Amount of Each Receipt this Period 40.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 ACCTG. /HUMAN RESOURCE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 797.21	

C.	Full Name (Last, First, Middle Initial) LEIGH TOMLINSON	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 930 Stag Thicket Lane	Transaction ID: SA11AI.184107
	City State Zip Code Mason MI 48854-1400	Amount of Each Receipt this Period 40.27
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 ACCTG. /HUMAN RESOURCE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 837.48	

SUBTOTAL of Receipts This Page (optional)	▶	101.54
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 LEIGH TOMLINSON
 Mailing Address 930 Stag Thicket Lane
 City State Zip Code
 Mason MI 48854-1400
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 1 0
Transaction ID: SA11AI.185379
 Amount of Each Receipt this Period
 40.27
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 ACCTG. /HUMAN RESOURCE DIRECTOR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 877.75

B. Full Name (Last, First, Middle Initial)
 ROSELLA P. TOPE
 Mailing Address 9839 Oaklane Drive SE
 City State Zip Code
 Waynesburg OH 44688
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.186512
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4/SANDY VAL-LEY TEACHER AIDE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

C. Full Name (Last, First, Middle Initial)
 TOM TOSTI
 Mailing Address 327 Lincoln Avenue
 City State Zip Code
 Bristol PA 19007
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.185323
 Amount of Each Receipt this Period
 114.54
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1020.57

SUBTOTAL of Receipts This Page (optional) ► **184.81**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 928 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) PATRICIO TOVAR, JR.		Date of Receipt																					
	Mailing Address 3040 Maeterlinck Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	5		2	0	1	0														
	City State Zip Code Toledo OH 43614		Transaction ID: SA11AI.184933																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
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 ▼ 210.00																						

B.	Full Name (Last, First, Middle Initial) PATRICIO TOVAR, JR.		Date of Receipt																					
	Mailing Address 3040 Maeterlinck Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	9		2	0	1	0														
	City State Zip Code Toledo OH 43614		Transaction ID: SA11AI.185900																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
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 ▼ 220.00																						

C.	Full Name (Last, First, Middle Initial) ALEXANDRA TOWNSEND		Date of Receipt																					
	Mailing Address 3412 Knipp Drive Suite 102		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	0		2	0	1	0														
	City State Zip Code Jefferson City MO 65109		Transaction ID: SA11AI.186897																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.29																						
Name of Employer AFSCME MO CN 72		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.06																						

SUBTOTAL of Receipts This Page (optional)	▶	37.29
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
ALEXANDRA TOWNSEND
 Mailing Address **3412 Knipp Drive**
Suite 102
 City **Jefferson City** State **MO** Zip Code **65109**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.186909
 Amount of Each Receipt this Period **17.29**
 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 ▼ **259.35**

B. Full Name (Last, First, Middle Initial)
ALEXANDRA TOWNSEND
 Mailing Address **3412 Knipp Drive**
Suite 102
 City **Jefferson City** State **MO** Zip Code **65109**
 Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.186920
 Amount of Each Receipt this Period **17.29**
 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 ▼ **276.64**

C. Full Name (Last, First, Middle Initial)
DOROTHY TOWNSEND
 Mailing Address **6837 SW 39th Drive**
 City **Miramar** State **FL** Zip Code **33023**
 Date of Receipt **10 / 15 / 2010**
Transaction ID: SA11AI.183663
 Amount of Each Receipt this Period **94.01**
 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 ▼ **963.79**

SUBTOTAL of Receipts This Page (optional) ► **128.59**
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 930 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City State Zip Code
Miramar FL 33023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1057.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183770

Amount of Each Receipt this Period
94.01

B. Full Name (Last, First, Middle Initial)
DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City State Zip Code
Miramar FL 33023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1151.81

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185480

Amount of Each Receipt this Period
94.01

C. Full Name (Last, First, Middle Initial)
DOROTHY D. TOZER

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187415

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional) ► **197.64**

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 931 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DAVID K. TRASK, Jr.	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 2271 Aulii Street	Transaction ID: SA11AI.183998
	City State Zip Code Honolulu HI 96817-1530	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) VON TREAS	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 4031 Executive Park Drive	Transaction ID: SA11AI.185324
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 46.96
	FEC ID number of contributing federal political committee. C	
	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 ▼ 605.31	

C.	Full Name (Last, First, Middle Initial) TERRY L. TREFZ	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2771 ST RT 746	Transaction ID: SA11AI.186513
	City State Zip Code Cardington OH 43315	Amount of Each Receipt this Period 28.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4/BUCKEYE VLSD MECHANIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.88	

SUBTOTAL of Receipts This Page (optional)	95.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 932 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
ROB TROMBLEY
 Mailing Address **7117 Marilyn NE**
 City **Albuquerque** State **NM** Zip Code **87109**
 Date of Receipt **11 / 03 / 2010**
Transaction ID: SA11AI.186975
 Amount of Each Receipt this Period **20.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME NM CN 18** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **220.00**

B. Full Name (Last, First, Middle Initial)
LISA TROVALLI
 Mailing Address **4031 Executive Park Drive**
 City **Harrisburg** State **PA** Zip Code **17111**
 Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.185325
 Amount of Each Receipt this Period **57.00**
 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 **605.20**

C. Full Name (Last, First, Middle Initial)
HARVEY E. TRUITT
 Mailing Address **1180 Sportsman Road**
 City **Penn Run** State **PA** Zip Code **15765**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.186250
 Amount of Each Receipt this Period **12.00**
 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 **216.00**

SUBTOTAL of Receipts This Page (optional) **89.00**
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 933 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) LANI E. TSUNEISHI	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 6847 Niualu Loop	Transaction ID: SA11AI.184000
	City State Zip Code Honolulu HI 96825	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) OTIS F. TUCK	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 32029 Sedgefield Oval	Transaction ID: SA11AI.187961
	City State Zip Code Solon OH 44139	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8/CUYAHOGA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

C.	Full Name (Last, First, Middle Initial) OTIS F. TUCK	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 32029 Sedgefield Oval	Transaction ID: SA11AI.187962
	City State Zip Code Solon OH 44139	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8/CUYAHOGA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional)	39.24
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 934 / 1078
(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

A.

Full Name (Last, First, Middle Initial) OTIS F. TUCK		Date of Receipt																				
Mailing Address 32029 Sedgfield Oval		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	7	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	7	/	2	0	1	0													
City State Zip Code Solon OH 44139		Transaction ID: SA11AI.187963																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62																				
Name of Employer AFSCME OH CN 8/CUYAHOGA	Occupation STAFF REPRESENTATIVE																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26																					

B.

Full Name (Last, First, Middle Initial) GARY D. TUCKER		Date of Receipt																				
Mailing Address 647 State Highway 267		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	1	0													
City State Zip Code Murrayville IL 62668		Transaction ID: SA11AI.184428																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84																				
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40																					

C.

Full Name (Last, First, Middle Initial) JAYMA L. TUCKER		Date of Receipt																				
Mailing Address 647 State Highway 267		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	9	/	2	0	1	0													
City State Zip Code Murrayville IL 62668		Transaction ID: SA11AI.184429																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84																				
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40																					

SUBTOTAL of Receipts This Page (optional)	51.30
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
YULANDA TUCKER

Mailing Address 1217 Dalton Road

City State Zip Code
Parkville MD 21234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MD CN 67 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 242.22

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.186848

Amount of Each Receipt this Period
22.02

B.

Full Name (Last, First, Middle Initial)
YULANDA TUCKER

Mailing Address 1217 Dalton Road

City State Zip Code
Parkville MD 21234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MD CN 67 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 264.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.186873

Amount of Each Receipt this Period
22.02

C.

Full Name (Last, First, Middle Initial)
BONITA J. TUCKER-MERCADO

Mailing Address 12106 Leeila Avenue

City State Zip Code
Cleveland OH 44135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4/CUYAHOGA COUNTY STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183932

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► **63.28**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 936 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
BONITA J. TUCKER-MERCADO

Mailing Address 12106 Leeila Avenue

City Cleveland State OH Zip Code 44135

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CUYAHOGA COUNTY Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt 11 / 15 / 2010

Transaction ID: SA11AI.186514

Amount of Each Receipt this Period 19.24

B.

Full Name (Last, First, Middle Initial)
ELIZABETH TURNBOW

Mailing Address 4443 Libby N.E.

City Olympia State WA Zip Code 98506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 27 / 2010

Transaction ID: SA11AI.183260

Amount of Each Receipt this Period 42.00

C.

Full Name (Last, First, Middle Initial)
MICHELLE N. TURNER

Mailing Address 8707 Township Road 34

City Galion State OH Zip Code 44833

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 22 / 2010

Transaction ID: SA11AI.183171

Amount of Each Receipt this Period 11.00

SUBTOTAL of Receipts This Page (optional) ► 72.24

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 937 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) MICHELLE N. TURNER		Date of Receipt MM / DD / YYYY 11 / 05 / 2010	
Mailing Address 8707 Township Road 34		Transaction ID: SA11AI.184935	
City Galion	State OH	Zip Code 44833	Amount of Each Receipt this Period 11.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	Aggregate Year-to-Date 242.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) MICHELLE N. TURNER		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 8707 Township Road 34		Transaction ID: SA11AI.185902	
City Galion	State OH	Zip Code 44833	Amount of Each Receipt this Period 11.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	Aggregate Year-to-Date 253.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) TIMM TWARDOSKI		Date of Receipt MM / DD / YYYY 10 / 15 / 2010	
Mailing Address 1897 Wooten Road		Transaction ID: SA11AI.187537	
City Helena	State MT	Zip Code 59602	Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MT CN 9	Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	43.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 938 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TIMM TWARDOSKI	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 1897 Wooten Road	Transaction ID: SA11AI.187538
	City State Zip Code Helena MT 59602	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MT CN 9 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

B.	Full Name (Last, First, Middle Initial) JOHN TWIFORD	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 4031 Executive Park Drive	Transaction ID: SA11AI.185326
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 51.22
	FEC ID number of contributing federal political committee. C	
	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 ▼ 524.92	

C.	Full Name (Last, First, Middle Initial) JOHN T. ULIASZ	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 9208 Lake Hill Road	Transaction ID: SA11AI.187615
	City State Zip Code Santee CA 92071	Amount of Each Receipt this Period 10.00
	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 ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	82.22
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 939 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
JOHN T. ULIASZ

Mailing Address 9208 Lake Hill Road

City State Zip Code
Santee CA 92071

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.187616
Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
JOHN T. ULIASZ

Mailing Address 9208 Lake Hill Road

City State Zip Code
Santee CA 92071

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: SA11AI.187617
Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
JAMES ULLMER, Jr.

Mailing Address 6911 58th Avenue N.

City State Zip Code
Crystal MN 55428-3411

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.186718
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► **40.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 940 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) TROY A. ULREY	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Mailing Address 308 N. Division	Transaction ID: SA11AI.184430
	City State Zip Code Oblong IL 62449	Amount of Each Receipt this Period 29.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL CORRECTIONAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

B.	Full Name (Last, First, Middle Initial) BARBARA S. UWEKOOLANI	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0
	Mailing Address 888 Mililani Street Suite 601	Transaction ID: SA11AI.184001
	City State Zip Code Honolulu HI 96813-2991	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) KAREN VALENTINE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 154 Stoney Drive	Transaction ID: SA11AI.187539
	City State Zip Code Dover DE 19904	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME DE CN 81 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 731.34	

SUBTOTAL of Receipts This Page (optional)	119.40
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 941 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) KAREN VALENTINE	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 154 Stoney Drive	Transaction ID: SA11AI.186951
	City State Zip Code Dover DE 19904	Amount of Each Receipt this Period 126.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME DE CN 81 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 858.18	

B.	Full Name (Last, First, Middle Initial) ROBERT M. VALENTINE	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1226 W Main Street	Transaction ID: SA11AI.183174
	City State Zip Code Ashland OH 44805	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH BRIDGE SPECIALIST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) ROBERT M. VALENTINE	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1226 W Main Street	Transaction ID: SA11AI.184938
	City State Zip Code Ashland OH 44805	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH BRIDGE SPECIALIST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

SUBTOTAL of Receipts This Page (optional)	▶	147.84
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 942 / 1078
(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

A. Full Name (Last, First, Middle Initial)
ROBERT M. VALENTINE

Mailing Address **1226 W Main Street**

City **Ashland** State **OH** Zip Code **44805**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **BRIDGE SPECIALIST II**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.00**

Date of Receipt **11 / 19 / 2010**
Transaction ID: SA11AI.185905
 Amount of Each Receipt this Period **11.00**

B. Full Name (Last, First, Middle Initial)
OSVALDO VALENZUELA

Mailing Address **6962 N. Hamilton Avenue #E**

City **Chicago** State **IL** Zip Code **60645**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME IL CN 31** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **638.40**

Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184331
 Amount of Each Receipt this Period **63.84**

C. Full Name (Last, First, Middle Initial)
JANICE VARNER

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 ▼ **202.02**

Date of Receipt **11 / 17 / 2010**
Transaction ID: SA11AI.187426
 Amount of Each Receipt this Period **9.62**

SUBTOTAL of Receipts This Page (optional) ► **84.46**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 943 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) STEPHEN T. VELDHEER		Date of Receipt																					
	Mailing Address 2319 N. Sawyer Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City State Zip Code Chicago IL 60647		Transaction ID: SA11AI.183665																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: ORGANIZING COORDINATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 537.39		<table border="1"> <tr> <td colspan="10">28.48</td> </tr> </table>		28.48																				
28.48																								

B.	Full Name (Last, First, Middle Initial) STEPHEN T. VELDHEER		Date of Receipt																					
	Mailing Address 2319 N. Sawyer Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City State Zip Code Chicago IL 60647		Transaction ID: SA11AI.183772																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: ORGANIZING COORDINATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 566.44		<table border="1"> <tr> <td colspan="10">29.05</td> </tr> </table>		29.05																				
29.05																								

C.	Full Name (Last, First, Middle Initial) STEPHEN T. VELDHEER		Date of Receipt																					
	Mailing Address 2319 N. Sawyer Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	5		2	0	1	0														
	City State Zip Code Chicago IL 60647		Transaction ID: SA11AI.185482																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: ORGANIZING COORDINATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 595.49		<table border="1"> <tr> <td colspan="10">29.05</td> </tr> </table>		29.05																				
29.05																								

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>86.58</td></tr></table>	86.58
86.58			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) MICHAEL VERBUS		Date of Receipt
Mailing Address 2010 6th Street SW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Canton OH 44706		<input type="text"/> 1 0 / <input type="text"/> 2 5 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187964
Name of Employer AFSCME OH CN 8/CANTON		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text"/> 9.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 211.64

B.

Full Name (Last, First, Middle Initial) MICHAEL VERBUS		Date of Receipt
Mailing Address 2010 6th Street SW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Canton OH 44706		<input type="text"/> 1 1 / <input type="text"/> 0 8 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187965
Name of Employer AFSCME OH CN 8/CANTON		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text"/> 9.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 221.26

C.

Full Name (Last, First, Middle Initial) MICHAEL VERBUS		Date of Receipt
Mailing Address 2010 6th Street SW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Canton OH 44706		<input type="text"/> 1 1 / <input type="text"/> 2 2 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.187966
Name of Employer AFSCME OH CN 8/CANTON		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text"/> 9.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 230.88

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 28.86
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 945 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) ANTHONY VERNELL		Date of Receipt
	Mailing Address 14 Meadow Lane		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Athens	OH	45701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183849
Name of Employer AFSCME OH LOC 4		Occupation REGIONAL DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="740.00"/>	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) ANTHONY VERNELL		Date of Receipt
	Mailing Address 14 Meadow Lane		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Athens	OH	45701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186407
Name of Employer AFSCME OH LOC 4		Occupation REGIONAL DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="770.00"/>	<input type="text" value="30.00"/>

C.	Full Name (Last, First, Middle Initial) CATHERINE A. VICTOR		Date of Receipt
	Mailing Address 36394 Lakeshore Blvd.		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	East Lake	OH	44095
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186518
Name of Employer AFSCME OH LOC 4/WILLOUGHBY		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="477.64"/>	<input type="text" value="20.84"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 946 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CATHERINE A. VICTOR		Date of Receipt
	Mailing Address 36394 Lakeshore Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 18 / 2010
	City	State	Zip Code
	East Lake	OH	44095
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186519
Name of Employer AFSCME OH LOC 4/WILLOUGHBY		Occupation BUS DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.48	<input type="text"/> 20.84

B.	Full Name (Last, First, Middle Initial) JOHN L. VIGIL		Date of Receipt
	Mailing Address 609 Monroe		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Alamogordo	NM	88310
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186977
Name of Employer AFSCME NM CN 18/STAT OF NM		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) JOHN L. VIGIL		Date of Receipt
	Mailing Address 609 Monroe		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 15 / 2010
	City	State	Zip Code
	Alamogordo	NM	88310
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186978
Name of Employer AFSCME NM CN 18/STAT OF NM		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 40.84
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 947 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SHANNON VILLNAME		Date of Receipt	
	Mailing Address 196 Allison Road		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187736
	Waddington	NY	13694	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME NY LOC 1000/ST.LAW-RENCE		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64		

B.	Full Name (Last, First, Middle Initial) SHANNON VILLNAME		Date of Receipt	
	Mailing Address 196 Allison Road		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187737
	Waddington	NY	13694	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME NY LOC 1000/ST.LAW-RENCE		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26		

C.	Full Name (Last, First, Middle Initial) JENNY VITZILEOS		Date of Receipt	
	Mailing Address 9116 Oak Park Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184332
	Morton	IL	60053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		44.46	
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 ▼ 346.08		

SUBTOTAL of Receipts This Page (optional)	▶	63.70
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 948 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
SUSAN VOGEL

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 ▼ **206.22**

Date of Receipt **11 / 17 / 2010**

Transaction ID: SA11AI.187430

Amount of Each Receipt this Period **9.82**

B.

Full Name (Last, First, Middle Initial)
LOUIS VOLPI, JR.

Mailing Address **195 Forest Blvd #A**

City **Park Forest** State **IL** Zip Code **60466**

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 ▼ **420.00**

Date of Receipt **10 / 29 / 2010**

Transaction ID: SA11AI.184431

Amount of Each Receipt this Period **42.00**

C.

Full Name (Last, First, Middle Initial)
MARY A. VONRUDEN

Mailing Address **8003 Excelsior Drive #B**

City **Madison** State **WI** Zip Code **53717**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME WI CN 40** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **542.00**

Date of Receipt **11 / 02 / 2010**

Transaction ID: SA11AI.186009

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **101.82**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 949 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MARY A. VONRUDEN	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 8003 Excelsior Drive #B	Transaction ID: SA11AI.186016
	City Madison State WI Zip Code 53717	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00	

B.	Full Name (Last, First, Middle Initial) ANNIE WACKER	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 326 S. 82nd Street	Transaction ID: SA11AI.185962
	City Milwaukee State WI Zip Code 53214	Amount of Each Receipt this Period 43.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 48/LOCAL 1954 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 473.00	

C.	Full Name (Last, First, Middle Initial) ANNIE WACKER	Date of Receipt MM / DD / YYYY 11 / 17 / 2010
	Mailing Address 326 S. 82nd Street	Transaction ID: SA11AI.185963
	City Milwaukee State WI Zip Code 53214	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 48/LOCAL 1954 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 513.00	

SUBTOTAL of Receipts This Page (optional)	111.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
CARRIE L. WACKER

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.187434

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
SUSAN L. WAGONER

Mailing Address 5434 Briardale Lane
Apt. E

City State Zip Code
Dublin OH 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OHIO CN 8 STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 558.14

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.184533

Amount of Each Receipt this Period
50.88

C. Full Name (Last, First, Middle Initial)
JUDITH VIOLA WAHLBERG

Mailing Address 5069 County Road

City State Zip Code
Mountain Iron MN 55768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MN CN 5/ST LOUIS COUNTY CHILDCARE PROVIDER REP

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.186813

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 75.88

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 951 / 1078
(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

A.

Full Name (Last, First, Middle Initial) JUDITH VIOLA WAHLBERG		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 5069 County Road		Transaction ID: SA11AI.186814
City Mountain Iron	State MN	Zip Code 55768
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY	Occupation CHILDCARE PROVIDER REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.50	

B.

Full Name (Last, First, Middle Initial) ARTHUR E. WAKE		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address 1203 NE 135th Street Apt. 403		Transaction ID: SA11AI.183790
City Seattle	State WA	Zip Code 98125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer AFSCME WA CN 28/UNIV OF WA	Occupation PAINTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) KIRK A. WALKER		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 56 Orel Avenue		Transaction ID: SA11AI.183178
City Columbus	State OH	Zip Code 43204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 952 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) KIRK A. WALKER		Date of Receipt																					
	Mailing Address 56 Orel Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	5	/	2	0	1	0														
	City State Zip Code Columbus OH 43204		Transaction ID: SA11AI.184942																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER III																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00																						

B.	Full Name (Last, First, Middle Initial) KIRK A. WALKER		Date of Receipt																					
	Mailing Address 56 Orel Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	1	0														
	City State Zip Code Columbus OH 43204		Transaction ID: SA11AI.185909																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00																						
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER III																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00																						

C.	Full Name (Last, First, Middle Initial) PATRICIA WALKER		Date of Receipt																					
	Mailing Address 560 Hillcrest Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	0	/	2	0	1	0														
	City State Zip Code Ben Lomond CA 95005		Transaction ID: SA11AI.187580																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00																						
Name of Employer AFSCME CA CN 57/EAST BAY PARKS		Occupation STAFF REPRESENTATIVE																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 953 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) PATRICIA WALLER		Date of Receipt		
	Mailing Address 33986 State Route 681 S		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	City Albany	State OH	Zip Code 45710	Transaction ID: SA11AI.187967	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62		
	Name of Employer AFSCME OH CN 8/O'BLENESS MH	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64			

B.	Full Name (Last, First, Middle Initial) PATRICIA WALLER		Date of Receipt		
	Mailing Address 33986 State Route 681 S		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0		
	City Albany	State OH	Zip Code 45710	Transaction ID: SA11AI.187968	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62		
	Name of Employer AFSCME OH CN 8/O'BLENESS MH	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.26			

C.	Full Name (Last, First, Middle Initial) KATHLEEN M. WALPOLE		Date of Receipt		
	Mailing Address 139 East Cayuga Street		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0		
	City Oswego	State NY	Zip Code 13126	Transaction ID: SA11AI.187738	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.24		
	Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.28			

SUBTOTAL of Receipts This Page (optional)	▶	38.48
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 954 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

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 Occupation
AFSCME NY LOC 1000 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 442.52

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.187739

Amount of Each Receipt this Period
19.24

B.

Full Name (Last, First, Middle Initial)

MICHAEL J. WALSH

Mailing Address 3119 Aramingo Avenue

City State Zip Code
Philadelphia PA 19134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME PA CN 47/LOCAL 2187 UNION REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.186202

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM WALSH

Mailing Address 16 Jefferson Avenue

City State Zip Code
Centereach NY 11720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME NY LOC 1000/BROOKH-AVEN 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
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.187740

Amount of Each Receipt this Period
9.62

SUBTOTAL of Receipts This Page (optional) ▶

48.86

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 955 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) WILLIAM WALSH	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 16 Jefferson Avenue	Transaction ID: SA11AI.187741
	City State Zip Code Centereach NY 11720	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/BROOKH-AVEN Occupation STAFF REPRESENTATIVE Aggregate Year-to-Date 221.26 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) WILLIAM WALSH	Date of Receipt MM / DD / YYYY 11 / 16 / 2010
	Mailing Address 16 Jefferson Avenue	Transaction ID: SA11AI.187742
	City State Zip Code Centereach NY 11720	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME NY LOC 1000/BROOKH-AVEN Occupation STAFF REPRESENTATIVE Aggregate Year-to-Date 230.88 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BARBARA J. WARD	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 13975 State Route 7	Transaction ID: SA11AI.183935
	City State Zip Code Proctorville OH 45669-9739	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/FAIRLAND LSD Occupation BUS DRIVER Aggregate Year-to-Date 516.80 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)	▶	40.08
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 956 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BARBARA J. WARD		Date of Receipt
Mailing Address 13975 State Route 7		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Proctorville OH 45669-9739		Transaction ID: SA11AI.186520
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 20.84
Name of Employer AFSCME OH LOC 4/FAIRLAND LSD	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 537.64	

B.

Full Name (Last, First, Middle Initial) BARBARA J. WARD		Date of Receipt
Mailing Address 13975 State Route 7		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Proctorville OH 45669-9739		Transaction ID: SA11AI.186521
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 20.84
Name of Employer AFSCME OH LOC 4/FAIRLAND LSD	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 558.48	

C.

Full Name (Last, First, Middle Initial) JAMES A. WARD		Date of Receipt
Mailing Address 5692 Northpointe Parkway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Lorain OH 44053		Transaction ID: SA11AI.186522
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 42.00
Name of Employer AFSCME OH LOC 4/LORAIN CO-UNTY	Occupation SOCIAL SERVICE AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 502.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 83.68
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 957 / 1078
(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

A. Full Name (Last, First, Middle Initial)
CYNTHIA D. WARREN

Mailing Address 2268 Bryn Mawr Avenue

City Philadelphia State PA Zip Code 19131

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.186253
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
DAVID WARRICK

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1210.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.184250
Amount of Each Receipt this Period: 70.00

C. Full Name (Last, First, Middle Initial)
DAVID WARRICK

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1330.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.187015
Amount of Each Receipt this Period: 120.00

SUBTOTAL of Receipts This Page (optional) ► 210.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 958 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
SYLVIA J. WARRICK

Mailing Address 2638 Jay Court

City State Zip Code
Indianapolis IN 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IN CN 62/STATE OF IN STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.187016

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
SYLVIA J. WARRICK

Mailing Address 2638 Jay Court

City State Zip Code
Indianapolis IN 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IN CN 62/STATE OF IN STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.187018

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
ANDRE' J. WASHINGTON

Mailing Address 45 Knollwood Drive

City State Zip Code
Perrysburg OH 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183850

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional) ► **39.24**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 959 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANDRE' J. WASHINGTON	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 45 Knollwood Drive	Transaction ID: SA11AI.186408
	City State Zip Code Perrysburg OH 43551	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52	

B.	Full Name (Last, First, Middle Initial) DON CARLOS WASHINGTON	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 22 E. Yale Avenue	Transaction ID: SA11AI.187488
	City State Zip Code Pontiac MI 48340	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25/LOCAL 1820 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) FRANK W. WASHINGTON	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1713 Crimson Place	Transaction ID: SA11AI.183666
	City State Zip Code Mitchellville MD 20721	Amount of Each Receipt this Period 37.91
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L SPECIAL AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.35	

SUBTOTAL of Receipts This Page (optional)	77.15
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 960 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) FRANK W. WASHINGTON	Date of Receipt
	Mailing Address 1713 Crimson Place	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Mitchellville MD 20721	<input type="text"/> 1 0 / <input type="text"/> 2 9 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.183773
	Name of Employer Occupation AFSCME INT'L SPECIAL AIDE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 758.26	<input type="text"/> 37.91

B.	Full Name (Last, First, Middle Initial) FRANK W. WASHINGTON	Date of Receipt
	Mailing Address 1713 Crimson Place	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Mitchellville MD 20721	<input type="text"/> 1 1 / <input type="text"/> 1 5 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.185483
	Name of Employer Occupation AFSCME INT'L SPECIAL AIDE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 796.17	<input type="text"/> 37.91

C.	Full Name (Last, First, Middle Initial) DONALD S. WASSERMAN	Date of Receipt
	Mailing Address 4513 46th Street NW	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City State Zip Code Washington DC 20016-4428	<input type="text"/> 1 0 / <input type="text"/> 1 8 / <input type="text"/> 2 0 1 0
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.187499
	Name of Employer Occupation AFSCME INT'L RETIREE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 600.00	<input type="text"/> 600.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 675.82
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 961 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) ALTON WATANABE	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 836 Paloma Street	Transaction ID: SA11AI.184002
	City State Zip Code Wailuku HI 96793	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) SUSAN M. WATANABE	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 888 Mililani Street Suite 601	Transaction ID: SA11AI.184003
	City State Zip Code Honolulu HI 96813-2991	Amount of Each Receipt this Period 23.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

C.	Full Name (Last, First, Middle Initial) ANITA R. WATKINS	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 6188 Chinaberry Drive	Transaction ID: SA11AI.183182
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PLANNER III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	58.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 962 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANITA R. WATKINS	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 6188 Chinaberry Drive	Transaction ID: SA11AI.184945
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PLANNER III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) ANITA R. WATKINS	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 6188 Chinaberry Drive	Transaction ID: SA11AI.185912
	City State Zip Code Columbus OH 43213	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH PLANNER III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) ROBIN D. WATSON	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 51341 State Route 541	Transaction ID: SA11AI.187969
	City State Zip Code Coshocton OH 43812	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8/COSHOCTON STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.02	

SUBTOTAL of Receipts This Page (optional)	▶	29.62
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 963 / 1078
(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

A.

Full Name (Last, First, Middle Initial) ROBIN D. WATSON		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 51341 State Route 541		Transaction ID: SA11AI.187970
City Coshocton	State OH	Zip Code 43812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH CN 8/COSHOCTON	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

B.

Full Name (Last, First, Middle Initial) ROBIN D. WATSON		Date of Receipt MM / DD / YYYY 11 / 17 / 2010
Mailing Address 51341 State Route 541		Transaction ID: SA11AI.187971
City Coshocton	State OH	Zip Code 43812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME OH CN 8/COSHOCTON	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

C.

Full Name (Last, First, Middle Initial) JEFFERY M. WATT		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 1299 Westwood Avenue		Transaction ID: SA11AI.183183
City Grandview	State OH	Zip Code 43212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation VIDEOGRAPHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	29.24
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 964 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 JEFFERY M. WATT
 Mailing Address 1299 Westwood Avenue
 City State Zip Code
 Grandview OH 43212
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 0 5 / 2 0 1 0
Transaction ID: SA11AI.184947
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH VIDEOGRAPHER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

B. Full Name (Last, First, Middle Initial)
 JEFFERY M. WATT
 Mailing Address 1299 Westwood Avenue
 City State Zip Code
 Grandview OH 43212
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 9 / 2 0 1 0
Transaction ID: SA11AI.185914
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 11/STATE OF OH VIDEOGRAPHER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

C. Full Name (Last, First, Middle Initial)
 JO ANN WAUGH
 Mailing Address 4031 Executive Park Drive
 City State Zip Code
 Harrisburg PA 17111
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 1 0
Transaction ID: SA11AI.185328
 Amount of Each Receipt this Period
 51.22
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 524.92

SUBTOTAL of Receipts This Page (optional) ► 71.22
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 965 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JANA WEAVER		Date of Receipt
	Mailing Address 451 London Road		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Deerfield	WI	53531
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186033
		Amount of Each Receipt this Period	
		<input type="text" value="15.00"/>	
Name of Employer AFSCME WI CN 24		Occupation ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="793.86"/>	

B.	Full Name (Last, First, Middle Initial) JANA WEAVER		Date of Receipt
	Mailing Address 451 London Road		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Deerfield	WI	53531
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186032
		Amount of Each Receipt this Period	
		<input type="text" value="81.86"/>	
Name of Employer AFSCME WI CN 24		Occupation ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="875.72"/>	

C.	Full Name (Last, First, Middle Initial) KENNETH E. WEAVER		Date of Receipt
	Mailing Address 451 London Road		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Deerfield	WI	53531
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184196
		Amount of Each Receipt this Period	
		<input type="text" value="25.91"/>	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="570.02"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="122.77"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 966 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) KENNETH E. WEAVER		Date of Receipt
	Mailing Address 451 London Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Deerfield	WI	53531
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186139
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 595.93	<input type="text"/> 25.91

B.	Full Name (Last, First, Middle Initial) KENNETH E. WEAVER		Date of Receipt
	Mailing Address 451 London Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Deerfield	WI	53531
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186140
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 621.84	<input type="text"/> 25.91

C.	Full Name (Last, First, Middle Initial) JOANNA L. WEBB-GAUVIN		Date of Receipt
	Mailing Address 1200 W. Lawrence #12		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Springfield	IL	62704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184333
Name of Employer AFSCME IL CN 31		Occupation RETIREE PROGRAMS DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 691.40	<input type="text"/> 69.14

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.96
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 967 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
THERESA N. WEBSTER

Mailing Address 417 S Hill Street
#412

City State Zip Code
Los Angeles CA 90013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA CN 36/CITY OF LA 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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.187562

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
THERESA N. WEBSTER

Mailing Address 417 S Hill Street
#412

City State Zip Code
Los Angeles CA 90013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA CN 36/CITY OF LA STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.187563

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
THERESA N. WEBSTER

Mailing Address 417 S Hill Street
#412

City State Zip Code
Los Angeles CA 90013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA CN 36/CITY OF LA 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
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.187564

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 968 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) BRIAN V. WEEKS		Date of Receipt	
	Mailing Address 8033 Exceisior Drive Apt. A		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183667
	Madison	WI	53717	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		47.00		
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 929.26		

B.	Full Name (Last, First, Middle Initial) BRIAN V. WEEKS		Date of Receipt	
	Mailing Address 8033 Exceisior Drive Apt. A		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183774
	Madison	WI	53717	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		47.00		
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 976.26		

C.	Full Name (Last, First, Middle Initial) BRIAN V. WEEKS		Date of Receipt	
	Mailing Address 8033 Exceisior Drive Apt. A		M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185484
	Madison	WI	53717	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		47.00		
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1023.26		

SUBTOTAL of Receipts This Page (optional)	▶	141.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 969 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CINDY L. WEIBLE	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 5849 Rambo Lane	Transaction ID: SA11AI.183936
	City Toledo State OH Zip Code 43623	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 613.28	

B.	Full Name (Last, First, Middle Initial) CINDY L. WEIBLE	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 5849 Rambo Lane	Transaction ID: SA11AI.186526
	City Toledo State OH Zip Code 43623	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 632.52	

C.	Full Name (Last, First, Middle Initial) CINDY L. WEIBLE	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 5849 Rambo Lane	Transaction ID: SA11AI.186527
	City Toledo State OH Zip Code 43623	Amount of Each Receipt this Period 19.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 651.76	

SUBTOTAL of Receipts This Page (optional)	57.72
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
JOSEPH W. WEIDNER
 Mailing Address **255 Binns Boulevard**
 City **Columbus** State **OH** Zip Code **43204-2515**
 Date of Receipt **11 / 08 / 2010**
Transaction ID: SA11AI.184534
 Amount of Each Receipt this Period **64.46**
 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 ▼ **786.21**

B. Full Name (Last, First, Middle Initial)
ERIN M. WEINSTEIN
 Mailing Address **4655 N Winchester #2N**
 City **Chicago** State **IL** Zip Code **60640**
 Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.184334
 Amount of Each Receipt this Period **49.44**
 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 ▼ **458.61**

C. Full Name (Last, First, Middle Initial)
LINDA K. WELCH
 Mailing Address **1446 E. Gates Street**
 City **Columbus** State **OH** Zip Code **43206**
 Date of Receipt **10 / 22 / 2010**
Transaction ID: SA11AI.183185
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH LOC 11/STATE OF OH** Occupation **CRIMINAL JUSTICE CLERK**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

SUBTOTAL of Receipts This Page (optional) ► **123.90**
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 971 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) LINDA K. WELCH	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 1446 E. Gates Street	Transaction ID: SA11AI.184949
	City State Zip Code Columbus OH 43206	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CRIMINAL JUSTICE CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 220.00	

B.	Full Name (Last, First, Middle Initial) LINDA K. WELCH	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 1446 E. Gates Street	Transaction ID: SA11AI.185916
	City State Zip Code Columbus OH 43206	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CRIMINAL JUSTICE CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 230.00	

C.	Full Name (Last, First, Middle Initial) TIM WELCH	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1212 Jefferson St. SE Suite 300	Transaction ID: SA11AI.183261
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 210.00	

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/> 41.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
SUSAN WELDON

Mailing Address 16 Fairfield Street

City Harrisburg State PA Zip Code 17109-4405

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/NSP/L521 Occupation CONTROL ROOM OPERATOR II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 10 / 2010
Transaction ID: SA11AI.186269
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
LAURA M. WELLE

Mailing Address 2460 Hamilton Street

City Oshkosh State WI Zip Code 54901

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 ▼ 330.00

Date of Receipt 10 / 25 / 2010
Transaction ID: SA11AI.184197
Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
LAURA M. WELLE

Mailing Address 2460 Hamilton Street

City Oshkosh State WI Zip Code 54901

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 ▼ 345.00

Date of Receipt 11 / 08 / 2010
Transaction ID: SA11AI.186141
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 973 / 1078
(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

A. Full Name (Last, First, Middle Initial)
LAURA M. WELLE

Mailing Address **2460 Hamilton Street**

City **Oshkosh** State **WI** Zip Code **54901**

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 **11 / 22 / 2010**

Transaction ID: SA11AI.186142

Amount of Each Receipt this Period **15.00**

B. Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **438.22**

Date of Receipt **10 / 19 / 2010**

Transaction ID: SA11AI.186616

Amount of Each Receipt this Period **44.76**

C. Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **482.98**

Date of Receipt **11 / 09 / 2010**

Transaction ID: SA11AI.186664

Amount of Each Receipt this Period **44.76**

SUBTOTAL of Receipts This Page (optional) ► **104.52**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 974 / 1078		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

A.	Full Name (Last, First, Middle Initial) ROSETTA WELLS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0		
	Mailing Address 5065 Hannan Trace Road		Transaction ID: SA11AI.183186		
	City Patriot	State OH	Zip Code 45658	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	Aggregate Year-to-Date 421.00		

B.	Full Name (Last, First, Middle Initial) ROSETTA WELLS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 1 0		
	Mailing Address 5065 Hannan Trace Road		Transaction ID: SA11AI.184950		
	City Patriot	State OH	Zip Code 45658	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	Aggregate Year-to-Date 442.00		

C.	Full Name (Last, First, Middle Initial) ROSETTA WELLS		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 1 0		
	Mailing Address 5065 Hannan Trace Road		Transaction ID: SA11AI.185917		
	City Patriot	State OH	Zip Code 45658	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH	Aggregate Year-to-Date 463.00		

SUBTOTAL of Receipts This Page (optional)	63.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 975 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SUSAN R. WELSH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0		
	Mailing Address 4909 Rees Lane		Transaction ID: SA11AI.183668		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Bowie	MD	20715	42.44	
	FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation ADVANTAGE COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 826.36			

B.	Full Name (Last, First, Middle Initial) SUSAN R. WELSH		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0		
	Mailing Address 4909 Rees Lane		Transaction ID: SA11AI.183775		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Bowie	MD	20715	42.44	
	FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation ADVANTAGE COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 868.80			

C.	Full Name (Last, First, Middle Initial) SUSAN R. WELSH		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0		
	Mailing Address 4909 Rees Lane		Transaction ID: SA11AI.185485		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Bowie	MD	20715	42.44	
	FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME INT'L		Occupation ADVANTAGE COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 911.24			

SUBTOTAL of Receipts This Page (optional)	▶	127.32
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 976 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) JASON J. WENZEL		Date of Receipt
	Mailing Address 506 W Brown Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waupun	WI	53963
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184198
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 220.00	

B.	Full Name (Last, First, Middle Initial) JASON J. WENZEL		Date of Receipt
	Mailing Address 506 W Brown Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waupun	WI	53963
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186143
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 230.00	

C.	Full Name (Last, First, Middle Initial) JASON J. WENZEL		Date of Receipt
	Mailing Address 506 W Brown Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Waupun	WI	53963
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186144
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 30.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 977 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
FREDERICK A. WENZL

Mailing Address 4526 Grantwood Drive

City Parma State OH Zip Code 44134

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY Occupation BUS DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 641.64

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.183937
Amount of Each Receipt this Period: 9.62

B.

Full Name (Last, First, Middle Initial)
FREDERICK A. WENZL

Mailing Address 4526 Grantwood Drive

City Parma State OH Zip Code 44134

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY Occupation BUS DRIVER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 651.26

Date of Receipt: 11 / 15 / 2010
Transaction ID: SA11AI.186528
Amount of Each Receipt this Period: 9.62

C.

Full Name (Last, First, Middle Initial)
CHERYL L. WEST

Mailing Address 124 Elma McCleary Road
Trailer 7

City Elma State WA Zip Code 98541

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 ▼ 210.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.183488
Amount of Each Receipt this Period: 10.50

SUBTOTAL of Receipts This Page (optional) ► **29.74**

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 978 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
 CHERYL L. WEST
 Mailing Address 124 Elma McCleary Road
 Trailer 7
 City Elma State WA Zip Code 98541
 Date of Receipt 11 / 10 / 2010
 Transaction ID: SA11AI.185209
 Amount of Each Receipt this Period 10.50
 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 220.50

B. Full Name (Last, First, Middle Initial)
 JOSEPH Z. WESTFALL
 Mailing Address 307 Park Avenue NE
 City Carrolton State OH Zip Code 44615
 Date of Receipt 10 / 29 / 2010
 Transaction ID: SA11AI.183938
 Amount of Each Receipt this Period 10.42
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME OH LOC 4/BEXLEY CI-TY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 248.40

C. Full Name (Last, First, Middle Initial)
 JOSEPH Z. WESTFALL
 Mailing Address 307 Park Avenue NE
 City Carrolton State OH Zip Code 44615
 Date of Receipt 11 / 15 / 2010
 Transaction ID: SA11AI.186529
 Amount of Each Receipt this Period 10.42
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME OH LOC 4/BEXLEY CI-TY Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 258.82

SUBTOTAL of Receipts This Page (optional) ► 31.34
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 979 / 1078
(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

A.

Full Name (Last, First, Middle Initial)
CHERYL L. WESTLUND

Mailing Address 1431 CARI COURT

City State Zip Code
Mahomet IL 61853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL SECRETARY III

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184432

Amount of Each Receipt this Period
20.85

B.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME MN CN 5/CN14 BUSINESS AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 740.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.186617

Amount of Each Receipt this Period
72.28

C.

Full Name (Last, First, Middle Initial)
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 Occupation
AFSCME MN CN 5/CN14 BUSINESS AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 812.80

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.186665

Amount of Each Receipt this Period
72.28

SUBTOTAL of Receipts This Page (optional)

165.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
JAMES R. 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 Occupation
AFSCME OH LOC 4 DIRECTOR, POLITICAL ACTION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1140.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183851

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
JAMES R. 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 Occupation
AFSCME OH LOC 4 DIRECTOR, POLITICAL ACTION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1190.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.186409

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
MYRA A. WESTRY

Mailing Address 1226S Independence

City State Zip Code
Chicago IL 60623

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AFSCME IL CN 31/STATE OF IL EXECUTIVE I

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 284.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.184433

Amount of Each Receipt this Period 14.20

SUBTOTAL of Receipts This Page (optional) 114.20

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 981 / 1078
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial) WILLIAM D. WHALEY		Date of Receipt MM / DD / YYYY 10 / 22 / 2010	
Mailing Address 437 Girard Avenue		Transaction ID: SA11AI.183188	
City Marion	State OH	Zip Code 43302	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
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 ▼ 210.00		

B.

Full Name (Last, First, Middle Initial) WILLIAM D. WHALEY		Date of Receipt MM / DD / YYYY 11 / 05 / 2010	
Mailing Address 437 Girard Avenue		Transaction ID: SA11AI.184952	
City Marion	State OH	Zip Code 43302	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
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 ▼ 220.00		

C.

Full Name (Last, First, Middle Initial) WILLIAM D. WHALEY		Date of Receipt MM / DD / YYYY 11 / 19 / 2010	
Mailing Address 437 Girard Avenue		Transaction ID: SA11AI.185919	
City Marion	State OH	Zip Code 43302	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
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 ▼ 230.00		

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
COLLEEN J. WHEATON

Mailing Address 768 East Hill Road

City State Zip Code
South Colton NY 13687

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME NY LOC 1000/NYS AD-MIN. Occupation: STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: MM / DD / YYYY
10 / 27 / 2010

Transaction ID: SA11AI.187746

Amount of Each Receipt this Period: 9.62

B. Full Name (Last, First, Middle Initial)
COLLEEN J. WHEATON

Mailing Address 768 East Hill Road

City State Zip Code
South Colton NY 13687

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME NY LOC 1000/NYS AD-MIN. Occupation: STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.26

Date of Receipt: MM / DD / YYYY
11 / 10 / 2010

Transaction ID: SA11AI.187747

Amount of Each Receipt this Period: 9.62

C. Full Name (Last, First, Middle Initial)
ROBERT WHEATON

Mailing Address 725 NE 80th Avenue

City State Zip Code
Portland OR 97213

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 ▼ 250.00

Date of Receipt: MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.186289

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **44.24**

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 983 / 1078
(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

A. Full Name (Last, First, Middle Initial)
SANDRA L. WHEELER

Mailing Address **W Hazel Avenue**

City **Lima** State **OH** Zip Code **45801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AFSCME OH LOC 4/LIMA CSD** Occupation **SECRETARY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **566.76**

Date of Receipt **11 / 10 / 2010**
Transaction ID: SA11AI.186530
 Amount of Each Receipt this Period **57.72**

B. Full Name (Last, First, Middle Initial)
YVONNE F. WHEELER

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** Occupation **AREA FIELD SERVICES DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **853.41**

Date of Receipt **10 / 15 / 2010**
Transaction ID: SA11AI.183669
 Amount of Each Receipt this Period **44.91**

C. Full Name (Last, First, Middle Initial)
YVONNE F. WHEELER

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** Occupation **AREA FIELD SERVICES DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **898.32**

Date of Receipt **10 / 29 / 2010**
Transaction ID: SA11AI.183776
 Amount of Each Receipt this Period **44.91**

SUBTOTAL of Receipts This Page (optional) ► **147.54**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 984 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

YVONNE F. WHEELER

Mailing Address 1625 L. Street NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 943.23

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185486

Amount of Each Receipt this Period

44.91

B.

Full Name (Last, First, Middle Initial)

KENNETH J. WHITE

Mailing Address 137 Wisconsin

City State Zip Code
Elyria OH 44035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.183189

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

KENNETH J. WHITE

Mailing Address 137 Wisconsin

City State Zip Code
Elyria OH 44035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.184953

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

64.91

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 985 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
KENNETH J. WHITE

Mailing Address 137 Wisconsin

City State Zip Code
Elyria OH 44035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.185920

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
LACHEZ WHITE

Mailing Address 190 W. Ostend Street Suite 101

City State Zip Code
Baltimore MD 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME MD CN 982 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 302.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.185531

Amount of Each Receipt this Period
27.50

C. Full Name (Last, First, Middle Initial)
ROBIN WHITE

Mailing Address 4320 NW Second Avenue

City State Zip Code
Des Moines IA 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME IA CN 61 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.187080

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional) ► 58.34

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 986 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TAMARA V. WHITE		Date of Receipt
	Mailing Address 3355 Alden Place, NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20019
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME INT'L		Occupation HUMAN RESOURCES ASSISTANT III	Transaction ID: SA11AI.183670
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 594.11	<input type="text"/> 31.51

B.	Full Name (Last, First, Middle Initial) TAMARA V. WHITE		Date of Receipt
	Mailing Address 3355 Alden Place, NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20019
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME INT'L		Occupation HUMAN RESOURCES ASSISTANT III	Transaction ID: SA11AI.183777
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 625.62	<input type="text"/> 31.51

C.	Full Name (Last, First, Middle Initial) TAMARA V. WHITE		Date of Receipt
	Mailing Address 3355 Alden Place, NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20019
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME INT'L		Occupation HUMAN RESOURCES ASSISTANT III	Transaction ID: SA11AI.185487
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 657.13	<input type="text"/> 31.51

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 94.53
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 987 / 1078

(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

A.

Full Name (Last, First, Middle Initial)
DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City State Zip Code
Lansing MI 48917

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AFSCME MI CN 25 EXECUTIVE SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 614.10

Date of Receipt M M / D D / Y Y Y Y
10 / 18 / 2010

Transaction ID: SA11AI.184058

Amount of Each Receipt this Period 31.02

B.

Full Name (Last, First, Middle Initial)
DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City State Zip Code
Lansing MI 48917

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AFSCME MI CN 25 EXECUTIVE SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 645.12

Date of Receipt M M / D D / Y Y Y Y
11 / 02 / 2010

Transaction ID: SA11AI.184108

Amount of Each Receipt this Period 31.02

C.

Full Name (Last, First, Middle Initial)
DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City State Zip Code
Lansing MI 48917

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AFSCME MI CN 25 EXECUTIVE SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 676.14

Date of Receipt M M / D D / Y Y Y Y
11 / 15 / 2010

Transaction ID: SA11AI.185380

Amount of Each Receipt this Period 31.02

SUBTOTAL of Receipts This Page (optional) 93.06

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 988 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
GREGORY L. WHITFIELD

Mailing Address 17806 94th Street

City State Zip Code
Mc Louth KS 66054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME KS LOC 300 STAFF REPRESENTATIVE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.188003

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
GREGORY L. WHITFIELD

Mailing Address 17806 94th Street

City State Zip Code
Mc Louth KS 66054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME KS LOC 300 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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.188004

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
GREGORY L. WHITFIELD

Mailing Address 17806 94th Street

City State Zip Code
Mc Louth KS 66054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME KS LOC 300 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 Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.188005

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **50.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 989 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) GREGORY L. WHITFIELD		Date of Receipt	
	Mailing Address 17806 94th Street		M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.188006
	Mc Louth	KS	66054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer AFSCME KS LOC 300		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

B.	Full Name (Last, First, Middle Initial) DIANA WHITMORE		Date of Receipt	
	Mailing Address 1212 Jefferson St. SE Suite 300		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.183262
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		42.00	
Name of Employer AFSCME WA CN 28		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		

C.	Full Name (Last, First, Middle Initial) MARY L. WHITMORE		Date of Receipt	
	Mailing Address 17 Howard Avenue		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187748
	Binghamton	NY	13904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		9.62	
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02		

SUBTOTAL of Receipts This Page (optional)	▶	61.62
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 990 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MARY L. WHITMORE		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 17 Howard Avenue		Transaction ID: SA11AI.187749
City Binghamton	State NY	Zip Code 13904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

B.

Full Name (Last, First, Middle Initial) MARY L. WHITMORE		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 17 Howard Avenue		Transaction ID: SA11AI.187750
City Binghamton	State NY	Zip Code 13904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9.62
Name of Employer AFSCME NY LOC 1000/NYS IN-ST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.26	

C.

Full Name (Last, First, Middle Initial) JACQUELINE K. WHITT		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 10509 Rosehill Avenue		Transaction ID: SA11AI.183193
City Cleveland	State OH	Zip Code 44104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	29.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 991 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) JACQUELINE K. WHITT	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 10509 Rosehill Avenue	Transaction ID: SA11AI.184957
	City Cleveland State OH Zip Code 44104	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) JACQUELINE K. WHITT	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 10509 Rosehill Avenue	Transaction ID: SA11AI.185924
	City Cleveland State OH Zip Code 44104	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) BRYCE WICKSTROM	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1267 Matilda Street	Transaction ID: SA11AI.186720
	City St. Paul State MN Zip Code 55117-4473	Amount of Each Receipt this Period 110.00
	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 ▼ 1165.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 / 1078
(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

A.

Full Name (Last, First, Middle Initial) GUY WIEDERHOLD		Date of Receipt MM / DD / YYYY 11 / 10 / 2010
Mailing Address 906 Laurel Boulevard		Transaction ID: SA11AI.185329
City Pottsville	State PA	Zip Code 17901-2324
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.34
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 ▼ 759.46	

B.

Full Name (Last, First, Middle Initial) JOANN WILK		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 305 W. Grace Street		Transaction ID: SA11AI.186255
City Old Forge	State PA	Zip Code 18518
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
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 ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) WILLIAM WILKINSON		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 5272 Bradgen Court		Transaction ID: SA11AI.183671
City Springfield	State VA	Zip Code 22151
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 49.61
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 942.66	

SUBTOTAL of Receipts This Page (optional)	139.95
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 993 / 1078
(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>A. Full Name (Last, First, Middle Initial) WILLIAM WILKINSON</p> <p>Mailing Address 5272 Bradgen Court</p> <p>City State Zip Code Springfield VA 22151</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, RESEARCH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 992.27</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 29 2010</p> <p>Transaction ID: SA11AI.183778</p> <p>Amount of Each Receipt this Period 49.61</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) WILLIAM WILKINSON</p> <p>Mailing Address 5272 Bradgen Court</p> <p>City State Zip Code Springfield VA 22151</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, RESEARCH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1043.24</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 15 2010</p> <p>Transaction ID: SA11AI.185488</p> <p>Amount of Each Receipt this Period 50.97</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) BRENDA WILLIAMS</p> <p>Mailing Address 444 NE Ravenna Blvd. Suite 300</p> <p>City State Zip Code Seattle WA 98115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AFSCME WA CN 28 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 27 2010</p> <p>Transaction ID: SA11AI.183263</p> <p>Amount of Each Receipt this Period 30.00</p>
--	--

SUBTOTAL of Receipts This Page (optional)	130.58
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 994 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CARLA WILLIAMS		Date of Receipt
	Mailing Address 2338 N Spaulding Apt. 2A		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60647
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.184335
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="638.40"/>	<input type="text" value="63.84"/>

B.	Full Name (Last, First, Middle Initial) CHARLES WILLIAMS		Date of Receipt
	Mailing Address 600 W Lafayette		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Detroit	MI	48226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.184059
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="625.00"/>	<input type="text" value="31.25"/>

C.	Full Name (Last, First, Middle Initial) CHARLES WILLIAMS		Date of Receipt
	Mailing Address 600 W Lafayette		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Detroit	MI	48226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.184109
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="656.25"/>	<input type="text" value="31.25"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="126.34"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 995 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) CHARLES WILLIAMS	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 600 W Lafayette	Transaction ID: SA11AI.185381
	City State Zip Code Detroit MI 48226	Amount of Each Receipt this Period 31.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 687.50	

B.	Full Name (Last, First, Middle Initial) DONNIE R. WILLIAMS	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 10S140 Suffield Drive	Transaction ID: SA11AI.184439
	City State Zip Code Downers Grove IL 60516	Amount of Each Receipt this Period 43.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31/STATE OF IL PUBLIC SERVICE ADMIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.44	

C.	Full Name (Last, First, Middle Initial) FRANK WILLIAMS	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183489
	City State Zip Code Olympia WA 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	85.43
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 996 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) FRANK WILLIAMS	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185210
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) HERBERT WILLIAMS, JR.	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 106 Kettering bnd	Transaction ID: SA11AI.183197
	City Delaware State OH Zip Code 43015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) HERBERT WILLIAMS, JR.	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 106 Kettering bnd	Transaction ID: SA11AI.184961
	City Delaware State OH Zip Code 43015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	30.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 997 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
HERBERT WILLIAMS, JR.
Mailing Address 106 Kettering bnd
City Delaware State OH Zip Code 43015
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00
Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.185928
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
JAMES D. WILLIAMS
Mailing Address 2027 Gady Road
City Adrian State MI Zip Code 49221
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MI CN 25/ANN ARBOR Occupation STAFF REPRESENTATIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 207.00
Date of Receipt 11 / 15 / 2010
Transaction ID: SA11AI.187492
Amount of Each Receipt this Period 9.00

C. Full Name (Last, First, Middle Initial)
MARION L. WILLIAMS
Mailing Address 12904 Clearfield Drive
City Bowie State MD Zip Code 20715
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 567.24
Date of Receipt 10 / 15 / 2010
Transaction ID: SA11AI.183672
Amount of Each Receipt this Period 5.00

SUBTOTAL of Receipts This Page (optional) ► 24.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 998 / 1078						
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) MARION L. WILLIAMS		Date of Receipt
	Mailing Address 12904 Clearfield Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Bowie	MD	20715
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183779
Name of Employer AFSCME INT'L		Occupation ADMINISTRATIVE ASSISTANT II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 572.24	<input type="text"/> 5.00

B.	Full Name (Last, First, Middle Initial) MARION L. WILLIAMS		Date of Receipt
	Mailing Address 12904 Clearfield Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Bowie	MD	20715
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185489
Name of Employer AFSCME INT'L		Occupation ADMINISTRATIVE ASSISTANT II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 577.24	<input type="text"/> 5.00

C.	Full Name (Last, First, Middle Initial) MARY J. WILLIAMS		Date of Receipt
	Mailing Address 1802 Latham		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Lima	OH	45805
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186531
Name of Employer AFSCME OH LOC 4/LIMA CSD		Occupation COOK	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 230.88	<input type="text"/> 28.86

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 38.86
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MICHAEL A. WILLIAMS		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 1622 Miles Street		Transaction ID: SA11AI.187019
City Logansport	State IN	Zip Code 46947
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME IN CN 62/STATE OF IN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) MICHAEL A. WILLIAMS		Date of Receipt MM / DD / YYYY 11 / 09 / 2010
Mailing Address 1622 Miles Street		Transaction ID: SA11AI.187020
City Logansport	State IN	Zip Code 46947
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer AFSCME IN CN 62/STATE OF IN	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) PHILLIP WILLIAMS		Date of Receipt MM / DD / YYYY 11 / 19 / 2010
Mailing Address 296 Churchmans Road		Transaction ID: SA11AI.186952
City New Castle	State DE	Zip Code 19720-9930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.84
Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 706.45	

SUBTOTAL of Receipts This Page (optional)	146.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1000 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) RUSSELL WILLIAMS		Date of Receipt
	Mailing Address 361 County Road		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Negaunee	MI	49866
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MI CN 25/NEGAUNEE		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187494
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) RUSSELL WILLIAMS		Date of Receipt
	Mailing Address 361 County Road		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Negaunee	MI	49866
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MI CN 25/NEGAUNEE		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187495
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) RUSSELL WILLIAMS		Date of Receipt
	Mailing Address 361 County Road		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Negaunee	MI	49866
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer AFSCME MI CN 25/NEGAUNEE		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187496
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="230.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1001 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SAUNDRA WILLIAMS		Date of Receipt
	Mailing Address 16218 Braile		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Detroit	MI	48219-4727
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184060
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="825.00"/>	<input type="text" value="41.25"/>

B.	Full Name (Last, First, Middle Initial) SAUNDRA WILLIAMS		Date of Receipt
	Mailing Address 16218 Braile		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Detroit	MI	48219-4727
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184110
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="866.25"/>	<input type="text" value="41.25"/>

C.	Full Name (Last, First, Middle Initial) SAUNDRA WILLIAMS		Date of Receipt
	Mailing Address 16218 Braile		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Detroit	MI	48219-4727
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185382
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="907.50"/>	<input type="text" value="41.25"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="123.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1002 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) STEVEN WILLIAMS	Date of Receipt MM / DD / YYYY 11 / 03 / 2010
	Mailing Address 18241 Icicle Road	Transaction ID: SA11AI.186035
	City State Zip Code Sparta WI 54656	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 722.20	

B.	Full Name (Last, First, Middle Initial) STEVEN WILLIAMS	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 18241 Icicle Road	Transaction ID: SA11AI.186034
	City State Zip Code Sparta WI 54656	Amount of Each Receipt this Period 58.36
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24 FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.56	

C.	Full Name (Last, First, Middle Initial) CHARLES H. WILLIAMSON	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 162 South Street	Transaction ID: SA11AI.183198
	City State Zip Code Minford OH 45653	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 441.00	

SUBTOTAL of Receipts This Page (optional)	▶	94.36
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1003 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) CHARLES H. WILLIAMSON		Date of Receipt	
	Mailing Address 162 South Street		M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184962
	Minford	OH	45653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
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 ▼		
		466.00		

B.	Full Name (Last, First, Middle Initial) CHARLES H. WILLIAMSON		Date of Receipt	
	Mailing Address 162 South Street		M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.185929
	Minford	OH	45653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
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 ▼		
		491.00		

C.	Full Name (Last, First, Middle Initial) ANGELA L. WILSON		Date of Receipt	
	Mailing Address 1815 143rd Street		M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184199
	New Richmond	WI	54017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		11.00	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		231.00		

SUBTOTAL of Receipts This Page (optional)	▶	61.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1004 / 1078

(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

A.

Full Name (Last, First, Middle Initial)

ANGELA L. WILSON

Mailing Address 1815 143rd Street

City

New Richmond

State

WI

Zip Code

54017

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 ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.184200

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

ANGELA L. WILSON

Mailing Address 1815 143rd Street

City

New Richmond

State

WI

Zip Code

54017

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 ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.186145

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

JANICE L. WILSON

Mailing Address 50033 Foxcrest Street

City

Chesterfield

State

MI

Zip Code

48047

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME MI CN 25/MACOMB CN-TY

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
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.187497

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

43.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1005 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOE D. WILSON	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 500 East Third Street Apt #521	Transaction ID: SA11AI.184536
	City Dayton State OH Zip Code 45402	Amount of Each Receipt this Period 53.78
	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 ▼ 584.12	

B.	Full Name (Last, First, Middle Initial) KATHLEEN A. WILSON	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 405 Forest Hill Drive	Transaction ID: SA11AI.183939
	City Youngstown State OH Zip Code 44515	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/AUSTINTOWN LSD Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64	

C.	Full Name (Last, First, Middle Initial) KATHLEEN A. WILSON	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 405 Forest Hill Drive	Transaction ID: SA11AI.186532
	City Youngstown State OH Zip Code 44515	Amount of Each Receipt this Period 9.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 4/AUSTINTOWN LSD Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.26	

SUBTOTAL of Receipts This Page (optional)	73.02
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1006 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MICHAEL J. WILSON	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address W8514 Thompson Road	Transaction ID: SA11AI.186010
	City State Zip Code Poynette WI 53955	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 40 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) SARAH C. WILSON	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 3609 Apollo Street, SE	Transaction ID: SA11AI.183490
	City State Zip Code Lacey WA 98503	Amount of Each Receipt this Period 16.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

C.	Full Name (Last, First, Middle Initial) SARAH C. WILSON	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 3609 Apollo Street, SE	Transaction ID: SA11AI.185211
	City State Zip Code Lacey WA 98503	Amount of Each Receipt this Period 16.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WA CN 28/SOWA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.50	

SUBTOTAL of Receipts This Page (optional)	83.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1007 / 1078
(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

A.	Full Name (Last, First, Middle Initial) TRACY WILSON		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183491		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

B.	Full Name (Last, First, Middle Initial) TRACY WILSON		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.185212		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

C.	Full Name (Last, First, Middle Initial) ROBIN WINDHAUSEN		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 1212 Jefferson St., SE Suite 300		Transaction ID: SA11AI.183492		
	City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)	▶	31.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1008 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ROBIN WINDHAUSEN	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185213
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

B.	Full Name (Last, First, Middle Initial) ALLAN WINEY	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 765 Mount Airy Road	Transaction ID: SA11AI.185330
	City Lewisburg State PA Zip Code 17339	Amount of Each Receipt this Period 105.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 13 Occupation ASSISTANT BUSINESS MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1168.78	

C.	Full Name (Last, First, Middle Initial) JOSEPH M. WING	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 3863 Walford Street	Transaction ID: SA11AI.183202
	City Columbus State OH Zip Code 43224	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRANSPORTATION TECHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	127.84
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1009 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) JOSEPH M. WING		Date of Receipt
	Mailing Address 3863 Walford Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Columbus	OH	43224
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.184966
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRANSPORTATION TECHN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 264.00	<input type="text"/> 12.00

B.	Full Name (Last, First, Middle Initial) JOSEPH M. WING		Date of Receipt
	Mailing Address 3863 Walford Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Columbus	OH	43224
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185933
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TRANSPORTATION TECHN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 276.00	<input type="text"/> 12.00

C.	Full Name (Last, First, Middle Initial) EARL D. WINTER		Date of Receipt
	Mailing Address 10706 SW Capitol Highway Apt. 59		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
	City	State	Zip Code
	Portland	OR	97219
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.186348
Name of Employer AFSCME OR CN 75/STATE OF OR		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 54.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1010 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BONNIE J. WISHART	Date of Receipt
	Mailing Address 1754 Ellsworth Bailey Road SW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 19 / 2010
	City State Zip Code Warren OH 44481	Transaction ID: SA11AI.187972
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 9.62
	Name of Employer Occupation AFSCME OH CN 8/WARREN OH RH STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 202.02	

B.	Full Name (Last, First, Middle Initial) BONNIE J. WISHART	Date of Receipt
	Mailing Address 1754 Ellsworth Bailey Road SW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 03 / 2010
	City State Zip Code Warren OH 44481	Transaction ID: SA11AI.187973
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 9.62
	Name of Employer Occupation AFSCME OH CN 8/WARREN OH RH STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 211.64	

C.	Full Name (Last, First, Middle Initial) BONNIE J. WISHART	Date of Receipt
	Mailing Address 1754 Ellsworth Bailey Road SW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2010
	City State Zip Code Warren OH 44481	Transaction ID: SA11AI.187974
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 9.62
	Name of Employer Occupation AFSCME OH CN 8/WARREN OH RH STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 221.26	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 28.86
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1011 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) CHARLES WISHMAN		Date of Receipt
	Mailing Address 4320 NW Second Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Des Moines	IA	50313
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME IA CN 61		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187081
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 412.50	<input type="text"/> 37.50

B.	Full Name (Last, First, Middle Initial) JOSEPH E. WISNIOWSKI		Date of Receipt
	Mailing Address 142 Ramar Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OH CN 8/COLUMBUS RAA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187975
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 220.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) JOSEPH E. WISNIOWSKI		Date of Receipt
	Mailing Address 142 Ramar Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Pickerington	OH	43147
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OH CN 8/COLUMBUS RAA		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.187976
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 230.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 57.50
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1012 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) BRUCE H. WITHAM		Date of Receipt
	Mailing Address 1329 S. 96th Street		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tacoma	WA	98444
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.183493
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) BRUCE H. WITHAM		Date of Receipt
	Mailing Address 1329 S. 96th Street		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tacoma	WA	98444
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185214
Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="630.00"/>	<input type="text" value="30.00"/>

C.	Full Name (Last, First, Middle Initial) KRISTIE WOLF-MALONEY		Date of Receipt
	Mailing Address 4923C Haverford Road		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Harrisburg	PA	17109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.185331
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="783.61"/>	<input type="text" value="75.74"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="135.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1013 / 1078
(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

A.

Full Name (Last, First, Middle Initial) TIMOTHY J. WOLFE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2010
Mailing Address 57 E. Main Street P.O. Box 30		Transaction ID: SA11AI.186256
City Newville	State PA	Zip Code 17241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) JOANNE WOLSTENHOLM		Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2010
Mailing Address 448 Printz Road		Transaction ID: SA11AI.187816
City Arroyo Grande	State CA	Zip Code 93420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) DIANNE J. WOMACK		Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2010
Mailing Address 1310 S. Central Road		Transaction ID: SA11AI.183496
City Medical Lake	State WA	Zip Code 99022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	61.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1014 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DIANNE J. WOMACK		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 1310 S. Central Road		Transaction ID: SA11AI.185216		
	City Medical Lake	State WA	Zip Code 99022	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 441.00			

B.	Full Name (Last, First, Middle Initial) ARTHUR WOOD		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address 31062 Birchwood		Transaction ID: SA11AI.184061		
	City Westland	State MI	Zip Code 48185	Amount of Each Receipt this Period 33.72	
	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 ▼ 609.96			

C.	Full Name (Last, First, Middle Initial) ARTHUR WOOD		Date of Receipt MM / DD / YYYY 11 / 02 / 2010		
	Mailing Address 31062 Birchwood		Transaction ID: SA11AI.184111		
	City Westland	State MI	Zip Code 48185	Amount of Each Receipt this Period 33.72	
	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 ▼ 643.68			

SUBTOTAL of Receipts This Page (optional)	▶	88.44
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1015 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ARTHUR WOOD	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 31062 Birchwood	Transaction ID: SA11AI.185383
	City State Zip Code Westland MI 48185	Amount of Each Receipt this Period 33.72
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 677.40	

B.	Full Name (Last, First, Middle Initial) SHELBY L. WOODALL	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 1006 Ironwood Circle	Transaction ID: SA11AI.184537
	City State Zip Code Akron OH 44312	Amount of Each Receipt this Period 53.78
	FEC ID number of contributing federal political committee. C	
	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 ▼ 589.97	

C.	Full Name (Last, First, Middle Initial) TERRY WOODROW	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 4-C Winding Way	Transaction ID: SA11AI.186959
	City State Zip Code Westville NJ 08093-0000	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME NJ CN 52 SECURITY OFFICER SGT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	117.50
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1016 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) A DUFF WOODSIDE	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 5051 Sandman Drive Apt. 86	Transaction ID: SA11AI.183203
	City State Zip Code Taylor Mill KY 41015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) A DUFF WOODSIDE	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 5051 Sandman Drive Apt. 86	Transaction ID: SA11AI.184967
	City State Zip Code Taylor Mill KY 41015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) A DUFF WOODSIDE	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 5051 Sandman Drive Apt. 86	Transaction ID: SA11AI.185934
	City State Zip Code Taylor Mill KY 41015	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH CUSTOMER SERVICE REP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1017 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DOUGLAS N. WOODSON	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 108 Elgin Apt. 1	Transaction ID: SA11AI.184338
	City State Zip Code Forest Park IL 60130	Amount of Each Receipt this Period 68.64
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 686.40	

B.	Full Name (Last, First, Middle Initial) DERRICK WORTES	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 2201 Broadway Street	Transaction ID: SA11AI.187771
	City State Zip Code Oakland CA 94612	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 3299 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) MICHELLE K. WOTT	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 238 Elmdale Avenue	Transaction ID: SA11AI.183205
	City State Zip Code Clyde OH 43410	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH HOSPITAL AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	104.64
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 1018 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) MICHELLE K. WOTT	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 238 Elmdale Avenue	Transaction ID: SA11AI.184969
	City State Zip Code Clyde OH 43410	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HOSPITAL AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.00	

B.	Full Name (Last, First, Middle Initial) MICHELLE K. WOTT	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 238 Elmdale Avenue	Transaction ID: SA11AI.185936
	City State Zip Code Clyde OH 43410	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HOSPITAL AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00	

C.	Full Name (Last, First, Middle Initial) TERESA F. WRAY	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 390 Worthington Road	Transaction ID: SA11AI.186567
	City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	42.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1019 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) BERRA LYNN WRIGHT	Date of Receipt MM / DD / YYYY 11 / 08 / 2010
	Mailing Address 2870 Pine Knoll Drive Apt 300b	Transaction ID: SA11AI.187498
	City Auburn Hills State MI Zip Code 48326	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MI CN 25/LOCAL 1820 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) PETER WRIGHT	Date of Receipt MM / DD / YYYY 11 / 09 / 2010
	Mailing Address 28 Washington Street	Transaction ID: SA11AI.185507
	City Marblehead State MA Zip Code 01945-0000	Amount of Each Receipt this Period 74.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MA CN 93 Occupation DIRECTOR POLITICAL ACTION & LEGIS. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 815.54	

C.	Full Name (Last, First, Middle Initial) SHERRY L. WRIGHT	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1236 W. Barry Avenue	Transaction ID: SA11AI.183673
	City Chicago State IL Zip Code 60657	Amount of Each Receipt this Period 25.37
	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 ▼ 482.16	

SUBTOTAL of Receipts This Page (optional)	119.51
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1020 / 1078
(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

A. Full Name (Last, First, Middle Initial)
SHERRY L. WRIGHT

Mailing Address 1236 W. Barry Avenue

City State Zip Code
Chicago IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 507.53

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.183780

Amount of Each Receipt this Period
25.37

B. Full Name (Last, First, Middle Initial)
SHERRY L. WRIGHT

Mailing Address 1236 W. Barry Avenue

City State Zip Code
Chicago IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME INT'L STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 532.90

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.185490

Amount of Each Receipt this Period
25.37

C. Full Name (Last, First, Middle Initial)
ROGER WU

Mailing Address 180 Grand Avenue
Suite 1380

City State Zip Code
Oakland CA 94612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFSCME CA LOC 206 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.187824

Amount of Each Receipt this Period
32.00

SUBTOTAL of Receipts This Page (optional) ► **82.74**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1021 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) ANNETTE WUERTZ		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 364 Jessamine Avenue E.		Transaction ID: SA11AI.186721		
	City St. Paul	State MN	Zip Code 55130-3732	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MN CN 5/STATE OF MN		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

B.	Full Name (Last, First, Middle Initial) MARI K. WYATT		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 9344 54th Avenue S.		Transaction ID: SA11AI.183497		
	City Seattle	State WA	Zip Code 98118	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) MARI K. WYATT		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 9344 54th Avenue S.		Transaction ID: SA11AI.185217		
	City Seattle	State WA	Zip Code 98118	Amount of Each Receipt this Period 10.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME WA CN 28/SOWA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.50			

SUBTOTAL of Receipts This Page (optional)	▶	41.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1022 / 1078
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
BRUCE WYNGAARD

Mailing Address 1310 Hunter Avenue

City Columbus State OH Zip Code 43201

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation OPERATIONS DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 794.40

Date of Receipt 11 / 02 / 2010
Transaction ID: SA11AI.186568
Amount of Each Receipt this Period 66.20

B. Full Name (Last, First, Middle Initial)
JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd

City Quicny State FL Zip Code 32351

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME FL CN 79 Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1238.72

Date of Receipt 10 / 29 / 2010
Transaction ID: SA11AI.184251
Amount of Each Receipt this Period 14.00

C. Full Name (Last, First, Middle Initial)
JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd

City Quicny State FL Zip Code 32351

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME FL CN 79 Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1316.28

Date of Receipt 11 / 09 / 2010
Transaction ID: SA11AI.187021
Amount of Each Receipt this Period 77.56

SUBTOTAL of Receipts This Page (optional) ► 157.76

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 1023 / 1078
(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

A.

Full Name (Last, First, Middle Initial) FLORENCE YAMADA		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 888 Mililani Street Suite 601		Transaction ID: SA11AI.184004
City Honolulu	State HI	Zip Code 96813-2991
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) WAYNE J. YAMASAKI		Date of Receipt MM / DD / YYYY 11 / 03 / 2010
Mailing Address 1185 Kaeleku Street		Transaction ID: SA11AI.184005
City Honolulu	State HI	Zip Code 96825-3007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) VIRGINIA E. YATES		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 3071 Old 51th Road		Transaction ID: SA11AI.184463
City Sandoval	State IL	Zip Code 62882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation RETIREE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1024 / 1078
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.	Full Name (Last, First, Middle Initial) TIMOTHY A. YOUNG	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.183499
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation CANVASSER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) TIMOTHY A. YOUNG	Date of Receipt MM / DD / YYYY 11 / 10 / 2010
	Mailing Address 1212 Jefferson St., SE Suite 300	Transaction ID: SA11AI.185219
	City Olympia State WA Zip Code 98501	Amount of Each Receipt this Period 10.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28/SOWA Occupation CANVASSER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50	

C.	Full Name (Last, First, Middle Initial) PATRICIA YUNK	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3427 West St. Paul Avenue	Transaction ID: SA11AI.185955
	City Milwaukee State WI Zip Code 53208	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WI CN 48 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00	

SUBTOTAL of Receipts This Page (optional)	41.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1025 / 1078
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) PATRICIA YUNK	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 3427 West St. Paul Avenue	Transaction ID: SA11AI.185956
	City State Zip Code Milwaukee WI 53208	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 48 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

B.	Full Name (Last, First, Middle Initial) SARAH ZARUBA	Date of Receipt MM / DD / YYYY 10 / 20 / 2010
	Mailing Address 500 E. 17 Street S. #8	Transaction ID: SA11AI.187439
	City State Zip Code Newton IA 50208	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

C.	Full Name (Last, First, Middle Initial) SARAH ZARUBA	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 500 E. 17 Street S. #8	Transaction ID: SA11AI.187440
	City State Zip Code Newton IA 50208	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	

SUBTOTAL of Receipts This Page (optional)	58.46
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1026 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) SARAH ZARUBA		Date of Receipt	
	Mailing Address 500 E. 17 Street S. #8		M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187441
	Newton	IA	50208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.23	
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 ▼ 384.60		

B.	Full Name (Last, First, Middle Initial) SARAH ZARUBA		Date of Receipt	
	Mailing Address 500 E. 17 Street S. #8		M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.187442
	Newton	IA	50208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		19.23	
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 ▼ 403.83		

C.	Full Name (Last, First, Middle Initial) GERALD S. ZASTROW		Date of Receipt	
	Mailing Address 328 Pond Street		M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.184201
	Amherst	WI	54406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		18.02	
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.42		

SUBTOTAL of Receipts This Page (optional)	▶	56.48
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 1027 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) GERALD S. ZASTROW		Date of Receipt																					
	Mailing Address 328 Pond Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	6	/	2	0	1	0														
	City State Zip Code Amherst WI 54406		Transaction ID: SA11AI.184202																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WI CN 24/STATE OF WI Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.44		18.02																						

B.	Full Name (Last, First, Middle Initial) GERALD S. ZASTROW		Date of Receipt																					
	Mailing Address 328 Pond Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	0	/	2	0	1	0														
	City State Zip Code Amherst WI 54406		Transaction ID: SA11AI.186146																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME WI CN 24/STATE OF WI Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 476.46		18.02																						

C.	Full Name (Last, First, Middle Initial) THOMAS ZEBAR		Date of Receipt																					
	Mailing Address 390 Worthington Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	2	/	2	0	1	0														
	City State Zip Code Westerville OH 43082		Transaction ID: SA11AI.186570																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME OH LOC 11 Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.14		62.04																						

SUBTOTAL of Receipts This Page (optional)	▶	98.08
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1028 / 1078
(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

A.

Full Name (Last, First, Middle Initial) BRUCE E. ZELLER		Date of Receipt
Mailing Address 518 H Street, SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2010
City	State	Zip Code
Tumwater	WA	98512
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.185220
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 10.00
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 210.00	

B.

Full Name (Last, First, Middle Initial) NOEL A. ZUPANCIC		Date of Receipt
Mailing Address 2231 176th Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 29 / 2010
City	State	Zip Code
Lansing	IL	60438
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.184440
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 19.22
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation INVESTIGATOR III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 211.42	

C.

Full Name (Last, First, Middle Initial) MATTHEW ZUVICH		Date of Receipt
Mailing Address 1212 Jefferson St. SE Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 15 / 2010
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.186172
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5.00
Name of Employer AFSCME WA CN 28	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 234.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 34.22
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1029 / 1078
(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

A.

Full Name (Last, First, Middle Initial) MATTHEW ZUVICH		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1212 Jefferson St. SE Suite 300		Transaction ID: SA11AI.183264
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer AFSCME WA CN 28	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B.

Full Name (Last, First, Middle Initial) MATTHEW ZUVICH		Date of Receipt MM / DD / YYYY 11 / 06 / 2010
Mailing Address 1212 Jefferson St. SE Suite 300		Transaction ID: SA11AI.186173
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer AFSCME WA CN 28	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) DALE MICHAEL ZYDOWICZ		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 5621 Andover Blvd.		Transaction ID: SA11AI.187521
City Garfield Heights	State OH	Zip Code 44125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

SUBTOTAL of Receipts This Page (optional)	91.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1030 / 1078
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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

A.	Full Name (Last, First, Middle Initial) DALE MICHAEL ZYDOWICZ	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 5621 Andover Blvd.	Transaction ID: SA11AI.183210
	City State Zip Code Garfield Heights OH 44125	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

B.	Full Name (Last, First, Middle Initial) DALE MICHAEL ZYDOWICZ	Date of Receipt MM / DD / YYYY 11 / 05 / 2010
	Mailing Address 5621 Andover Blvd.	Transaction ID: SA11AI.184974
	City State Zip Code Garfield Heights OH 44125	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

C.	Full Name (Last, First, Middle Initial) DALE MICHAEL ZYDOWICZ	Date of Receipt MM / DD / YYYY 11 / 19 / 2010
	Mailing Address 5621 Andover Blvd.	Transaction ID: SA11AI.185941
	City State Zip Code Garfield Heights OH 44125	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	82652.68

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1031 / 1078
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) DISTRICT COUNCIL 37-AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY		DC	DATE OF RECEIPT
	Mailing Address 125 Barclay Street			<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code	Transaction ID: SA12.182785
	New York	NY	10007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C			<input type="text" value="46448.89"/>
Name of Employer		Occupation	Transfer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="487302.51"/>	

B.	Full Name (Last, First, Middle Initial) DISTRICT COUNCIL 37-AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY		DC	DATE OF RECEIPT
	Mailing Address 125 Barclay Street			<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code	Transaction ID: SA12.182786
	New York	NY	10007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C			<input type="text" value="13686.61"/>
Name of Employer		Occupation	Transfer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500989.12"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60135.50"/>
TOTAL This Period (last page this line number only)	<input type="text" value="60135.50"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1032 / 1078
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

A.

Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Date of Receipt
Mailing Address 275 7th Avenue		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
New York	NY	10001
FEC ID number of contributing federal political committee.		Transaction ID: SA13.178222
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1500000.00"/>
Occupation		Line of Credit - draw
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1506502.54"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Date of Receipt
Mailing Address 275 7th Avenue		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
New York	NY	10001
FEC ID number of contributing federal political committee.		Transaction ID: SA13.182783
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="500000.00"/>
Occupation		Line of Credit - draw
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2006502.54"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000000.00"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1033 / 1078	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Date of Receipt																					
	Mailing Address 275 7th Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	9		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA17.182787																				
	New York	NY	10001	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	485.03																					
Name of Employer		Occupation	Interest Income 10/29/10																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2006987.57																					

SUBTOTAL of Receipts This Page (optional)	▶	485.03
TOTAL This Period (last page this line number only)	▶	485.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) AFSCME INTERNATIONAL	Transaction ID: SB21B.184554 Date of Disbursement																			
	Mailing Address 1625 L Street NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	8	/	2	0	1	0												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising merchandise costs	<table border="1"><tr><td>38497.00</td></tr></table>	38497.00																		
38497.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) AMALGAMATED BANK	Transaction ID: SB21B.182804 Date of Disbursement																			
	Mailing Address 275 7th Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	9	/	2	0	1	0												
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fees/Returned check	<table border="1"><tr><td>10.00</td></tr></table>	10.00																		
10.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) AMALGAMATED BANK	Transaction ID: SB21B.184565 Date of Disbursement																			
	Mailing Address 275 7th Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	7	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	7	/	2	0	1	0												
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fees/Returned check	<table border="1"><tr><td>10.00</td></tr></table>	10.00																		
10.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>38517.00</td></tr></table>	38517.00
38517.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) AMALGAMATED BANK LOANS	Transaction ID: SB21B.184552
	Mailing Address P.O. Box 5660	Date of Disbursement MM / DD / YYYY 11 / 15 / 2010
	City State Zip Code Hicksville NY 11802-5660	Amount of Each Disbursement this Period 6138.88
	Purpose of Disbursement Interest payment 11/14/10	001 Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B.182802
	Mailing Address P.O. Box 53852	Date of Disbursement MM / DD / YYYY 10 / 18 / 2010
	City State Zip Code Phoenix AZ 85072-3852	Amount of Each Disbursement this Period 10.56
	Purpose of Disbursement Mechant Service Charges 10/18/10	001 Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B.182803
	Mailing Address P.O. Box 53852	Date of Disbursement MM / DD / YYYY 10 / 22 / 2010
	City State Zip Code Phoenix AZ 85072-3852	Amount of Each Disbursement this Period 0.29
	Purpose of Disbursement Mechant Service Charges 10/22/10	001 Category/ Type
	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) ▶ **6149.73**

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address P.O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Mechant Service Charges 11/5/10 Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.185532 Date of Disbursement 11 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 0.15
B.	Full Name (Last, First, Middle Initial) BART GROUP <hr/> Mailing Address 171 Main Street <hr/> City Port Washington State NY Zip Code 11050 <hr/> Purpose of Disbursement Mechant Service Charges 11/4/10 Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.183791 Date of Disbursement 11 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 19.84
C.	Full Name (Last, First, Middle Initial) BART GROUP <hr/> Mailing Address 171 Main Street <hr/> City Port Washington State NY Zip Code 11050 <hr/> Purpose of Disbursement Mechant Service Charges 11/4/10 Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.183792 Date of Disbursement 11 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 122.37

SUBTOTAL of Disbursements This Page (optional) ▶

142.36

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) COST REDUCTION SOLUTIONS Mailing Address 18 Lisa Court City Parsippany State NJ Zip Code 07054 Purpose of Disbursement Field Examination/Bank Loan 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) ▼	Transaction ID: SB21B.184209 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period 1923.98 001 Category/ Type	
B.	Full Name (Last, First, Middle Initial) MEYER, SUOZZI, ENGLISH & KLEIN, P.C. Mailing Address 990 Stewart Avenue P. O. BOX 9194 City Garden City State NY Zip Code 11530-9194 Purpose of Disbursement Loan Settlement Fee 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) ▼	Transaction ID: SB21B.184205 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period 14329.10 001 Category/ Type	
C.	Full Name (Last, First, Middle Initial) NESBITT RESEARCH GROUP, LLC Mailing Address 2120 L Street NW Suite 305 City Washington State DC Zip Code 20037 Purpose of Disbursement Fact Checking Service 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) ▼	Transaction ID: SB21B.184203 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 5000.00 001 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

21253.08

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1038 / 1078

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Media Buy/Production Costs

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.184211

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

-24072.00

SUBTOTAL of Disbursements This Page (optional)

-24072.00

TOTAL This Period (last page this line number only)

41990.17

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Tfr non-fed acct for non-fed activity

Candidate Name

008
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: SB22.178237
Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

50000.00

B. Full Name (Last, First, Middle Initial)
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Tfr non-fed acct for non-fed activity

Candidate Name

008
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: SB22.182768
Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

201000.00

C. Full Name (Last, First, Middle Initial)
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Tfr non-fed acct for non-fed activity

Candidate Name

008
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: SB22.182769
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

54000.00

SUBTOTAL of Disbursements This Page (optional)

305000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1040 / 1078

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	Transaction ID: SB22.182767 Date of Disbursement
	Mailing Address 1625 L Street NW	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Tfr non-fed acct for non-fed activity	<input type="text" value="350000.00"/>
	Candidate Name	<input type="text" value="008"/> Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	Transaction ID: SB22.182770 Date of Disbursement
	Mailing Address 1625 L Street NW	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Tfr non-fed acct for non-fed activity	<input type="text" value="25000.00"/>
	Candidate Name	<input type="text" value="008"/> Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	Transaction ID: SB22.182784 Date of Disbursement
	Mailing Address 1625 L Street NW	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Tfr non-fed acct for non-fed activity	<input type="text" value="50000.00"/>
	Candidate Name	<input type="text" value="008"/> Category/ Type
	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)	<input type="text" value="425000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1041 / 1078

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Tfr non-fed acct for non-fed activity

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.183221

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

25000.00

B. Full Name (Last, First, Middle Initial)
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Tfr non-fed acct for non-fed activity

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.187058

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

28000.00

SUBTOTAL of Disbursements This Page (optional)

53000.00

TOTAL This Period (last page this line number only)

783000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1042 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial) ADAM SMITH FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 23626 <hr/> City Federal Way State WA Zip Code 98093 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183517 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183518 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BARNEY FRANK FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183554 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1043 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) BISHOP FOR CONGRESS ELECTION PROTECTION	Transaction ID: SB23.184543
	Mailing Address P.O. Box 37	Date of Disbursement 11 / 10 / 2010
	City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

B.	Full Name (Last, First, Middle Initial) BOB BRADY FOR CONGRESS	Transaction ID: SB23.183519
	Mailing Address P.O. Box 22471	Date of Disbursement 10 / 22 / 2010
	City Philadelphia State PA Zip Code 19110-2471	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS	Transaction ID: SB23.183520
	Mailing Address P.O. Box 121480	Date of Disbursement 10 / 22 / 2010
	City Chula Vista State CA Zip Code 91912-0000	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1044 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>A. Full Name (Last, First, Middle Initial) BOUCHER FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 2000</p> <p>City Abingdon State VA Zip Code 24212</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183505 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BRAD MILLER FOR US CONGRESS</p> <p>Mailing Address P. O. Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183507 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CALIFORNIA DEMOCRATIC PARTY - FEDERAL ACCOUNT</p> <p>Mailing Address 1401 21st Street Suite 200</p> <p>City Sacramento State CA Zip Code 59814</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p>Transaction ID: SB23.184550 Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1045 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial) CALUMET PAC <hr/> Mailing Address 8000 Utah Street <hr/> City Merrillville State IN Zip Code 46410 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.182771 Date of Disbursement 10 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.183561 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) CEDRIC RICHMOND FOR CONGRESS <hr/> Mailing Address 1631 Elysian Fields Avenue <hr/> City New Orleans State LA Zip Code 70117 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.183510 Date of Disbursement 10 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
CHANDLER FOR CONGRESS

Transaction ID: SB23.183501

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Mailing Address P.O. Box 12678

Amount of Each Disbursement this Period

3000.00

City Lexington State KY Zip Code 40583-2678

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 06

B.

Full Name (Last, First, Middle Initial)
CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Transaction ID: SB23.183522

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

Mailing Address P.O. Box 12612

Amount of Each Disbursement this Period

1000.00

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 20

C.

Full Name (Last, First, Middle Initial)
CHELLIE PINGREE FOR CONGRESS

Transaction ID: SB23.183556

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Mailing Address P.O. Box 17613

Amount of Each Disbursement this Period

2000.00

City Portland State ME Zip Code 04112

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ME District: 01

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1047 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR JOHN OLVER FOR CONGRESS</p> <p>Mailing Address P.O. Box 819</p> <p>City Amherst State MA Zip Code 01004</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183558 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR WATERS</p> <p>Mailing Address 555 So. Flower Street Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 35</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183523 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT CONGRESSMAN CHRIS SMITH</p> <p>Mailing Address P.O. Box 3184</p> <p>City Hamilton State NJ Zip Code 08619-0000</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183566 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183524 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COUNT FOR COSTA 2010 Mailing Address 2037 West Bullard Suite 355 City Fresno State CA Zip Code 93711-1200 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: SB23.184561 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
C. Full Name (Last, First, Middle Initial) DAVID PRICE FOR CONGRESS COMMITTEE Mailing Address P.O. Box 1986 City Raleigh State NC Zip Code 27602 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183525 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1049 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>A. Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS</p> <p>Mailing Address 225 Peachtree Street NE</p> <p>City Atlanta State GA Zip Code 30303</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183508 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DEEP BLUE PAC</p> <p>Mailing Address P.O. Box 754</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC</p>	<p>Transaction ID: SB23.182789 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS</p> <p>Mailing Address P.O. Box 1316</p> <p>City Springfield State OR Zip Code 97477</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183515 Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB23.184551	
	Mailing Address 430 South Capitol Street SE		Date of Disbursement 11 / 10 / 2010	
	City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement Contribution Candidate Name		011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:		Recount		
B.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF OREGON - FEDERAL ACCOUNT		Transaction ID: SB23.182775	
	Mailing Address 232 NE 9th Avenue		Date of Disbursement 10 / 20 / 2010	
	City Portland	State OR	Zip Code 97232	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name		011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:		PAC		
C.	Full Name (Last, First, Middle Initial) DONALD PAYNE FOR U.S. CONGRESS		Transaction ID: SB23.183564	
	Mailing Address P.O. Box 2406		Date of Disbursement 10 / 22 / 2010	
	City Newark	State NJ	Zip Code 07114	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name		011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 10				

SUBTOTAL of Disbursements This Page (optional)	21000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1051 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
DREAM PAC

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District: PAC

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.182776
Date of Disbursement
 M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Amount of Each Disbursement this Period
 2000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
DUTCH PAC

Mailing Address 499 S. Capitol Street SW
Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District: PAC

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.182793
Date of Disbursement
 M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount of Each Disbursement this Period
 1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
EDPAC

Mailing Address 499 S. Capitol Street SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District: PAC

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.182773
Date of Disbursement
 M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount of Each Disbursement this Period
 1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) EDPAC	Transaction ID: SB23.182774 Date of Disbursement 10 / 19 / 2010
	Mailing Address 499 S. Capitol Street SW Suite 422	Amount of Each Disbursement this Period -1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution - void check from prior report	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ELLISON FOR CONGRESS COMMITTEE	Transaction ID: SB23.183526 Date of Disbursement 10 / 22 / 2010
	Mailing Address P.O. Box 6072	Amount of Each Disbursement this Period 1000.00
	City Minneapolis State MN Zip Code 55406	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FRIENDS FOR JIM MCDERMOTT	Transaction ID: SB23.183527 Date of Disbursement 10 / 22 / 2010
	Mailing Address P.O. Box 21786 Main Station	Amount of Each Disbursement this Period 2000.00
	City Seattle State WA Zip Code 98111	
	Purpose of Disbursement Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1053 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	Transaction ID: SB23.183528 Date of Disbursement	
	Mailing Address P.O. Box 190	<input type="checkbox"/> 10 / <input type="checkbox"/> 22 / <input type="checkbox"/> 2010	
	City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period	<input type="text" value="1000.00"/>
	Purpose of Disbursement Contribution	<input type="text" value="011"/>	Category/ Type
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 04		
B.	Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON	Transaction ID: SB23.183502 Date of Disbursement	
	Mailing Address 252 West Main Street	<input type="checkbox"/> 10 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2010	
	City Saint Clairsville State OH Zip Code 43950	Amount of Each Disbursement this Period	<input type="text" value="2500.00"/>
	Purpose of Disbursement Contribution	<input type="text" value="011"/>	Category/ Type
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 06		
C.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.183529 Date of Disbursement	
	Mailing Address 729 15th Street NW 3rd Floor	<input type="checkbox"/> 10 / <input type="checkbox"/> 22 / <input type="checkbox"/> 2010	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period	<input type="text" value="1500.00"/>
	Purpose of Disbursement Contribution	<input type="text" value="011"/>	Category/ Type
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: PA District: 17		

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1054 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) FRIENDS OF FARR <hr/> Mailing Address P.O. Box 122 <hr/> City Monterey State CA Zip Code 93942 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183530 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE <hr/> Mailing Address P.O. Box 68444 <hr/> City Virginia Beach State VA Zip Code 23471 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183503 Date of Disbursement 10 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR <hr/> Mailing Address 222 West First Street <hr/> City Duluth State MN Zip Code 55802 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183509 Date of Disbursement 10 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1055 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814-0000 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183531 Date of Disbursement 10 / 22 / 2010	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs Mailing Address P.O. Box 23940 City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183532 Date of Disbursement 10 / 22 / 2010	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF MAURICE HINCHEY Mailing Address P.O. Box 4497 City Kingston State NY Zip Code 12402 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183533 Date of Disbursement 10 / 22 / 2010	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

J.O.E. PAC

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District: PAC

Transaction ID: SB23.182772

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

KAPTUR FOR CONGRESS

Mailing Address P.O. Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: OH District: 09

Transaction ID: SB23.183534

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

KAREN BASS FOR CONGRESS

Mailing Address 4322 Wilshire Blvd. #301

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 33

Transaction ID: SB23.183536

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
LANGEVIN FOR CONGRESS

Mailing Address 181- A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: RI District: 02

Transaction ID: SB23.183562
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
LAURA RICHARDSON FOR CONGRESS

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 37

Transaction ID: SB23.183537
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
LOFGREN FOR CONGRESS

Mailing Address P.O. Box 913

City San Jose State CA Zip Code 95108

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 16

Transaction ID: SB23.183538
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) MALONEY FOR CONGRESS	Transaction ID: SB23.183539 Date of Disbursement 10 / 22 / 2010	
	Mailing Address 24 E. 93rd Street Suite 1B		
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS	Transaction ID: SB23.183540 Date of Disbursement 10 / 22 / 2010	
	Mailing Address 122 C Street NW #505		
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MCMAHON FOR CONGRESS	Transaction ID: SB23.183541 Date of Disbursement 10 / 22 / 2010	
	Mailing Address 585 N. Gannon Avenue		
	City Staten Island State NY Zip Code 10314	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS	Transaction ID: SB23.184549 Date of Disbursement 11 / 10 / 2010	
	Mailing Address 6250 Village Parkway 2nd Floor		
	City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	
B.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS	Transaction ID: SB23.183557 Date of Disbursement 10 / 19 / 2010	
	Mailing Address 213 Lisbon Street		
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS	Transaction ID: SB23.183504 Date of Disbursement 10 / 15 / 2010	
	Mailing Address P.O. Box 1		
	City Lumberton State NC Zip Code 28359	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 360 <hr/> City Prescott State AR Zip Code 71857-0360 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183542 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MOVING AMERICA FORWARD <hr/> Mailing Address 972 W. Whitmire Drive <hr/> City Melbourne State FL Zip Code 32935 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.182780 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NC-02 JOINT RECOUNT FUND <hr/> Mailing Address P.O. Box 28001 <hr/> City Raleigh State NC Zip Code 27611 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.184545 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial)
NEW JERSEY DEMOCRATIC STATE COMMITTEE - FEDERAL ACCOUNT

Mailing Address 194-196 West State Street

City State Zip Code
Trenton NJ 08608

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

PAC

Transaction ID: SB23.182801

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
NORM DICKS FOR CONGRESS

Mailing Address P.O. Box 1663

City State Zip Code
Tacoma WA 98401

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 06

Transaction ID: SB23.183516

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
NY VICTORY FUND 2010

Mailing Address 1050 17th Street NW
Suite 590

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 25

Recount

Transaction ID: SB23.184559

Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
ORTIZ RECOUNT FUND

Mailing Address P.O. Box 7806

City State Zip Code
Corpus Christi TX 78467

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: TX District: 27

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Recount

Transaction ID: SB23.184557
Date of Disbursement

11 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City State Zip Code
Totowa NJ 07511

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: NJ District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.183565
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
PASTOR FOR ARIZONA COMMITTEE

Mailing Address P.O. Box 1978

City State Zip Code
Phoenix AZ 85001-1978

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: AZ District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.183543
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

PEAK PAC

Mailing Address P.O. Box 48004

City State Zip Code
Denver CO 80204

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District: PAC

Transaction ID: SB23.182797

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

PENGUIN PAC

Mailing Address P.O. Box 83142

City State Zip Code
Gaithersburg MD 20883

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District: PAC

Transaction ID: SB23.182799

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

PEOPLE FOR BEN

Mailing Address P.O. Box 31129

City State Zip Code
Santa Fe NM 87594

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: NM District: 03

Transaction ID: SB23.183513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>A. Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Contribution - void check from prior report</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183511</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PERLMUTTER FOR CONGRESS</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183512</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 8331</p> <p>City Freemont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183544</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1065 / 1078

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.	Full Name (Last, First, Middle Initial) PHIL PAC	Transaction ID: SB23.182779 Date of Disbursement																			
	Mailing Address 499 S. Capitol Street SW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	1	0												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																			
		011 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMITTEE	Transaction ID: SB23.183559 Date of Disbursement																			
	Mailing Address P.O. Box 60405	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	1	0												
	City Worcester State MA Zip Code 01606-0405	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		011 Category/ Type																			

C.	Full Name (Last, First, Middle Initial) ROYBAL-ALLARD FOR CONGRESS	Transaction ID: SB23.183545 Date of Disbursement																			
	Mailing Address P.O. Box 582	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	1	0												
	City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		011 Category/ Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS <hr/> Mailing Address P.O. Box 782 <hr/> City Pennington State NJ Zip Code 08534 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183555 Date of Disbursement 10 / 15 / 2010	
	Amount of Each Disbursement this Period 2500.00	
	011 Category/Type	
	Full Name (Last, First, Middle Initial) RUSH HOLT FOR CONGRESS <hr/> Mailing Address P.O. Box 782 <hr/> City Pennington State NJ Zip Code 08534 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183553 Date of Disbursement 10 / 26 / 2010
Amount of Each Disbursement this Period 1500.00		
011 Category/Type	Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS <hr/> Mailing Address 15 S. Raymond Avenue Suite 204 <hr/> City Pasadena State CA Zip Code 91105 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183514 Date of Disbursement 10 / 19 / 2010
Amount of Each Disbursement this Period 1000.00		
011 Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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>A. Full Name (Last, First, Middle Initial) SCOTT MCADAMS FOR US SENATE</p> <p>Mailing Address P.O. Box 200569</p> <p>City Anchorage State AK Zip Code 99520</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.182805 Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) SHERMAN FOR CONGRESS</p> <p>Mailing Address 4570 Van Nuys Blvd. #270</p> <p>City Sherman Oaks State CA Zip Code 91403</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 27</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.183546 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) SOUTH DAKOTA FIRST PAC</p> <p>Mailing Address P.O. Box 155</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.182791 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial) SUSAN DAVIS FOR CONGRESS <hr/> Mailing Address P.O. Box 84049 <hr/> City San Diego State CA Zip Code 92138 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183547 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TED DEUTCH FOR CONGRESS COMMITTEE <hr/> Mailing Address 20423 SR 7 Suite F6-383 <hr/> City Boca Raton State FL Zip Code 33498 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183548 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) THE CICILLINE COMMITTEE <hr/> Mailing Address P.O. Box 9107 <hr/> City Providence State RI Zip Code 02940 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183550 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. Full Name (Last, First, Middle Initial) THE NIKI TSONGAS COMMITTEE <hr/> Mailing Address P.O. Box 1454 <hr/> City Lowell State MA Zip Code 01853 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183560 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	PAC
B. Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS <hr/> Mailing Address 1600 Roosevelt Avenue <hr/> City Niles State OH Zip Code 44446 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.183549 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	PAC
C. Full Name (Last, First, Middle Initial) TRUEDEM LEADERSHIP FUND <hr/> Mailing Address P.O. Box 442 <hr/> City Toledo State OH Zip Code 43697 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.182795 Date of Disbursement 10 / 25 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	PAC

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	18100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1070 / 1078

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

KEVIN F. HOUSE

Mailing Address 9212 N Simpson Road

City Newman Lake State WA Zip Code 99025

Purpose of Disbursement
Refund/Erroneous deduction

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.187057

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

206.64

SUBTOTAL of Disbursements This Page (optional)

206.64

TOTAL This Period (last page this line number only)

206.64

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

LOANS

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Transaction ID: SC/10.178222

LOAN SOURCE Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 275 7th Avenue		
City New York	State NY	ZIP Code 10001

Original Amount of Loan 1500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500000.00
---------------------------------------	------------------------------------	---

TERMS

Date Incurred MM DD YY YY 10 18 2010	Date Due 12/31/2011	Interest Rate 4.25 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	150000.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1072 / 1078
FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Transaction ID: SC/10.182783

LOAN SOURCE Full Name (Last, First, Middle Initial) AMALGAMATED BANK	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 275 7th Avenue	
City New York State NY ZIP Code 10001	

Original Amount of Loan 500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500000.00
--------------------------------------	------------------------------------	--

TERMS

Date Incurred MM DD YY YY 10 22 20 10	Date Due 12/31/2011	Interest Rate 4.25 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="50000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="200000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1073 / 1078
 of Schedule C

Name of Committee (in Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E		FEC IDENTIFICATION NUMBER C00011114	
Back Ref ID: SC/10.178222			
LENDING INSTITUTION (LENDER) Full Name AMALGAMATED BANK		Amount of Loan 2000000.00	Interest Rate (APR) 4.25 %
Mailing Address 275 7th Avenue		Date Incurred or Established 10 18 2010	
City New York	State NY	Zip Code 10001	Date Due 12/31/2011
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : _____			
B. If line of credit, Amount of this Draw: 1500000.00		Total Outstanding balance : 1500000.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Cash deposits</u>		What is the value of this collateral? 1000000.00 Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Borrower's income/revenue based on its rights to receive member check-off contributions & donations</u>		What is the estimated value? 5000000.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 03 15 2001		Location of account AMALGAMATED BANK Address: 275 7th Avenue City, State, Zip: New York NY 10001	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name LEE A. SAUNDERS Signature _____		DATE 12 02 2010	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name MICHAEL J. COULTER Signature _____		DATE 10 18 2010 Title SR. VICE PRESIDENT	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ADELSTEIN LISTON

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Mailing Address
222 West Ontario Street
Suite 600

Amount
340250.00

City State Zip Code
Chicago IL 60610

Transaction ID: SE.182753

Purpose of Expenditure
Media Buy/ Production Costs (OH) Category/Type 004

Office Sought: House State: OH
 Senate District: 16
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
JIM RENACCI (OH)

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 342925.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
ADELSTEIN LISTON

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Mailing Address
222 West Ontario Street
Suite 600

Amount
238031.00

City State Zip Code
Chicago IL 60610

Transaction ID: SE.182754

Purpose of Expenditure
Media Buy/ Production Costs (MI) Category/Type 004

Office Sought: House State: MI
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
TIM WALBURG (MI)

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 238031.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	578281.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LEE A. SAUNDERS
Signature

Date M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ADELSTEIN LISTON

Mailing Address
222 West Ontario Street
Suite 600

City	State	Zip Code
Chicago	IL	60610

Purpose of Expenditure Media Buy/ Production Costs (CO)	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
KEN BUCK (CO)

Calendar Year-To-Date Per Election for Office Sought	720208.00
--	-----------

Date
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Amount
720208.00

Transaction ID: SE.182755

Office Sought: House State: CO
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
ADELSTEIN LISTON

Mailing Address
222 West Ontario Street
Suite 600

City	State	Zip Code
Chicago	IL	60610

Purpose of Expenditure Media Buy/ Production Costs (CO)	Category/Type 004
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
KEN BUCK (CO)

Calendar Year-To-Date Per Election for Office Sought	1248721.00
--	------------

Date
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Amount
528513.00

Transaction ID: SE.182756

Office Sought: House State: CO
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	1248721.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LEE A. SAUNDERS
Signature

Date M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ADELSTEIN LISTON

Mailing Address
222 West Ontario Street
Suite 600

City State Zip Code
Chicago IL 60610

Purpose of Expenditure
Media Buy/ Production Costs (MI) Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
TIM WALBURG (MI)

Calendar Year-To-Date Per Election for Office Sought 499847.00

Date
MM / DD / YYYY
10 / 25 / 2010

Amount
261816.00

Transaction ID: SE.182757

Office Sought: House State: MI
 Senate District: 07
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
ADELSTEIN LISTON

Mailing Address
222 West Ontario Street
Suite 600

City State Zip Code
Chicago IL 60610

Purpose of Expenditure
Media Buy/ Production Costs (OH) Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
JIM RENACCI (OH)

Calendar Year-To-Date Per Election for Office Sought 752675.00

Date
MM / DD / YYYY
10 / 25 / 2010

Amount
409750.00

Transaction ID: SE.182758

Office Sought: House State: OH
 Senate District: 16
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	671566.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LEE A. SAUNDERS
Signature

Date MM / DD / YYYY
12 / 02 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER ▼ C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
AFSCME INTERNATIONAL

Mailing Address
1625 L Street NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure Video Use License/ Media Spot (OH)	Category/ Type 006
---	---

Name of Federal Candidate supported or Opposed by expenditure:
JIM RENACCI (OH)

Calendar Year-To-Date Per Election for Office Sought	2675.00
---	---

Date

M M	/	D D	/	Y Y Y Y
1 0		1 9		2 0 1 0

Amount
2675.00

Transaction ID: SE.180081

Office Sought: House State: OH
 Senate District: 16
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
MUNDY KATOWITZ MEDIA, INC.

Mailing Address
1322 G Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Expenditure Media Buy - Radio Ad (PA)	Category/ Type 004
--	---

Name of Federal Candidate supported or Opposed by expenditure:
PAT TOOMEY (PA)

Calendar Year-To-Date Per Election for Office Sought	400000.00
---	---

Date

M M	/	D D	/	Y Y Y Y
1 0		2 3		2 0 1 0

Amount
400000.00

Transaction ID: SE.182749

Office Sought: House State: PA
 Senate District: 00
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	402675.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LEE A. SAUNDERS
Signature

Date

M M	/	D D	/	Y Y Y Y
1 2		0 2		2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		FEC IDENTIFICATION NUMBER C C00011114	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee THE CAMPAIGN GROUP		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1600 Locust Street		Amount 399072.00	
City Philadelphia State PA Zip Code 19103		Transaction ID: SE.180388	
Purpose of Expenditure Media Buy/Production Costs (PA)		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MIKE KELLY (PA)		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
		750000.00	

(a) SUBTOTAL of Itemized Independent Expenditures	399072.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3300315.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
LEE A. SAUNDERS Signature	Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0