

# 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 \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2011 through 02 28 2011

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 03 18 2011

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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	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>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		913811.89
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	1230253.86									
(c) Total Receipts (from Line 19) .....	726546.25	1195573.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1956800.11	2109385.71								
7. Total Disbursements (from Line 31) .....	186580.41	339166.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1770219.70	1770219.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1041668.00									

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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

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) .....	16001.08	19658.81
(ii) Unitemized .....	612287.92	1077307.85
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	628289.00	1096966.66
(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) .....	628289.00	1096966.66
12. Transfers From Affiliated/Other Party Committees .....	96129.65	96129.65
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1640.61	1640.61
17. Other Federal Receipts (Dividends, Interest, etc.) .....	486.99	836.90
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)) .....	726546.25	1195573.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	726546.25	1195573.82

## 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.....	4402.86	9322.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4402.86	9322.46
22. Transfers to Affiliated/Other Party Committees.....	78000.00	104000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	104166.00	208332.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	11.55	11.55
(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)) .....	11.55	11.55
29. Other Disbursements.....	0.00	0.00
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))..	186580.41	339166.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	186580.41	339166.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	628289.00	1096966.66
34. Total Contribution Refunds (from Line 28(d)) .....	11.55	11.55
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	628277.45	1096955.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4402.86	9322.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4402.86	9322.46

# SCHEDULE A (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 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY S. ABBE		Date of Receipt	
	Mailing Address P.O. Box 486		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196035
	Harold	KY	41635	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	60.28	
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 ▼	241.12	

<b>B.</b>	Full Name (Last, First, Middle Initial) ADAM ACOSTA		Date of Receipt	
	Mailing Address 66 La Perla		M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196827
	Foothill Ranch	CA	92610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	134.64	
Name of Employer AFSCME CA CN 36		Occupation POLITICAL ACTION REPRESENTATIVE III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	269.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH L. ALLEN		Date of Receipt	
	Mailing Address 7935 SW Santolina Place		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196800
	Beaverton	OR	97008-6272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	109.00	
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 ▼	246.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	303.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CAROL A ANDERSON		Date of Receipt
	Mailing Address 303 Dias 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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Fort Washington	MD	20744
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196038
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, EDUCATION	Amount 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"/> 57.09

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID ANTLE		Date of Receipt
	Mailing Address P.O. Box 1093		<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 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Moscow	PA	18444
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196698
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 ▼ 229.08	<input type="text"/> 114.54

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD C. BADGER, II		Date of Receipt
	Mailing Address P.O. Box 2825		<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 0 2 / 0 1 / 2 0 1 1
	City	State	Zip Code
	Appleton	WI	54912
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196818
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 ▼ 215.00	<input type="text"/> 110.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 281.63
<b>TOTAL</b> 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 8 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RICHARD C. BADGER, II		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address P.O. Box 2825		Transaction ID: SA11AI.196000		
	City Appleton	State WI	Zip Code 54912	Amount of Each Receipt this Period 100.00	
	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 ▼ 315.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) PATRICIA A. BAILEY		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address 606 N. Van Buren Street		Transaction ID: SA11AI.196841		
	City Wilmington	State DE	Zip Code 19805	Amount of Each Receipt this Period 63.42	
	FEC ID number of contributing federal political committee. C		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 ▼ 229.38					

<b>C.</b>	Full Name (Last, First, Middle Initial) MARY ANNE BARNETT		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 1155 Lakepointe		Transaction ID: SA11AI.195784		
	City Grosse Pointe Park	State MI	Zip Code 48230	Amount of Each Receipt this Period 76.46	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME INT'L		
Occupation ASSISTANT DIRECTOR, ORGANIZING DVLPT		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 229.38					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	239.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY ANNE BARNETT		Date of Receipt
	Mailing Address 1155 Lakepointe		<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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Grosse Pointe Park	MI	48230
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196045
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 ▼ 315.01	<input type="text"/> 85.63

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL BEGATTO		Date of Receipt
	Mailing Address 301 Hedgerow 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 0 2 / 2 4 / 2 0 1 1
	City	State	Zip Code
	Wilmington	DE	19807
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196843
Name of Employer AFSCME DE CN 81		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 ▼ 283.54	<input type="text"/> 88.80

<b>C.</b>	Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt
	Mailing Address 3701 Oakview 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 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Orlando	FL	32812
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.195787
Name of Employer AFSCME INT'L		Occupation AREA ORGANIZING 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 ▼ 300.24	<input type="text"/> 100.08

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 274.51
<b>TOTAL</b> 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 10 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 3701 Oakview Drive		Transaction ID: SA11AI.196048		
	City Orlando	State FL	Zip Code 32812	Amount of Each Receipt this Period 112.10	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 412.34			

<b>B.</b>	Full Name (Last, First, Middle Initial) BARRY BOGARDE		Date of Receipt MM / DD / YYYY 02 / 10 / 2011		
	Mailing Address 4303 Vermont Court		Transaction ID: SA11AI.196704		
	City Harrisburg	State PA	Zip Code 17112-9512	Amount of Each Receipt this Period 110.54	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 221.08			

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL R. BOOTH		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 3724 Benton Street NW		Transaction ID: SA11AI.195791		
	City Washington	State DC	Zip Code 20007-1803	Amount of Each Receipt this Period 193.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation EXECUTIVE ASST. TO PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 581.52			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	416.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL R. BOOTH		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 3724 Benton Street NW		Transaction ID: SA11AI.196052		
	City Washington	State DC	Zip Code 20007-1803	Amount of Each Receipt this Period 217.10	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation EXECUTIVE ASST. TO PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 798.62			

<b>B.</b>	Full Name (Last, First, Middle Initial) CAROL L. BURNETT		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1921 N. Westmoreland		Transaction ID: SA11AI.196059		
	City Arlington	State VA	Zip Code 22213	Amount of Each Receipt this Period 57.09	
	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 ▼ 210.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) PAULA J. CAIRA		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 17 Fourteenth Street SE		Transaction ID: SA11AI.196061		
	City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 65.79	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 242.01			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	339.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LINDA CANAN-STEPHENS		Date of Receipt
	Mailing Address 9013 Advantage Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Burke	VA	22003
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.195801
Name of Employer AFSCME INT'L		Occupation DIRECTOR, CONFERENCE AND TRAVEL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.62	<input type="text"/> 121.54

<b>B.</b>	Full Name (Last, First, Middle Initial) LINDA CANAN-STEPHENS		Date of Receipt
	Mailing Address 9013 Advantage Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Burke	VA	22003
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196062
Name of Employer AFSCME INT'L		Occupation DIRECTOR, CONFERENCE AND TRAVEL SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.75	<input type="text"/> 136.13

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD CAPONI		Date of Receipt
	Mailing Address 4453 Stilley Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 0 / 2 0 1 1
	City	State	Zip Code
	Pittsburgh	PA	15227
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196709
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 ▼ 229.08	<input type="text"/> 114.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 372.21
<b>TOTAL</b> 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 13 / 73  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) <b>GINO A. CARBENIA</b>		Date of Receipt MM / DD / YYYY <b>02 / 28 / 2011</b>
Mailing Address <b>9253 Barcroft Drive</b>		<b>Transaction ID: SA11AI.196064</b>
City <b>Indianapolis</b>	State <b>IN</b>	Zip Code <b>46240</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>62.45</b>
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>AREA FIELD SERVICES DIRECTOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>229.73</b>	

**B.**

Full Name (Last, First, Middle Initial) <b>MARCOS CARDENAS</b>		Date of Receipt MM / DD / YYYY <b>02 / 11 / 2011</b>
Mailing Address <b>6927 Amherst Street</b>		<b>Transaction ID: SA11AI.196829</b>
City <b>San Diego</b>	State <b>CA</b>	Zip Code <b>92109</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>113.28</b>
Name of Employer <b>AFSCME CA CN 36</b>	Occupation <b>STAFF REPRESENTATIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>226.56</b>	

**C.**

Full Name (Last, First, Middle Initial) <b>ANTHONY CASO</b>		Date of Receipt MM / DD / YYYY <b>02 / 08 / 2011</b>
Mailing Address <b>9 Garden Court</b>		<b>Transaction ID: SA11AI.196806</b>
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02113-0000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.10</b>
Name of Employer <b>AFSCME MA CN 93</b>	Occupation <b>EXECUTIVE DIRECTOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>241.87</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>275.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANTHONY CASO	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 9 Garden Court	<b>Transaction ID:</b> SA11AI.196549
	City State Zip Code Boston MA 02113-0000	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MA CN 93 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.54	

<b>B.</b>	Full Name (Last, First, Middle Initial) TRACEY CONATY	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 1789 Lanier Place NW #42	<b>Transaction ID:</b> SA11AI.196002
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 50.00
	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 ▼ 202.91	

<b>C.</b>	Full Name (Last, First, Middle Initial) TRACEY CONATY	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1789 Lanier Place NW #42	<b>Transaction ID:</b> SA11AI.196069
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 57.09
	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 ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	148.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BARBARA COUFAL	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 10112 Parkwood Drive	<b>Transaction ID:</b> SA11AI.196072
	City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 55.56
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 204.39	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES B. CULLEN	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1111 Morningside Avenue	<b>Transaction ID:</b> SA11AI.196074
	City State Zip Code Schenectady NY 12308	Amount of Each Receipt this Period 50.30
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 235.03	

<b>C.</b>	Full Name (Last, First, Middle Initial) EDGAR DEJESUS	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 8 Ralph Street First Floor	<b>Transaction ID:</b> SA11AI.196077
	City State Zip Code Bergenfield NJ 07621-0000	Amount of Each Receipt this Period 56.04
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 206.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>161.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 73  
(check only one)

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

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NAME 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. DEMPSEY

Mailing Address 20235 Watermark Place

City State Zip Code  
Sterling VA 20165

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

Name of Employer Occupation  
AFSCME INT'L GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.71

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2011

**Transaction ID:** SA11AI.195818

Amount of Each Receipt this Period  
92.57

**B.**

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

Mailing Address 20235 Watermark Place

City State Zip Code  
Sterling VA 20165

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

Name of Employer Occupation  
AFSCME INT'L GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 381.38

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

**Transaction ID:** SA11AI.196079

Amount of Each Receipt this Period  
103.67

**C.**

Full Name (Last, First, Middle Initial)  
CONSTANCE DERR

Mailing Address P.O. Box 116

City State Zip Code  
Maspeth NY 11378

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

Name of Employer Occupation  
AFSCME INT'L REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2011

**Transaction ID:** SA11AI.196080

Amount of Each Receipt this Period  
57.09

**SUBTOTAL** of Receipts This Page (optional) ..... ► **253.33**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GREG DEVEREUX	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 3561 S.E. Kamilehe Point Road	<b>Transaction ID:</b> SA11AI.196822
	City State Zip Code Shelton WA 98584	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 254.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GREG DEVEREUX	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 3561 S.E. Kamilehe Point Road	<b>Transaction ID:</b> SA11AI.196550
	City State Zip Code Shelton WA 98584	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 268.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JEAN M. DIEDERICH	Date of Receipt MM / DD / YYYY 02 / 16 / 2011
	Mailing Address 4741 Grand Ave. So. No. 3	<b>Transaction ID:</b> SA11AI.196852
	City State Zip Code Minneapolis MN 55419-5443	Amount of Each Receipt this Period 56.00
	FEC ID number of contributing federal political committee. C	
	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 224.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	190.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 / 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEPHAN FANTAUZZO		Date of Receipt																					
	Mailing Address 3840 N. Delaware 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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	5		2	0	1	1														
	City State Zip Code Indianapolis IN 46205		<b>Transaction ID:</b> SA11AI.195820																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.83																						
Name of Employer AFSCME INT'L		Occupation REGIONAL DIRECTOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.49																						

<b>B.</b>	Full Name (Last, First, Middle Initial) STEPHAN FANTAUZZO		Date of Receipt																					
	Mailing Address 3840 N. Delaware 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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	8		2	0	1	1														
	City State Zip Code Indianapolis IN 46205		<b>Transaction ID:</b> SA11AI.196081																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 79.34																						
Name of Employer AFSCME INT'L		Occupation REGIONAL DIRECTOR																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.83																						

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD M. FELLER		Date of Receipt																					
	Mailing Address 4705 Butterworth Place 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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	8		2	0	1	1														
	City State Zip Code Washington DC 20016		<b>Transaction ID:</b> SA11AI.196083																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 61.91																						
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 ▼ 227.75																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>212.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID FILLMAN		Date of Receipt
	Mailing Address 2520 Helen 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
	Hatboro	PA	19040
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196724
Name of Employer AFSCME PA CN 13		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"/>
		<input type="text"/> 298.36	<input type="text"/> 142.18

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID FILLMAN		Date of Receipt
	Mailing Address 2520 Helen 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
	Hatboro	PA	19040
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196553
Name of Employer AFSCME PA CN 13		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"/>
		<input type="text"/> 312.36	<input type="text"/> 14.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL E. FOX		Date of Receipt
	Mailing Address 3818 Sheffield 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
	City	State	Zip Code
	Harrisburg	PA	17110-3044
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196725
Name of Employer AFSCME PA CN 13		Occupation COUNCIL 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"/> 299.08	<input type="text"/> 114.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 270.72
<b>TOTAL</b> 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 20 / 73  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL E. FOX		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 3818 Sheffield Lane		Transaction ID: SA11AI.196554		
	City Harrisburg	State PA	Zip Code 17110-3044	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME PA CN 13		
	Occupation COUNCIL DIRECTOR		Aggregate Year-to-Date 369.08		

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVEN M. FRANCY		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 12 Belmont Court		Transaction ID: SA11AI.196026		
	City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME INT'L		
	Occupation COORDINATOR		Aggregate Year-to-Date 224.23		

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN M. FRANCY		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 12 Belmont Court		Transaction ID: SA11AI.196085		
	City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 41.41	
	FEC ID number of contributing federal political committee. C		Name of Employer AFSCME INT'L		
	Occupation COORDINATOR		Aggregate Year-to-Date 265.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>211.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 73  
(check only one)

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

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NAME 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		Date of Receipt MM / DD / YYYY 02 / 01 / 2011
Mailing Address 18491 Lauder		<b>Transaction ID:</b> SA11AI.196876
City Detroit	State MI	Zip Code 48235-2738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.04
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 ▼ 386.12	

**B.**

Full Name (Last, First, Middle Initial) ALBERT GARRETT		Date of Receipt MM / DD / YYYY 02 / 22 / 2011
Mailing Address 18491 Lauder		<b>Transaction ID:</b> SA11AI.196928
City Detroit	State MI	Zip Code 48235-2738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.04
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 ▼ 510.16	

**C.**

Full Name (Last, First, Middle Initial) ALBERT GARRETT		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 18491 Lauder		<b>Transaction ID:</b> SA11AI.196555
City Detroit	State MI	Zip Code 48235-2738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
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 ▼ 524.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	262.08
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RAGLAN GEORGE, Jr.		Date of Receipt
	Mailing Address 75 Varick Street Suite #1404		<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
	New York	NY	10013-9902
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.197222
Name of Employer AFSCME NY CN 1707		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"/> 95.76
		<input type="text"/> 301.28	

<b>B.</b>	Full Name (Last, First, Middle Initial) RAGLAN GEORGE, Jr.		Date of Receipt
	Mailing Address 75 Varick Street Suite #1404		<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
	New York	NY	10013-9902
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196556
Name of Employer AFSCME NY CN 1707		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"/> 14.00
		<input type="text"/> 315.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) KAREN GILGOFF		Date of Receipt
	Mailing Address 3003 Van Ness Street NW #W1023		<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	20008
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.195831
Name of Employer AFSCME INT'L		Occupation ASST. DIRECTOR, RETIREES PROGRAM	Amount 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"/> 77.00
		<input type="text"/> 231.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 186.76
<b>TOTAL</b> 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 23 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KAREN GILGOFF	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 3003 Van Ness Street NW #W1023	<b>Transaction ID:</b> SA11AI.196094
	City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 82.64
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME INT'L ASST. DIRECTOR, RETIREES PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD GOLLIN	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 900 Randolph Place	<b>Transaction ID:</b> SA11AI.196802
	City State Zip Code Union NJ 07083-0000	Amount of Each Receipt this Period 105.92
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME NJ CN 52 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.84	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD GOLLIN	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 900 Randolph Place	<b>Transaction ID:</b> SA11AI.196557
	City State Zip Code Union NJ 07083-0000	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME NJ CN 52 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>202.56</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 / 73
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ELIZABETH D. GRAY-LINDSLEY		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1302 4th Street SW		Transaction ID: SA11AI.196100		
	City Washington	State DC	Zip Code 20024	Amount of Each Receipt this Period 57.09	
	FEC ID number of contributing federal political committee. C		Occupation ASSISTANT DIRECTOR, CAPITAL STRATEGIES		
	Name of Employer AFSCME INT'L		Aggregate Year-to-Date 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) R. SEAN GRAYSON		Date of Receipt MM / DD / YYYY 02 / 07 / 2011		
	Mailing Address 10201 Galena Pointe Drive		Transaction ID: SA11AI.197172		
	City Galena	State OH	Zip Code 43021	Amount of Each Receipt this Period 104.72	
	FEC ID number of contributing federal political committee. C		Occupation GENERAL COUNSEL		
	Name of Employer AFSCME OH CN 8		Aggregate Year-to-Date 209.44		

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVE GRETSUK		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 7803 Desiree Street		Transaction ID: SA11AI.195839		
	City Alexandria	State VA	Zip Code 22315	Amount of Each Receipt this Period 79.55	
	FEC ID number of contributing federal political committee. C		Occupation DIRECTOR, INFORMATION SYSTEMS		
	Name of Employer AFSCME INT'L		Aggregate Year-to-Date 338.65		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	241.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVE GRETSUK		Date of Receipt
	Mailing Address 7803 Desiree Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Alexandria	VA	22315
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196102
Name of Employer AFSCME INT'L		Occupation 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 ▼ 427.75	<input type="text"/> 89.10

<b>B.</b>	Full Name (Last, First, Middle Initial) LOUIS HARRIS		Date of Receipt
	Mailing Address 1516 172nd Street East		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	Spanaway	WA	98387
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196831
Name of Employer AFSCME CA CN 36		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 ▼ 262.80	<input type="text"/> 131.40

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHANIE HARRISON		Date of Receipt
	Mailing Address 7824 Main Falls Creek		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Catonsville	MD	21228
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196110
Name of Employer AFSCME INT'L		Occupation DIRECTOR, HUMAN RESOURCES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.38	<input type="text"/> 68.07

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 288.57
<b>TOTAL</b> 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 26 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PHILIP W. HELMS	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 4108 Menton	<b>Transaction ID:</b> SA11AI.196933
	City State Zip Code Flint MI 48507	Amount of Each Receipt this Period 57.17
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MI CN 25 EDITOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.68	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID J. HENDERSON	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 2040 Spring Valley Road	<b>Transaction ID:</b> SA11AI.196736
	City State Zip Code Pittsburgh PA 15243-1422	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 ▼ 229.08	

<b>C.</b>	Full Name (Last, First, Middle Initial) DANNY J. HOMAN	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 3000 Isabella	<b>Transaction ID:</b> SA11AI.196809
	City State Zip Code Sioux City IA 51103-2134	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61 PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	251.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DANNY J. HOMAN		Date of Receipt
	Mailing Address 3000 Isabella		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Sioux City	IA	51103-2134
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196561
Name of Employer AFSCME IA CN 61		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 ▼ 272.00	<input type="text"/> 56.00

<b>B.</b>	Full Name (Last, First, Middle Initial) EDWIN S. JAYNE		Date of Receipt
	Mailing Address 3304 Alabama Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Alexandria	VA	22305
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196127
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, LEGISLATION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.75	<input type="text"/> 61.91

<b>C.</b>	Full Name (Last, First, Middle Initial) PAMELA L. JENKINS		Date of Receipt
	Mailing Address 47604 Sandbank Square		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Sterling	VA	20165
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196128
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 ▼ 203.33	<input type="text"/> 55.28

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 173.19
<b>TOTAL</b> 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 28 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RON JOHNSON		Date of Receipt	
	Mailing Address 514 Shatto Place 3rd Floor		M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196833
	Los Angeles	CA	90020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		148.00	
Name of Employer AFSCME CA CN 36		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES JURGONIS		Date of Receipt	
	Mailing Address 11704 Bobs Ford Road		M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.195870
	Fairfax	VA	22030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		159.10	
Name of Employer AFSCME INT'L		Occupation DIRECTOR, FINANCIAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 477.30		

<b>C.</b>	Full Name (Last, First, Middle Initial) CHARLES JURGONIS		Date of Receipt	
	Mailing Address 11704 Bobs Ford Road		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196133
	Fairfax	VA	22030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		178.20	
Name of Employer AFSCME INT'L		Occupation DIRECTOR, FINANCIAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 655.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>485.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LISA HARRIS KELLY	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 9800 Muirfield Drive	<b>Transaction ID:</b> SA11AI.196135
	City State Zip Code Upper Marlboro MD 20772	Amount of Each Receipt this Period 57.09
	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 ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES KHIM	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 810 Richards Street Suite 502	<b>Transaction ID:</b> SA11AI.196020
	City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNA KICK	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 3886 Sunnywood	<b>Transaction ID:</b> SA11AI.195996
	City State Zip Code DeForest WI 53532	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 24 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	557.09
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GREGORY J. KING	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 147 W Linvale Street	<b>Transaction ID:</b> SA11AI.196136
	City State Zip Code Baltimore MD 21217	Amount of Each Receipt this Period 61.91
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 227.75	

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVE KOFFROTH	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 17824 Autry Ct	<b>Transaction ID:</b> SA11AI.196835
	City State Zip Code Chino Hills CA 91709	Amount of Each Receipt this Period 124.80
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AFSCME CA CN 36	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.60	

<b>C.</b>	Full Name (Last, First, Middle Initial) KERRY KORPI	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 8913 First Avenue	<b>Transaction ID:</b> SA11AI.195875
	City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 70.83
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer AFSCME INT'L	Occupation DIRECTOR, RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.49	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>257.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 73  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) KERRY KORPI		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 8913 First Avenue		Transaction ID: SA11AI.196138
City Silver Spring	State Zip Code MD 20910	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.34
Name of Employer AFSCME INT'L	Occupation DIRECTOR, RESEARCH	Aggregate Year-to-Date 291.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) STEVEN KREISBERG		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 9954 Whitewater Drive		Transaction ID: SA11AI.196139
City Burke	State Zip Code VA 22015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 61.91
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, RESEARCH	Aggregate Year-to-Date 227.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) THOMAS E. KULIKOSKY		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 400 Old Dominion Avenue		Transaction ID: SA11AI.196140
City Herndon	State Zip Code VA 20170	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.09
Name of Employer AFSCME INT'L	Occupation AUDITING MANAGER	Aggregate Year-to-Date 210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	198.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 73  
(check only one)

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

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NAME 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 02 / 15 / 2011
Mailing Address 2122 West 2nd Street Apt. #2		Transaction ID: SA11AI.196854
City Duluth	State Zip Code MN 55086	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 103.22
Name of Employer AFSCME MN CN 5/CN14	Occupation DIRECTOR	Aggregate Year-to-Date ▼ 206.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) JULIE LOUTHER		Date of Receipt MM / DD / YYYY 02 / 24 / 2011
Mailing Address 2851 Berkan Street		Transaction ID: SA11AI.195994
City Madison	State Zip Code WI 53711	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer AFSCME WI CN 40	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) CHARLES M. LOVELESS		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address 1112 Euclid Street NW		Transaction ID: SA11AI.195886
City Washington	State Zip Code DC 20009	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.54
Name of Employer AFSCME INT'L	Occupation DIRECTOR, LEGISLATION	Aggregate Year-to-Date ▼ 226.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>428.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHARLES M. LOVELESS	Date of Receipt
	Mailing Address 1112 Euclid 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 0 2 / 2 8 / 2 0 1 1
	City State Zip Code Washington DC 20009	<b>Transaction ID:</b> SA11AI.196149
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 84.61
	Name of Employer Occupation AFSCME INT'L DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 311.23	

<b>B.</b>	Full Name (Last, First, Middle Initial) SALVATORE LUCIANO	Date of Receipt
	Mailing Address 947 Bunker Hill 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 0 2 / 0 9 / 2 0 1 1
	City State Zip Code Watertown CT 06795-3231	<b>Transaction ID:</b> SA11AI.196811
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
	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 ▼ <input type="text"/> 264.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SALVATORE LUCIANO	Date of Receipt
	Mailing Address 947 Bunker Hill 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 0 2 / 2 8 / 2 0 1 1
	City State Zip Code Watertown CT 06795-3231	<b>Transaction ID:</b> SA11AI.196562
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 14.00
	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 ▼ <input type="text"/> 278.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 198.61
<b>TOTAL</b> 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 34 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM LUCY		Date of Receipt MM / DD / YYYY 02 / 03 / 2011		
	Mailing Address 1831 Sudbury Lane NW		Transaction ID: SA11AI.196588		
	City Washington	State DC	Zip Code 20012-2202	Amount of Each Receipt this Period 176.32	
	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 ▼ 352.64			

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN A. LYALL		Date of Receipt MM / DD / YYYY 02 / 07 / 2011		
	Mailing Address 383 Ashmoore Circle East		Transaction ID: SA11AI.197179		
	City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 127.56	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH CN 8	Occupation PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.12			

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN A. LYALL		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 383 Ashmoore Circle East		Transaction ID: SA11AI.196563		
	City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 14.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH CN 8	Occupation PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.12			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	317.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LARA L. MANZIONE		Date of Receipt
	Mailing Address 1201 East West Hwy. Unit #432		<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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Silver Spring	MD	20910
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.196152
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.86	56.03

<b>B.</b>	Full Name (Last, First, Middle Initial) ELISSA MCBRIDE		Date of Receipt
	Mailing Address 9 Sherman 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 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Takoma Park	MD	20912
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.195895
Name of Employer AFSCME INT'L		Occupation DIRECTOR, EDUCATION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 318.75	106.25

<b>C.</b>	Full Name (Last, First, Middle Initial) ELISSA MCBRIDE		Date of Receipt
	Mailing Address 9 Sherman 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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Takoma Park	MD	20912
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.196158
Name of Employer AFSCME INT'L		Occupation DIRECTOR, EDUCATION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 437.75	119.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>281.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 36 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME 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 MCCANN**  
 Mailing Address **103 Lynnmore Drive**  
 City **Silver Spring** State **MD** Zip Code **20901**  
 Date of Receipt **02 / 28 / 2011**  
**Transaction ID: SA11AI.196160**  
 Amount of Each Receipt this Period **65.79**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **AFSCME INT'L** Occupation **ASSOCIATE GENERAL COUNSEL II**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **242.01**

**B.** Full Name (Last, First, Middle Initial)  
**GERALD MCENTEE**  
 Mailing Address **800 25th Street NW Apt. #406**  
 City **Washington** State **DC** Zip Code **20037-2207**  
 Date of Receipt **02 / 15 / 2011**  
**Transaction ID: SA11AI.195900**  
 Amount of Each Receipt this Period **161.53**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **AFSCME INT'L** Occupation **PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **484.59**

**C.** Full Name (Last, First, Middle Initial)  
**GERALD MCENTEE**  
 Mailing Address **800 25th Street NW Apt. #406**  
 City **Washington** State **DC** Zip Code **20037-2207**  
 Date of Receipt **02 / 28 / 2011**  
**Transaction ID: SA11AI.196162**  
 Amount of Each Receipt this Period **161.53**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **AFSCME INT'L** Occupation **PRESIDENT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date **646.12**

**SUBTOTAL** of Receipts This Page (optional) ..... **388.85**  
**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 37 / 73  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
LAURIE MERTA

Mailing Address 9829 59th Street, Court W

City Tacoma State WA Zip Code 98467-1007

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

Name of Employer AFSCME WA CN 28 Occupation CONVENTION FUNDRAISER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 02 / 11 / 2011  
**Transaction ID: SA11AI.196824**  
 Amount of Each Receipt this Period: 130.00

**B.**

Full Name (Last, First, Middle Initial)  
GLEN MIDDLETON

Mailing Address 5108 Yellowwood Ave

City Baltimore State MD Zip Code 21209-4611

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

Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 374.00

Date of Receipt: 02 / 09 / 2011  
**Transaction ID: SA11AI.196804**  
 Amount of Each Receipt this Period: 180.00

**C.**

Full Name (Last, First, Middle Initial)  
GLEN MIDDLETON

Mailing Address 5108 Yellowwood Ave

City Baltimore State MD Zip Code 21209-4611

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

Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 388.00

Date of Receipt: 02 / 28 / 2011  
**Transaction ID: SA11AI.196565**  
 Amount of Each Receipt this Period: 14.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 324.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
RUBY C. MIMS

Mailing Address 249 Highgate Avenue

City State Zip Code  
Buffalo NY 14215

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

Name of Employer Occupation  
AFSCME NY LOC 1000 SENIOR SOCIAL WELFARE EXAMINER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2011

**Transaction ID:** SA11AI.195986

Amount of Each Receipt this Period  
271.00

**B.** Full Name (Last, First, Middle Initial)  
HAROLD F. MITCHELL

Mailing Address 3999 Kensingwood Drive

City State Zip Code  
Columbus OH 43230

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

Name of Employer Occupation  
AFSCME OH CN 8 ASSISTANT ORGANIZING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.84

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2011

**Transaction ID:** SA11AI.197187

Amount of Each Receipt this Period  
113.42

**C.** Full Name (Last, First, Middle Initial)  
JAMES B. NILAND

Mailing Address 2728 Pleasant Ave

City State Zip Code  
Minneapolis MN 55408

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 ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2011

**Transaction ID:** SA11AI.196856

Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **544.42**

**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 39 / 73
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) HOLLY OLSON		Date of Receipt
	Mailing Address 15443 Martins Hundred Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Centerville	VA	20120
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196176
Name of Employer AFSCME INT'L		Occupation 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 ▼ 250.38	<input type="text"/> 68.07

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM R. PALMQUIST		Date of Receipt
	Mailing Address 733 37th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	Seattle	WA	98122
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196825
Name of Employer AFSCME WA CN 28		Occupation STRATEGIC 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 ▼ 853.59	<input type="text"/> 550.70

<b>C.</b>	Full Name (Last, First, Middle Initial) CHERYL PARISI		Date of Receipt
	Mailing Address 1932 Walcott Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	City	State	Zip Code
	Los Angeles	CA	90039
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.196837
Name of Employer AFSCME CA CN 36		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 ▼ 280.00	<input type="text"/> 140.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 758.77
<b>TOTAL</b> 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 40 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BEN PATTERSON		Date of Receipt
	Mailing Address 315 Beard 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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Tallahassee	FL	32312
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196022
Name of Employer AFSCME FL CN 79		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"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIE L. PELOTE		Date of Receipt
	Mailing Address 351 Ross 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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Sacramento	CA	95864
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196181
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 ▼ 210.00	<input type="text"/> 57.09

<b>C.</b>	Full Name (Last, First, Middle Initial) RANDOLPH P. PERREIRA		Date of Receipt
	Mailing Address 1044 Mokuhano 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 0 2 / 1 8 / 2 0 1 1
	City	State	Zip Code
	Honolulu	HI	96825
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196849
Name of Employer AFSCME HI LOC 152		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 ▼ 214.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 407.09
<b>TOTAL</b> 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 41 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RANDOLPH P. PERREIRA		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1044 Mokuhano Street		Transaction ID: SA11AI.196570		
	City Honolulu	State HI	Zip Code 96825	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) RONNIE D PETERSON		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 1146 Rue Willette Blvd.		Transaction ID: SA11AI.195923		
	City Ypsilanti	State MI	Zip Code 48198	Amount of Each Receipt this Period 134.46	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 403.38			

<b>C.</b>	Full Name (Last, First, Middle Initial) RONNIE D PETERSON		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1146 Rue Willette Blvd.		Transaction ID: SA11AI.196185		
	City Ypsilanti	State MI	Zip Code 48198	Amount of Each Receipt this Period 134.46	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 537.84			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	282.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER D. POLICANO	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 2480 16th Street NW Apt. 314	<b>Transaction ID:</b> SA11AI.195925
	City Washington State DC Zip Code 20009	Amount of Each Receipt this Period 70.83
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME INT'L Occupation DIRECTOR, PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.49	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER D. POLICANO	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 2480 16th Street NW Apt. 314	<b>Transaction ID:</b> SA11AI.196187
	City Washington State DC Zip Code 20009	Amount of Each Receipt this Period 79.34
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME INT'L Occupation DIRECTOR, PUBLIC AFFAIRS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.83	

<b>C.</b>	Full Name (Last, First, Middle Initial) NICOLE R. POLLARD	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 9404 Nicklaus Lane	<b>Transaction ID:</b> SA11AI.196188
	City Laurel State MD Zip Code 20708	Amount of Each Receipt this Period 65.79
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 242.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 73  
(check only one)

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

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NAME 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

Mailing Address 11505 Circle Drive

City State Zip Code  
Austin TX 78748

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

Name of Employer Occupation  
AFSCME TX LOC 1624 VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.196572

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
ZACHARY J RAMSEY

Mailing Address 6161 Stevens Forest Road

City State Zip Code  
Columbia MD 21045

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

Name of Employer Occupation  
AFSCME INT'L LABOR ECONOMIST III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.38

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

Transaction ID: SA11AI.196191

Amount of Each Receipt this Period  
68.07

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN REGENSTREIF

Mailing Address 3214 38th Street NW

City State Zip Code  
Washington DC 20016

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

Name of Employer Occupation  
AFSCME INT'L DIRECTOR, RETIREE PROGRAMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.38

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

Transaction ID: SA11AI.196193

Amount of Each Receipt this Period  
68.07

**SUBTOTAL** of Receipts This Page (optional) ..... ► **236.14**

**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 44 / 73  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME 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 R. ROBINSON  
 Mailing Address 7901 Chicago Avenue  
 City State Zip Code  
 SilverSpring MD 20910  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 5 / 2 0 1 1  
**Transaction ID:** SA11AI.195933  
 Amount of Each Receipt this Period  
 72.49  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L ASSOCIATE GENERAL COUNSEL  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 217.47

**B.** Full Name (Last, First, Middle Initial)  
 JESSICA R. ROBINSON  
 Mailing Address 7901 Chicago Avenue  
 City State Zip Code  
 SilverSpring MD 20910  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 1 1  
**Transaction ID:** SA11AI.195999  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L ASSOCIATE GENERAL COUNSEL  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 267.47

**C.** Full Name (Last, First, Middle Initial)  
 JESSICA R. ROBINSON  
 Mailing Address 7901 Chicago Avenue  
 City State Zip Code  
 SilverSpring MD 20910  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 1 1  
**Transaction ID:** SA11AI.196195  
 Amount of Each Receipt this Period  
 81.18  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L ASSOCIATE GENERAL COUNSEL  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 348.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **203.67**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LYNN ANN RODENHUIS		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 9135 Cowenton Avenue		Transaction ID: SA11AI.196197		
	City Perry Hall	State MD	Zip Code 21128	Amount of Each Receipt this Period 55.56	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.39			

<b>B.</b>	Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG		Date of Receipt MM / DD / YYYY 02 / 01 / 2011		
	Mailing Address 13084 Lia Court		Transaction ID: SA11AI.196897		
	City Lindon	State MI	Zip Code 48451	Amount of Each Receipt this Period 112.51	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 407.53			

<b>C.</b>	Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG		Date of Receipt MM / DD / YYYY 02 / 22 / 2011		
	Mailing Address 13084 Lia Court		Transaction ID: SA11AI.196949		
	City Lindon	State MI	Zip Code 48451	Amount of Each Receipt this Period 112.51	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.04			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	280.58
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 73  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME 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 ▼ 590.04

Date of Receipt: 02 / 28 / 2011  
Transaction ID: SA11AI.196575  
Amount of Each Receipt this Period: 70.00

**B.**

Full Name (Last, First, Middle Initial)  
JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City Westerville State OH Zip Code 43081

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

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 314.00

Date of Receipt: 02 / 08 / 2011  
Transaction ID: SA11AI.197008  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City Westerville State OH Zip Code 43081

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

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

Date of Receipt: 02 / 18 / 2011  
Transaction ID: SA11AI.197067  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 270.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Westerville	OH	43081
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196576
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 ▼ 428.00	<input type="text"/> 14.00

<b>B.</b>	Full Name (Last, First, Middle Initial) BLAINE J RUMMEL		Date of Receipt
	Mailing Address 5 E. Glebe Road Apt. D		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Alexandria	VA	22305
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.195937
Name of Employer AFSCME INT'L		Occupation COMMUNICATIONS 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 ▼ 205.89	<input type="text"/> 68.63

<b>C.</b>	Full Name (Last, First, Middle Initial) BLAINE J RUMMEL		Date of Receipt
	Mailing Address 5 E. Glebe Road Apt. D		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Alexandria	VA	22305
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196199
Name of Employer AFSCME INT'L		Occupation COMMUNICATIONS 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 ▼ 282.75	<input type="text"/> 76.86

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 159.49
<b>TOTAL</b> 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 48 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KATHY SACKMAN	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 13029 Baltimore Court	<b>Transaction ID:</b> SA11AI.196577
	City State Zip Code Chino CA 91710	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA LOC 1199 VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LEE A. SAUNDERS	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 7510 Alaska Avenue NW	<b>Transaction ID:</b> SA11AI.195939
	City State Zip Code Washington DC 20012	Amount of Each Receipt this Period 129.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L SECRETARY TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.66	

<b>C.</b>	Full Name (Last, First, Middle Initial) LEE A. SAUNDERS	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 7510 Alaska Avenue NW	<b>Transaction ID:</b> SA11AI.196201
	City State Zip Code Washington DC 20012	Amount of Each Receipt this Period 129.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L SECRETARY TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.88	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	286.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BELINDA C. SAVERINO		Date of Receipt	
	Mailing Address 11007 Pompey Drive		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196202
	Upper Malboro	MD	20772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		62.78	
Name of Employer AFSCME INT'L		Occupation EXECUTIVE OFFICE ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.93		

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES SCHMITZ		Date of Receipt	
	Mailing Address 6437 Rock Forest Drive #305		M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.195941
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		75.54	
Name of Employer AFSCME INT'L		Occupation DIRECTOR, ORGANIZING & FIELD SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 226.62		

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES SCHMITZ		Date of Receipt	
	Mailing Address 6437 Rock Forest Drive #305		M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196203
	Bethesda	MD	20817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		84.61	
Name of Employer AFSCME INT'L		Occupation DIRECTOR, ORGANIZING & FIELD SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 311.23		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	222.93
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 73
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ALBERT SCHNAUFER</b>	Date of Receipt M M / D D / Y Y Y Y <b>02 / 11 / 2011</b>
	Mailing Address <b>400 South Flower #65</b>	<b>Transaction ID: SA11AI.196839</b>
	City <b>Orange</b> State <b>CA</b> Zip Code <b>92868</b>	Amount of Each Receipt this Period <b>140.48</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AFSCME CA CN 36</b> Occupation <b>BUSINESS REPRESENTATIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>280.96</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MARY SCHWANGER</b>	Date of Receipt M M / D D / Y Y Y Y <b>02 / 10 / 2011</b>
	Mailing Address <b>419 Valley Street</b>	<b>Transaction ID: SA11AI.196778</b>
	City <b>Marysville</b> State <b>PA</b> Zip Code <b>17053</b>	Amount of Each Receipt this Period <b>114.54</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AFSCME PA CN 13</b> Occupation <b>STAFF REPRESENTATIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>229.08</b>	

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JOHN SEFERIAN</b>	Date of Receipt M M / D D / Y Y Y Y <b>02 / 15 / 2011</b>
	Mailing Address <b>1425 Foxhall Road NW</b>	<b>Transaction ID: SA11AI.195944</b>
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20007</b>	Amount of Each Receipt this Period <b>88.46</b>
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer <b>AFSCME INT'L</b> Occupation <b>CHAIRPERSON, JUDICIAL PANEL</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>265.38</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>343.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN SEFERIAN	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1425 Foxhall Road NW	<b>Transaction ID:</b> SA11AI.196206
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 99.07
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME INT'L CHAIRPERSON, JUDICIAL PANEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.45	

<b>B.</b>	Full Name (Last, First, Middle Initial) ELIOT A. SEIDE	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 300 Hardman Avenue South	<b>Transaction ID:</b> SA11AI.196578
	City State Zip Code South St. Paul MN 55075	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) DOMINIC SGRO	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 144 Stormer Road	<b>Transaction ID:</b> SA11AI.196779
	City State Zip Code Indiana PA 15701-0144	Amount of Each Receipt this Period 114.54
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>227.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 73  
(check only one)

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

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NAME 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 SOBER**

Mailing Address **212 5th Street**

City **Catawissa** State **PA** Zip Code **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 ▼ **229.08**

Date of Receipt **02 / 10 / 2011**

**Transaction ID: SA11AI.196784**

Amount of Each Receipt this Period **114.54**

**B.**

Full Name (Last, First, Middle Initial)  
**BEVERLY J. SPETZ**

Mailing Address **112 Elmwood Street**

City **Delta** State **OH** Zip Code **43515**

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

Name of Employer **AFSCME OH LOC 4** Occupation **ORGANIZER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.92**

Date of Receipt **02 / 18 / 2011**

**Transaction ID: SA11AI.197070**

Amount of Each Receipt this Period **58.48**

**C.**

Full Name (Last, First, Middle Initial)  
**TIMOTHY J. STRECKER**

Mailing Address **1603 E Street SE**

City **Washington** State **DC** Zip Code **20003**

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

Name of Employer **AFSCME INT'L** Occupation **PROJECT MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **02 / 28 / 2011**

**Transaction ID: SA11AI.196219**

Amount of Each Receipt this Period **57.09**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.11**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL E. SUKAL		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 852 Darlington Drive		Transaction ID: SA11AI.196222		
	City Avon	State IN	Zip Code 46123	Amount of Each Receipt this Period 79.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT TO REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 221.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MARY E. SULLIVAN		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 61 Woodside Drive		Transaction ID: SA11AI.196847		
	City Albany	State NY	Zip Code 12208-1157	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME NY LOC 1000	Occupation EXECUTIVE VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MARY E. SULLIVAN		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 61 Woodside Drive		Transaction ID: SA11AI.196579		
	City Albany	State NY	Zip Code 12208-1157	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME NY LOC 1000	Occupation EXECUTIVE VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	204.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 73  
(check only one)

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

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NAME 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 MM / DD / YYYY 02 / 15 / 2011
Mailing Address 12001 Market Street Unit 450		Transaction ID: SA11AI.195962
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 331.68	

**B.**

Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 12001 Market Street Unit 450		Transaction ID: SA11AI.196224
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 123.83
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 ▼ 455.51	

**C.**

Full Name (Last, First, Middle Initial) TOM TOSTI		Date of Receipt MM / DD / YYYY 02 / 10 / 2011
Mailing Address 327 Lincoln Avenue		Transaction ID: SA11AI.196790
City Bristol	State PA	Zip Code 19007
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 229.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>348.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 73
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ALDO E. VENNETILLI		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 1087 Country Coach Drive		Transaction ID: SA11AI.196230		
	City Henderson	State NV	Zip Code 89002	Amount of Each Receipt this Period 73.44	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation INTERNATIONAL UNION REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.15			

<b>B.</b>	Full Name (Last, First, Middle Initial) FLORA M. WALKER		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 2492 Ram Crossingway		Transaction ID: SA11AI.195971		
	City Henderson	State NV	Zip Code 89074	Amount of Each Receipt this Period 141.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 424.98			

<b>C.</b>	Full Name (Last, First, Middle Initial) FLORA M. WALKER		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 2492 Ram Crossingway		Transaction ID: SA11AI.196232		
	City Henderson	State NV	Zip Code 89074	Amount of Each Receipt this Period 158.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 583.64			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	373.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID WARRICK		Date of Receipt
	Mailing Address 2638 Jay Court		<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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Indianapolis	IN	46229
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196582
Name of Employer AFSCME IN CN 62		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 ▼ 260.00	<input type="text"/> 70.00

<b>B.</b>	Full Name (Last, First, Middle Initial) LONITA M. WAYBRIGHT		Date of Receipt
	Mailing Address 3008 Athens Circle		<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 0 2 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Bowie	MD	20716
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.195974
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, BENEFITS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.68	<input type="text"/> 78.56

<b>C.</b>	Full Name (Last, First, Middle Initial) LONITA M. WAYBRIGHT		Date of Receipt
	Mailing Address 3008 Athens Circle		<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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Bowie	MD	20716
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.196235
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, BENEFITS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 323.66	<input type="text"/> 87.98

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 236.54
<b>TOTAL</b> 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 57 / 73  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
LARRY P. WEINBERG

Mailing Address 1730 Chesterford Way

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
AFSCME INT'L GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 277.71

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

Transaction ID: SA11AI.195976

Amount of Each Receipt this Period  
92.57

**B.**

Full Name (Last, First, Middle Initial)  
LARRY P. WEINBERG

Mailing Address 1730 Chesterford Way

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
AFSCME INT'L GENERAL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 381.38

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

Transaction ID: SA11AI.196237

Amount of Each Receipt this Period  
103.67

**C.**

Full Name (Last, First, Middle Initial)  
JESSICA WEINSTEIN

Mailing Address 2112 New Hampshire Avenue NW  
Apt #405

City State Zip Code  
Washington DC 20009

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

Name of Employer Occupation  
AFSCME INT'L ASSISTANT TO THE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.50

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

Transaction ID: SA11AI.195977

Amount of Each Receipt this Period  
147.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **343.74**

**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 58 / 73
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JESSICA WEINSTEIN		Date of Receipt
	Mailing Address 2112 New Hampshire Avenue NW Apt #405		<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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Washington	DC	20009
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.196238
Name of Employer AFSCME INT'L		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 ▼ 607.71	<input type="text"/> 165.21

<b>B.</b>	Full Name (Last, First, Middle Initial) BILL WEISS		Date of Receipt
	Mailing Address 33 Fairmor 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 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	Morgantown	WV	26501
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.195998
Name of Employer WV RET CHPT 77		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 ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM WILKINSON		Date of Receipt
	Mailing Address 5272 Bradgen Court		<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 0 2 / 2 8 / 2 0 1 1
	City	State	Zip Code
	Springfield	VA	22151
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.196243
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 ▼ 210.00	<input type="text"/> 57.09

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 722.30
<b>TOTAL</b> 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 59 / 73	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ALLAN WINEY		Date of Receipt																					
	Mailing Address 765 Mount Airy 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>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	0		2	0	1	1														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.196797																				
	Lewisburg	PA	17339	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	105.34																					
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 ▼ 210.68																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>16001.08</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 60 / 73	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DISTRICT COUNCIL 37-AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 1		
	Mailing Address 125 Barclay Street		<b>Transaction ID:</b> SA12.195990		
	City New York	State NY	Zip Code 10007	Amount of Each Receipt this Period 96129.65	
	FEC ID number of contributing federal political committee. C	Name of Employer		Occupation	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 96129.65		Transfer	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>96129.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>96129.65</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 61 / 73	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) COUNT FOR COSTA 2010		Date of Receipt		
	Mailing Address 2037 West Bullard Suite 355		M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1		
	City Fresno	State CA	Zip Code 93711-1200	<b>Transaction ID:</b> SA16.196255	
	FEC ID number of contributing federal political committee. <b>C</b> C00391029		Amount of Each Receipt this Period 1640.61		
	Name of Employer	Occupation	Refund/CA/US House/Recount 2010		
	Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Aggregate Year-to-Date ▼ 1640.61			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1640.61
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1640.61

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 62 / 73	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Date of Receipt
	Mailing Address 275 7th Avenue		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17.196256 Amount of Each Receipt this Period <input type="text" value="486.99"/> Interest Income 2/28/11 Aggregate Year-to-Date ▼ <input type="text" value="836.90"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="486.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="486.99"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) AMALGAMATED BANK LOANS	Transaction ID: SB21B.195989 Date of Disbursement																			
	Mailing Address P.O. Box 5660	<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>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City State Zip Code Hicksville NY 11802-5660	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Interest payment 2/14/11	<table border="1"><tr><td>4242.62</td></tr></table>	4242.62																		
4242.62																					
	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 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.195992 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<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>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	1		2	0	1	1												
	City State Zip Code Phoenix AZ 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Mechant Service Charges 2/1/11	<table border="1"><tr><td>7.84</td></tr></table>	7.84																		
7.84																					
	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 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.196005 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<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>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City State Zip Code Phoenix AZ 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Mechant Service Charges 2/14/11	<table border="1"><tr><td>3.04</td></tr></table>	3.04																		
3.04																					
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4253.50</td></tr></table>	4253.50
4253.50		
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	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 2/18/11 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) ▼	<b>Transaction ID:</b> SB21B.196003 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1	Amount of Each Disbursement this Period 7.84
<b>B.</b>	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 2/22/11 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) ▼	<b>Transaction ID:</b> SB21B.196004 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 1	Amount of Each Disbursement this Period 19.16
<b>C.</b>	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 2/24/11 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) ▼	<b>Transaction ID:</b> SB21B.196019 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1	Amount of Each Disbursement this Period 3.04

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	30.04
<b>TOTAL</b> 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 65 / 73

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS  Mailing Address P.O. Box 53852  City Phoenix State AZ Zip Code 85072-3852  Purpose of Disbursement Mechant Service Charges 2/25/11 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.196006 Date of Disbursement 02 / 25 / 2011	Amount of Each Disbursement this Period 0.44
B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS  Mailing Address P.O. Box 53852  City Phoenix State AZ Zip Code 85072-3852  Purpose of Disbursement Mechant Service Charges 2/28/11 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.196018 Date of Disbursement 02 / 28 / 2011	Amount of Each Disbursement this Period 29.13
C.	Full Name (Last, First, Middle Initial) BART GROUP  Mailing Address 171 Main Street  City Port Washington State NY Zip Code 11050  Purpose of Disbursement Mechant Service Charges 2/4/11 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.195991 Date of Disbursement 02 / 04 / 2011	Amount of Each Disbursement this Period 89.75

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>119.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>4402.86</b>

**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 66 / 73

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

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: SB22.196017

Date of Disbursement

02 / 18 / 2011

Amount of Each Disbursement this Period

78000.00

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

78000.00

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

78000.00

**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 67 / 73

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) COLORADO DEMOCRATIC PARTY - FEDERAL ACCOUNT		Transaction ID: SB23.196007
	Mailing Address 777 Santa Fe Drive		Date of Disbursement 02 / 03 / 2011
City Denver State CO Zip Code 80204		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution		1000.00	
Candidate Name		011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2011	
State: District: PAC		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FREDERICA WILSON FOR CONGRESS		Transaction ID: SB23.196013
	Mailing Address 19821 NW 2nd Avenue Box 354		Date of Disbursement 02 / 23 / 2011
City Miami State FL Zip Code 33169		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution-Primary Debt		2500.00	
Candidate Name		011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010	
State: FL District: 17		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FREDERICA WILSON FOR CONGRESS		Transaction ID: SB23.196014
	Mailing Address 19821 NW 2nd Avenue Box 354		Date of Disbursement 02 / 23 / 2011
City Miami State FL Zip Code 33169		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution-Primary Debt void check from prior report		-2500.00	
Candidate Name		011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010	
State: FL District: 17		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF BENNIE THOMPSON</b>	<b>Transaction ID:</b> SB23.196247 Date of Disbursement	<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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	8		2	0	1	1														
	Mailing Address <b>236 Massachusetts Avenue NE Suite 508</b>		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">-1000.00</td> </tr> </table>	Amount of Each Disbursement this Period										-1000.00									
Amount of Each Disbursement this Period																							
-1000.00																							
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20002</b>																						
	Purpose of Disbursement Contribution - void check from prior report	<table border="1"> <tr> <td style="width: 20px;">011</td> </tr> </table> Category/ Type	011																				
011																							
	Candidate Name																						
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MS</b> District: <b>02</b>	Disbursement For: <b>2010</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF CONGRESSMAN TIM HOLDEN</b>	<b>Transaction ID:</b> SB23.196248 Date of Disbursement	<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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	8		2	0	1	1														
	Mailing Address <b>729 15th Street NW 3rd Floor</b>		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">-1500.00</td> </tr> </table>	Amount of Each Disbursement this Period										-1500.00									
Amount of Each Disbursement this Period																							
-1500.00																							
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20005</b>																						
	Purpose of Disbursement Contribution - void check from prior report	<table border="1"> <tr> <td style="width: 20px;">011</td> </tr> </table> Category/ Type	011																				
011																							
	Candidate Name																						
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>PA</b> District: <b>17</b>	Disbursement For: <b>2010</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GAY &amp; LESBIAN VICTORY FUND</b>	<b>Transaction ID:</b> SB23.196008 Date of Disbursement	<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>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	8		2	0	1	1														
	Mailing Address <b>1133 15th Street NW Suite 350</b>		<table border="1"> <tr> <td colspan="10">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="10" style="text-align: center;">2500.00</td> </tr> </table>	Amount of Each Disbursement this Period										2500.00									
Amount of Each Disbursement this Period																							
2500.00																							
	City <b>Washington</b> State <b>DC</b> Zip Code <b>20005</b>																						
	Purpose of Disbursement Contribution	<table border="1"> <tr> <td style="width: 20px;">011</td> </tr> </table> Category/ Type	011																				
011																							
	Candidate Name																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>PAC</b>	Disbursement For: <b>2011</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																					

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

0.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) HARVEST PAC <hr/> Mailing Address 236 Massachusetts Avenue NE Suite 508 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution - void check from prior report 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) ▼ PAC	Transaction ID: SB23.196251 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC
<b>B.</b> Full Name (Last, First, Middle Initial) KAREN BASS FOR CONGRESS <hr/> Mailing Address 4322 Wilshire Blvd. #301 <hr/> City Los Angeles State CA Zip Code 90010 <hr/> Purpose of Disbursement Contribution - void check from prior report Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.196249 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period -2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MONTANA DEMOCRATIC PARTY- FEDERAL ACCOUNT <hr/> Mailing Address P.O. Box 802 <hr/> City Helena State MT Zip Code 59624 <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: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC	Transaction ID: SB23.196009 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ PAC

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>NADLER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.196011 Date of Disbursement 02 / 08 / 2011	
	Mailing Address 131 Varick Street Suite 1017		
	City New York State NY Zip Code 10013	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: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PERLMUTTER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.196012 Date of Disbursement 02 / 23 / 2011	
	Mailing Address 3440 Youngfield Street #264		
	City Wheat Ridge State CO Zip Code 80033	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: CO District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>UTAH DEMOCRATIC PARTY - FEDERAL ACCOUNT</b>	<b>Transaction ID:</b> SB23.196252 Date of Disbursement 02 / 28 / 2011	
	Mailing Address 455 South 300 East Suite 301		
	City Salt Lake City State UT Zip Code 84111	Amount of Each Disbursement this Period -5000.00	
	Purpose of Disbursement Contribution - void check from prior report Candidate Name	011 Category/ Type	
	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) ▼	

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

**-3000.00**

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

**0.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK LOANS

Mailing Address P.O. Box 5660

City Hicksville State NY Zip Code 11802-5660

Purpose of Disbursement  
Loan payment 2/14/2011

Candidate Name

009  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26.195988

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

104166.00

SUBTOTAL of Disbursements This Page (optional) .....

104166.00

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

104166.00

**SCHEDULE C (FEC Form 3X)**

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

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/10.178222**

<b>LOAN SOURCE</b> 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500000.00	958332.00	541668.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 18 Y Y Y Y 2010	12/31/2011	4.25 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	541668.00
<b>TOTALS</b> 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

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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

<b>LOAN SOURCE</b> 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: [ ]
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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	500000.00
<b>TOTALS</b> This Period (last page in this line only) .....	1041668.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.